

PUCO US	E ONLY - Version 1.0	8 May 2016	
Date Received	Case Number	Certification Number	
	- GA-AGG		

INITIAL CERTIFICATION APPLICATION COMPETITIVE RETAIL NATURAL GAS BROKERS / AGGREGATORS

Please **type or print** all required information. Identify all attachments with an exhibit label and title (*Example: Exhibit A-15 - 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 directly input information onto the form. You may also download the form by saving it to your local disk.

SECTION A - APPLICANT INFORMATION AND SERVICES

Retail Natural Gas Aggregator Retail Natural Gas Broker Applicant information: Legal Name Address 7845 Handshy Ln, Edwardsville, IL 62025 Telephone No. 618-920-9076 Web site Address Oakgroveenergyco Applicant information under which applicant will do business in Ohio: Name Oak Grove Energy Consultants LLC Address 9435 Waterstone Blvd, Suite 140, Cincinnati, OH 45249 Web site Address oakgroveenergyconsultants.com Telephone No. 618-920-9076 List all names under which the applicant does business in North America: Oak Grove Energy Consultants LLC									
Legal Name Address 7845 Handshy Ln, Edwardsville, IL 62025 Telephone No. 618-920-9076 Web site Address Oakgroveenergyco Applicant information under which applicant will do business in Ohio: Name Address Oak Grove Energy Consultants LLC Address 9435 Waterstone Blvd, Suite 140, Cincinnati, OH 45249 Web site Address Oakgroveenergyconsultants.com Telephone No. 618-920-9076 List all names under which the applicant does business in North America: Oak Grove Energy Consultants LLC Contact person for regulatory or emergency matters: Name Collin Perry Title Dir of Business Development Business Address 7845 Handshy Ln, Edwardsville, IL 62025									
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Applicant information under which applicant will do business in Ohio: Name Oak Grove Energy Consultants LLC Address 9435 Waterstone Blvd, Suite 140, Cincinnati, OH 45249 Web site Address oakgroveenergyconsultants.com Telephone No. 618-920-9076 List all names under which the applicant does business in North America: Oak Grove Energy Consultants LLC Contact person for regulatory or emergency matters: Name Collin Perry	•	Consideration of the Considera							
Name Address 9435 Waterstone Blvd, Suite 140, Cincinnati, OH 45249 Web site Address oakgroveenergyconsultants.com Telephone No. 618-920-9076 List all names under which the applicant does business in North America: Oak Grove Energy Consultants LLC Contact person for regulatory or emergency matters: Name Collin Perry Title Dir of Business Development Business Address 7845 Handshy Ln, Edwardsville, IL 62025	Telephone No.	618-920-9076 Web site Address oakgroveenergyc							
Address 9435 Waterstone Blvd, Suite 140, Cincinnati, OH 45249 Web site Address oakgroveenergyconsultants.com Telephone No. 618-920-9076 4 List all names under which the applicant does business in North America: Oak Grove Energy Consultants LLC 5 Contact person for regulatory or emergency matters: Name Collin Perry Title Dir of Business Development Business Address 7845 Handshy Ln, Edwardsville, IL 62025	-3 Applicant in	formation under which applicant will do business in Ohio:							
Web site Address oakgroveenergyconsultants.com Telephone No. 618-920-9076 List all names under which the applicant does business in North America: Oak Grove Energy Consultants LLC Contact person for regulatory or emergency matters: Name Collin Perry Title Dir of Business Development Business Address 7845 Handshy Ln, Edwardsville, IL 62025	Name	Oak Grove Energy Consultants LLC							
4 List all names under which the applicant does business in North America: Oak Grove Energy Consultants LLC 5 Contact person for regulatory or emergency matters: Name Collin Perry Title Dir of Business Development Business Address 7845 Handshy Ln, Edwardsville, IL 62025	Address	9435 Waterstone Blvd, Suite 140, Cincinnati, OH 45249							
Oak Grove Energy Consultants LLC Contact person for regulatory or emergency matters: Name Collin Perry Title Dir of Business Development Business Address 7845 Handshy Ln, Edwardsville, IL 62025	Web site Addr	css oakgroveenergyconsultants.com Telephone No. 618-920-9076							
Name Collin Perry Title Dir of Business Developmen Business Address 7845 Handshy Ln, Edwardsville, IL 62025		170.7							
Business Address 7845 Handshy Ln, Edwardsville, IL 62025	-5 Contact per	son for regulatory or emergency matters:							
	Name Coll	n Perry Title Dir of Business Developme							
Telephone No. 618-920-9076 Fax No. Email Address cperry4@gn	Business Addr	2SS 7845 Handshy Ln, Edwardsville, IL 62025							
	Telephone No.	618-920-9076 Fax No. Email Address cperry4@g							

A-6	Contact person for Commission Staff use in investigating customer complaints:								
	Name Collin Perry	Title Dir of Business Development							
	Business address 7845 Handshy Ln, Edwardsville, IL 6202	25							
	Telephone No. 618-920-9076 Fax No.	Email Address cperry4@gmail.com							
A-7	Applicant's address and toll-free number for cu	stomer service and complaints							
	Customer service address 7845 Handshy Ln, Edwardsville	e, IL 62025							
	Toll-Free Telephone No. 618-920-9076 Fax No.	Email Address cperry4@gmail.com							
A-8	Provide "Proof of an Ohio Office and Employee Revised Code, by listing name, Ohio office addr designated Ohio Employee	e," in accordance with Section 4929.22 of the Ohio ess, telephone number, and Web site address of the							
	Name Collin Perry	Title Dir of Business Development							
	Business address 9435 Waterstone Blvd, Suite 140, Cir	cinnati, OH 45249							
	Telephone No. 618-920-9076 Fax No.	Email Address cperry4@gmail.com							
A-9	Applicant's federal employer identification num	lber 45-5448016							
A-10	Applicant's form of ownership: (Check one)								
	☐ Sole Proprietorship	Partnership							
	Limited Liability Partnership (LLP)	Limited Liability Company (LLC)							
	☐ Corporation	Other							
A-11	currently providing service or intends to provid class that the applicant is currently serving of commercial, and/or large commercial/industrial (in Section 4929.01(L)(1) of the Ohio Revised Code, means than 500,000 cubic feet of natural gas per year at a single 1	as company service area in which the applicant is e service, including identification of each customer rintends to serve, for example: residential, small (mercantile) customers. (A mercantile customer, as defined a customer that consumes, other than for residential use, more ocation within the state or consumes natural gas, other than for hree locations within or outside of this state. In accordance with							

Section 4929.01(L)(2) of the Ohio Revised Code, "Mercantile customer" excludes a not-for-profit customer that consumes, other than for residential use, more than 500,000 cubic feet of natural gas per year at a single location within this state or consumes natural gas, other than for residential use, as part of an undertaking having more than three locations within or

outside this state that has filed the necessary declaration with the Public Utilities Commission.)

	Columbia Gas of Ohio	Residential 🗸 Smal	l Commercial Large Commercial / Industrial
	Dominion East Ohio	Residential 🗸 Smal	l Commercial Large Commercial / Industrial
	Duke Energy Ohio	Residential V Small	l Commercial Large Commercial / Industrial
	Vectren Energy Delivery	of Ohio Residential Smal	l Commercial Large Commercial / Industrial
Δ-12	If applicant or an affiliate	ed interest proviously partisi	pated in any of Ohio's Natural Gas Choice
M-12	Programs, for each service	e area and customer class, p	covide approximate start date(s) and/or end
	date(s) that the applicant	began delivering and/or ende	d services.
	Columbia Gas of Ohio		
	Residential	Beginning Date of Service	End Date
	Small Commercial	Beginning Date of Service	End Date
	Large Commercial	Beginning Date of Service	End Date
	Industrial	Beginning Date of Service	End Date
	Dominion East Ohio		
	Residential	Beginning Date of Service	End Date
	Small Commercial	Beginning Date of Service	End Date
	Large Commercial	Beginning Date of Service	End Date
	Industrial	Beginning Date of Service	End Date
	П		
	Duke Energy Ohio		
	Residential	Beginning Date of Service	End Date
	Small Commercial	Beginning Date of Service	End Date
	Large Commercial	Beginning Date of Service	End Date
	Industrial	Beginning Date of Service	End Date
	П		
*	Vectren Energy Delivery o	f Ohio	
	Residential	Beginning Date of Service	End Date
	Small Commercial	Beginning Date of Service	End Date
	Large Commercial	Beginning Date of Service	End Date
	Industrial	Beginning Date of Service	End Date

A-13 If not currently participating in any of Ohio's four Natural Gas Choice Programs, provide the approximate start date that the applicant proposes to begin delivering services:

V	Columbia Gas of Ohio	Intended Start Date	May 2020
V	Dominion East Ohio	Intended Start Date	May 2020
V	Duke Energy Ohio	Intended Start Date	May 2020
V	Vectren Energy Delivery of Ohio	Intended Start Date	May 2020

PROVIDE THE FOLLOWING AS SEPARATE ATTACHMENTS AND LABEL AS INDICATED.

- A-14 <u>Exhibit A-14 "Principal Officers, Directors & Partners,"</u> provide the names, titles, addresses and telephone numbers of the applicant's principal officers, directors, partners, or other similar officials.
- A-15 <u>Exhibit A-15 "Company History,"</u> provide a concise description of the applicant's company history and principal business interests.
- A-16 Exhibit A-16 "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-17 <u>Exhibit A-17 "Secretary of State."</u> provide evidence that the applicant is currently registered with the Ohio Secretary of the State.

SECTION 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 current 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 natural gas service, or retail/wholesale electric services.
- **B-2** Exhibit B-2 "Experience & Plans," provide a current 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 4929.22 of the Revised Code and contained in Chapter 4901:1-29 of the Ohio Administrative Code.
- **B-3** Exhibit B-3 "Summary of Experience," provide a concise and current summary of the applicant's experience in providing the service(s) for which it is seeking to be certified to provide (e.g., number and types of customers served, utility service areas, volume of gas supplied, etc.).
- B-4 <u>Exhibit B-4 "Disclosure of Liabilities and Investigations</u>," provide a description of all existing, pending or past rulings, judgments, contingent liabilities, revocations of authority, regulatory investigations, or any other matter that could adversely impact the applicant's financial or operational

- 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.

SECTION D - APPLICANT TECHNICAL CAPABILITY

PROVIDE THE FOLLOWING AS SEPARATE ATTACHMENTS AND LABEL AS INDICATED.

- Exhibit D-1 "Operations," provide a current written description of the operational nature of the applicant's business functions.
- D-2 Exhibit D-2 "Operations Expertise," given the operational nature of the applicant's business, provide evidence of the applicant's current experience and technical expertise in performing such operations.
- Exhibit D-3 "Key Technical Personnel," provide the names, titles, email addresses, telephone numbers, and background of key personnel involved in the operational aspects of the applicant's current business.

Applicant Signature and Title

Sworn and subscribed before me this

Signature of official administering oath

(1) Dir of Business Development 6 day of April

Adom Davis Notary Public

My commission expires on Nov (7 2022

"OFFICIAL SEAL" ADAM DAVIS NOTARY PUBLIC - STATE OF ILLINOIS

MY COMMISSION EXPIRES NOV. 17, 2022



The Public Utilities Commission of Ohio

Competitive Retail Natural Gas Service Affidavit Form (Version 1.07)

In	the Matter of the Application of							
Oa	k Grove Energy Consultants LLC Case NoGA-AGG							
foi	a Certificate or Renewal Certificate to Provide							
Co	ompetitive Retail Natural Gas Service in Ohio.							
	unty of Madison IL							
	Oak Grove Energy Consultants LLC [Affiant], being duly sworn/affirmed, hereby states that:							
(1)	The information provided within the certification or certification renewal application and supporting information is complete, true, and accurate to the best knowledge of affiant.							
(2)	The applicant will timely file an annual report of its intrastate gross receipts and sales of hundred cubic feet of natural gas pursuant to Sections 4905.10(A), 4911.18(A), and 4929.23(B), Ohio Revised Code.							
(3)	The applicant will timely pay any assessment made pursuant to Section 4905.10 or Section 4911.18(A), Ohio Revised Code.							
(4)	Applicant will comply with all applicable rules and orders adopted by the Public Utilities Commission of Ohio pursuant to Title 49, Ohio Revised Code.							
(5)	Applicant will cooperate with the Public Utilities Commission of Ohio and its staff in the investigation of any consumer complaint regarding any service offered or provided by the applicant.							
(6)	Applicant will comply with Section 4929.21, Ohio Revised Code, regarding consent to the jurisdiction of the Ohio courts and the service of process.							
(7)	Applicant will inform the Public Utilities Commission of Ohio of any material change to the information supplied in the certification or certification renewal application within 30 days of such material change, including any change in contact person for regulatory or emergency purposes or contact person for Staff use in investigating customer complaints.							
(8)	Affiant further sayeth naught.							
	Affiant Signature & Title / Dir of Business Development							
	Sworn and subscribed before me this 6 day of Month 2020 Year							
	Signature of Official Administering Oath Print Name and Title							
72								
AND	"OFFICIAL SEAL" ADAM DAVIS NOTARY PUBLIC — STATE OF ILLINOIS NOTARY PUBLIC — STATE OF ILLINOIS NOTARY PUBLIC — STATE OF ILLINOIS							
3	MY COMMISSION EXPIRES NOV. 17, 2022 § (CRNGS Broker/Aggregator Ver. 1.08, Revised May 2016) Page 8 of 8							

Exhibit A-14 – Principal Officers, Directors, & Partners

Dana Kirbach - Managing Member

Josh Kirbach – Member

Troy Kirbach - Member

Collin Perry - Member

Exhibit A-15 – Company History

Oak Grove Energy Consultants LLC was established in June 2012 for the purpose of providing electric aggregation prices to residential and commercial organizations.

Exhibit A-16 – Articles of Incorporation and Bylaws

N/A

Exhibit A-17 - Secretary of State

GAK GROVE ENERGY CONSULTANTS LLC FOREIGN LIMITED LIABILITY COMPANY 05/24/2019



SHOW DETAILS

ILLINOIS

Exhibit B-1 – Jurisdiction of Operations

Oak Grove Energy Consultants LLC is certified, licensed and registered to conduct business in the states of Illinois and Ohio.

Exhibit B- 2- Experience and Plans

Oak Grove Energy Consultants LLC has 7+ years of experience within the energy industry in providing its clients and prospects with customer service related to contracts, billing, and complaint resolution.

A dedicated staff of full time business development and customer service agents have been put into place to handle the sales and customer service aspects of the organization.

Exhibit B-3 - Summary of Experience

Oak Grove Energy Consultants LLC has 7+ years of experience within the energy industry in providing its clients and prospects with customer service related to contracts, billing, and complaint resolution.

Oak Grove Energy Consultants LLC currently serves approximately 125 existing clients in the residential, retail and industrial markets. All clients are located in the state of Illinois. The annual load per customer ranges from 10k to 5mm Kwh.

Exhibit B- 4 - Disclosure of Liabilities and Investigations

There are currently no liabilities or investigations related to Oak Grove Energy Consultants LLC to disclose.

Exhibit C-1 – Annual Reports

Oak Grove Energy Consultants LLC is not a publicly traded company. Therefore, no annual reports are provided.

Exhibit C-2 – SEC Filings

Oak Grove Energy Consultants LLC is not required to file with the SEC.

Exhibit C-3 – Financial Statements

A copy of our 2017 and 2018 tax returns are enclosed.

Forr	n 1	065	For cale	endar		eturn of Part			е		((OMB No. 1545-0123
Inte	rnal Reven	ue Service						1 1/2				2011
(5),50		ousiness activity			Name of partnership							D Employer identification number
	VERGY											113111331
	0.00	LTING		Гуре	OAK GROVE	ENERGY CON	SULTAN	rs, LLC				45-5448016
-		product or service		10	Number, street, and re	om or suite no. If a P.O. box, se	ee the instruction	IS.				E Date business started
	VERGY		ľ	HIII		ENNIUM CT						06/13/2012
		LTING code number	-		City or town, state or p	province, country, and ZIP or for	reign postal code	1				F Total assets
U	5190(EDINA DD CITA	T T T						
_			(4)	The same of	EDWARDSVI	The state of the s	av [] ii		THE REAL PROPERTY.	2025	-	\$ 5,049.
		applicable boxes:	(6)		The state of the s	tion - also check (1) or (2)		ne change (4)		Address ch	ange	(5) Amended return
1						ho was a partner at any tir				3		
J		Schedules C and					_					
Cal	ution In	sclude only trac	do or	hin								
- Ua	ution. 1/1		ie or i	шънн	ess nicome au e	penses onihes 1a Ibro	ugn 2 nelo	w. See noe nist	ructio	ns for mo	oretor	mation.
		Gross receipts or						1a	64	1,739.		
	b R	Returns and allow	vances					1b				
	с В	Balance, Subtract	line 1b	from	n line 1a						1c	64,739.
e l	2 0	ost of goods sol	d (attac	h Fo	rm 1125-A)					******	2	
Income	3 G	iross profit. Subt	ract line	e 2 fr	om line 1c					*********	3	64,739.
٤	4 Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)								4			
	6 N	5 Net farm profit (loss) (attach Schedule F (Form 1040)) 6 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)							5			
	7 0	ither income (los	e) (atta	ch et	37, Faitii, iiije 17 (ai tatamant)					***********	6	
	8 T	otal income (los	es) (alla	un si nhin	e lines 3 through 7			***************************************		*******	7 8	64,739.
	9 S	Salaries and wage	es (othe	r tha	n to partners) (less of	employment credits)					9	04,733.
(su	10 G	Suaranteed payme	ents to	partr	ners					************	10	57,972.
limitations)	11 R	Repairs and maint	tenance				••••••		*********		11	31,312.
Ē	12 B	ad debts						****************		**********	12	
for		lent						*****************	•••••	************	13	
	14 T	axes and license	s				See S	tatemer	t 1		14	561.
tructions											15	
stru	16 a D	epreciation (if re	quired,	attac	ch Form 4562)			16a				
e u	b L	ess depreciation	reporte	ed on	Form 1125-A and e	lsewhere on return		16b			16c	
t =	17 D	epletion (Do not	deduct	oil a	and gas depletion.)						17	
(se	18 R	letirement plans,	etc					······			18	
Suc	19 E	mployee benefit	prograr	ns	*******************************						19	
Deductions (see the	20 0	Other deductions	(attach	state	ement)		See S	tatemen	t 2		20	8,555.
	21 T	otal deductions	H bbA	he an	nounts shown in the	far right column for lines 9	hrough 20				21	67,088.
		rdinary busines:	s incom	ne (Ic	oss) Subtract line 2	1 from line 8					22	-2 349
		Under penaltie	s of perju	ury, I o	declare that I have exam	ined this return, including accor than partner or limited liability of	mpanying sched	lles and statement	s, and to	the best of m	y know	ledge and belief, it is true,
Sig	n	Correct, and Co	mpiete.	Decia	ration of preparer (other	than partner or limited liability (ompany membe	r) is based on all in	rormatic	n of which pre		as any knowledge, e IRS discuss this return
Her	е									i i		e preparer shown below
		Signature	of partne	r or lir	mited liability company i	member		Date			(see ins	tr.)? X Yes No
		Print/Type prepar	rer's nam	ne		Preparer's signature		Date		Check	if	PTIN
<u> </u>	2					-011				self-employ	ed	
Pai		LUCAS R		C	PA	de		03/04	/18			P01538082
	parer	Firm's name		VIII VIII VIII VIII VIII VIII VIII VII			전기를 보았					
use	Only					LL <mark>IAMSON, C</mark> E	PA'S			Firm's EIN	> 37	7-1231621
		The state of the s			S. MAIN L 62236						C10	-281-4999
		I COTIONR	LA.		11 077.50				11	Phone no	nIX	- 181-4999

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 1065 (2017)

Designation of Tax Matters Partner (see instructions)

to this return.

20

21

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

Enter the number of partners that are foreign governments under section 892.

(sections 1441 through 1464) or chapter 4 (sections 1471 through 1474)?

Enter the number of Form(s) 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations, attached

During the partnership's tax year, did the partnership make any payments that would require it to file Form 1042 and 1042-S under chapter 3

Was the partnership a specified domestic entity required to file Form 8938 for the tax year (See the Instructions for Form 8938)?

Name of designated TMP ► JOSHUA KIRBACH	Identifying number of TMP ► 394-92-1690
If the TMP is an entity, name of TMP representative	Phone number of TMP ▶
Address of designated TMP 5285 MILLENNIUM CT EDWARDSVILLE II. 62025	

Form 1065 (2017)

X

	1065 (20				45	5-5448016 Page
Sc		le K Partners' Distributive Share Items				Total amount
	1 (Ordinary business income (loss) (page 1, line 22)			1	-2,349
	2 1	Net rental real estate income (loss) (attach Form 8825)			2	
	3 a (Other gross rental income (loss)	3a			
	b E	Expenses from other rental activities (attach statement)	3b			
	c (Other net rental income (loss). Subtract line 3b from line 3a			Зс	
Income (Loss)	4 (Guaranteed payments			4	57,972.
Γοs	5 1	nterest income			5	
e (6 [Dividends: a Ordinary dividends			6a	
no		b Qualified dividends	6b			
luc		Royalties			7	
	8 1	Net short-term capital gain (loss) (attach Schedule D (Form 1065))			8	
	9 a N	Net long-term capital gain (loss) (attach Schedule D (Form 1065))			9a	
	b C	Collectibles (28%) gain (loss)	9b			
	cl	Unrecaptured section 1250 gain (attach statement)	9c		1	
	10 N	Net section 1231 gain (loss) (attach Form 4797)			10	
	11 (Duter income (loss) (see instructions) Type			11	
(0	12 S	Section 179 deduction (attach Form 4562)			12	
Deductions	13 a C	Contributions			13a	
rcti	b li	nvestment interest expense			13b	
edt	· cS	Section 59(e)(2) expenditures: (1) Type ▶		(2) Amount	13c(2)	
	d 0	Other deductions (see instructions) Type			13d	
Self- Employ- ment	14 a N	let earnings (loss) from self-employment			14a	55,623.
7 d t	b G	Gross farming or fishing income			14b	007020.
Se	c G	Gross nonfarm income		***************************************	14c	64,739.
	15 a L	ow-income housing credit (section 42(j)(5))			15a	01,733.
	b L	ow-income housing credit (other)	15b			
dits	c Q	Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applical	nle)	••••••	15c	
Credits	d 0	Other rental real estate credits (see instructions) Type			15d	
Ü		Other rental credits (see instructions)			15e	
		Other credits (see instructions)			15f	
		lame of country or U.S. possession	10011		101	
		cross income from all sources			16b	
	c G	cross income sourced at partner level			16c	
ctions	F	oreign gross income sourced at partnership level		******************************	100	
ıcti	d ca	assive ► e General category ►		f Other >	16f	
Transa		eductions allocated and apportioned at partner level		T outloi	101	
Tra				>	16h	
gu	D	eductions allocated and apportioned at partnership level to foreign source income			1011	
Foreign	i ca	ISSIVE _		k Other	16k	
Ĕ.		otal foreign taxes (check one): ▶ Paid ☐ Accrued ☐			161	
		eduction in taxes available for credit (attach statement)			16m	
		ther foreign tax information (attach statement)	••••••		10111	
	17 a P	ost-1986 depreciation adjustment			17a	
s ax	b A	djusted gain or loss			17b	
Alternative Minimum Tax (AMT) Items		epletion (other than oil and gas)		•••••	17c	
nat De la	d 0	il, gas, and geothermal properties - gross income	•••••		17d	
Zi.e	e 0	il, gas, and geothermal properties - deductions			17e	
₹≥≥	f 0	ther AMT items (attach statement)			17f	
	18 a Ta	ax-exempt interest income			18a	
Ĕ	b O	ther tax-exempt income			18b	
atic	c No	ondeductible expenses			18c	
Ë	19 a Di	istributions of cash and marketable securities			19a	
nfo	b Di	istributions of other property			19b	
Other Information	20 a In	evestment income			20a	
끍	b In	ivestment expenses			20a	
١	c Of	ther items and amounts (attach statement)			200	
		1				

Analysis of Net								FF 600
Net income (loss). Comb Analysis by	pine Schedule K, lines 1 th	rough 11. From the result, so				d, and 161 .		55,623.
partner type:	(i) Corporate	(ii) Individual (active)		idividual ssive)	(iv) Partner	rship	(v) Exempt Organization	(vi) Nominee/Other
a General partners			1					000 P. A. L. O'CONTO P. P. C. O'CONTO P.
b Limited partners		_	5	5,62	23.	1		
Schedule L	Balance Sheets	s per Books						
W	Assets		Beginning	of tax ye	ar		End of ta	x year
		(a)			(b)		(c)	(d)
1 Cash					7,398.		_	5,049.
	accounts receivable							
	or bad debts							
3 Inventories 4 U.S. government	abligations		7 4 2	33 82 11			-	
5 Tax-exempt secur	obligations rities	•••••					-	
6 Other current ass	ets (attach statement)		e ugo				 -	
	persons related to partne						-	
	al estate loans						F	
	s (attach statement)							
	er depreciable assets							
	d depreciation							
10a Depletable assets	************			41				
	d depletion							
11 Land (net of any a	amortization)				*)			
12a Intangible assets								
	d amortization							
13 Other assets (atta			9 1 -					
14 Total assets			7 2		7,398.		-	5,049.
	es and Capital	9	e e					
15 Accounts payable16 Mortgages, notes, both	onds payable in less than						-	
	ilities (attach statemen						-	
18 All nonrecourse lo								
19a Loans from partners								
	onds payable in 1 year or r	22						
20 Other liabilities (at								
21 Partners' capital a					7,398.			5,049.
22 Total liabilities and					7,398.			5,049.
Schedule M-1	Reconciliation	on of Income (Lo	ss) per B	ooks	With Income (Loss) p	er Return	
		ership may be require						
1 Net income (loss)	V 10 10 10 10 10 10 10 10 10 10 10 10 10		-2,34		Income recorded on			
	on Schedule K, lines 1			- 3	on Schedule K, lines		11 (itemize):	
this year (itemize)	, and 11, not recorded	OII DOOKS		a	Tax-exempt interest	\$		
3 Guaranteed payme				-	Deductions included	on Cohodi	ulo I/ lines 1	
	(other than health	I	57,97		through 13d, and 16		2-03-03-04-7-1-00-03-0-03-03-03-0-0-0-0-0-0-0-0-0-0-	
4 Expenses recorded on			31,31		book income this year			
	rough 13d, and 16l (itemiz	100 Per 2000			Depreciation \$			
See a series of the seed of th	DATE OF THE PROPERTY OF THE PR							
a Depreciation \$				8	Add lines 6 and 7			
b Travel and entertain	nment \$			9	Income (loss) (Analy			
5 Add lines 1 through			55,62		line 1). Subtract line	8 from line	5	55,623.
		'artners' Capital						
1 Balance at beginning			7,39	8.6	Distributions: a Casl			
2 Capital contributed							***************************************	
9 Not income (loss)	b Property		2 24		Other decreases (iter	nize):		
3 Net income (loss) ¡4 Other increases (ite			-2,34		Add lines 6 and 7			
				10	uniou o uniu /			

5,049. 9 Balance at end of year. Subtract line 8 from line 5

5 Add lines 1 through 4

SCHEDULE B-1 (Form 1065)

(Rev. September 2017) Department of the Treasury Internal Revenue Service

Information on Partners Owning 50% or More of the Partnership

Attach to Form 1065.

► Go to www.irs.gov/Form1065 for the latest information.

OMB No. 1545-0123

Name of partnership

OAK GROVE ENERGY CONSULTANTS, LLC

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1065.

Employer identification number

45-5448016

Schedule B-1 (Form 1065) (Rev. 9-2017)

Part I Entities Owning 50% or More of the	Partnership (For	m 1065, Schedu	le B, Question 3a)	
Complete columns (i) through (v) below for any foreign or do tax-exempt organization, or any foreign government that ow partnership (see instructions).				
(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital
Part II Individuals or Estates Owning 50%	or More of the Pa	artnership (Form	1065, Schedule B, C	uestion 3b)
Complete columns (i) through (iv) below for any individual or capital of the partnership (see instructions).	estate that owns, direc	ctly or indirectly, an in	terest of 50% or more in the	ne profit, loss, or
(i) Name of Individual or Estate	(ii) Identifying Number (if any)	(iii) Country of Citiz	enship (see instructions)	(iv) Maximum Percentage Owned in Profit, Loss, or Capital
JOSHUA KIRBACH	394-92-1690	United Sta	ates	80.00

Section 1.263(a)-1(f) De Minimis Safe Harbor Election

Oak Grove Energy Consultants, LLC 5285 Millennium CT Edwardsville, IL 62025

Employer Identification Number: 45-5448016

For the Year Ending December 31, 2017

Oak Grove Energy Consultants, LLC is making the de minimis safe harbor election under Reg. Sec. 1.263(a)-1(f).

Form 1065	5	Tax	Expense		Statement	1
Descripti	ion				Amount	
Illinois	Taxes - Based	on Income			5	61.
Total to	Form 1065, Lin	ne 14			5	61.
Form 1065	5	Other	Deductions		Statement	2
Descripti	lon				Amount	
BANK FEES CONTRACT INSURANCE OFFICE SU PROFESSIO	LABOR E JPPLIES	ne 20			4: 2,4' 4: 4,7:	25. 34. 50.
Form 1065	5 I	Partners' Capit	tal Account Summ	nary	Statement	3
Partner Number	Beginning Capital	Capital Contributed	Schedule M-2 Lns 3, 4 & 7	With- drawals	Ending Capital	
1	4,418.		-1,879.		2,5	39.
2	2,741.		-235.		2,50	06.
3	239.		-235.			4.
Total	7,398.		-2,349.		5,0	49.

Schedule K-1 (Form 1065) 2017		ded K-1 OMB No. 1545-0123
Department of the Treasury		e of Current Year Income,
Internal Revenue Service For calendar year 2017, or tax year		edits, and Other Items
beginning ending	1 Ordinary business income (loss)	15 Credits
Partner's Share of Income, Deductions,	-1,879.	
Credits, etc.	2 Net rental real estate income (loss)	
		16 Foreign transactions
Part I Information About the Partnership	3 Other net rental income (loss)	
A Partnership's employer identification number	4 Guaranteed payments	
45-5448016	28,986.	
B Partnership's name, address, city, state, and ZIP code	5 Interest income	
ONE CHOILE EMEDGA CONCILL MANIES IT S		
OAK GROVE ENERGY CONSULTANTS, LLC 5285 MILLENNIUM CT	6a Ordinary dividends	
		17 Alternative min tax (AMT) items
EDWARDSVILLE, IL 62025	6b Qualified dividends	
C IRS Center where partnership filed return	- 5 11	
Kansas City, MO	7 Royalties	
D Check if this is a publicly traded partnership (PTP)		18 Tax-exempt income and
U Check it this is a publicly traded partnership (PTP)	8 Net short-term capital gain (loss)	nondeductible expenses
	0 NAT - 1 - 2 - 2 - 2	
Part II Information About the Partner	9a Net long-term capital gain (loss)	
E Partner's identifying number	OL O-Htille- (000/)	10 5: 1.7
394-92-1690	9b Collectibles (28%) gain (loss)	19 Distributions
F Partner's name, address, city, state, and ZIP code	0. Unacceptured and 1050 ani-	
Farther S hanne, address, city, state, and ZIF code	9c Unrecaptured sec 1250 gain	DO Other information
JOSHUA KIRBACH	40 Not costion 4004 pain (loca)	20 Other information
5285 MILLENNIUM CT	10 Net section 1231 gain (loss)	
EDWARDSVILLE, IL 62025	44 Other income (less)	
G X General partner or LLC Limited partner or other LLC	11 Other income (loss)	
member-manager member		
H X Domestic partner Foreign partner		
If What type of entity is this partner? Individual	12 Section 179 deduction	
12 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here	12 Section 179 deduction	
J Partner's share of profit, loss, and capital:	13 Other deductions	
Beginning Ending	10 Other deductions	
Profit 80.000000% 80.000000%		
Loss 80.000000% 80.000000%		
Capital 80.000000% 80.000000%	14 Self-employment earnings (loss)	
V Daytnaria share of liabilities at year ands	3 07 107	
Nonrecourse \$	C 51,791.	
Qualified nonrecourse financing \$	*See attached statement for additio	unal information
Recourse \$0.	occ attached statement for addition	nai inormation.
Ψυ.		
L Partner's capital account analysis:		
Beginning capital account \$\$ 4,418.	>	
Capital contributed during the year \$	Only	
Current year increase (decrease) \$	Use	
Withdrawals & distributions \$()	าร	
Ending capital account \$ 2,539.	For IRS	
ΨΨ	오	
X Tax basis GAAP Section 704(b) book	le .	
Other (explain)		
M Did the partner contribute property with a built-in gain or loss?		
Yes X No		
If "Yes." attach statement (see instructions)		

Schedule K-1 (Form 1065) 2017	Final K-1 Amended K-1 OMB No. 1545-0123
Department of the Treasury Internal Revenue Service For calendar year 2017, or tax year	Part III Partner's Share of Current Year Income.
Partner's Share of Income, Deductions,	1 Ordinary business income (loss) 15 Credits
Credits, etc. See separate instructions.	2 Net rental real estate income (loss)
occ separate metractions.	16 Foreign transactions
Part I Information About the Partnership	3 Other net rental income (loss)
A Partnership's employer identification number 45-5448016	4 Guaranteed payments
B Partnership's name, address, city, state, and ZIP code	5 Interest income
OAK GROVE ENERGY CONSULTANTS, LLC	6a Ordinary dividends
5285 MILLENNIUM CT	17 Alternative min tax (AMT) items
EDWARDSVILLE, IL 62025	6b Qualified dividends
C IRS Center where partnership filed return Kansas City, MO	7 Doughias
Ransas City, Mo	7 Royalties 18 Tax-exempt income and
D Check if this is a publicly traded partnership (PTP)	8 Net short-term capital gain (loss) nondeductible expenses
Part II Information About the Partner	9a Net long-term capital gain (loss)
E Partner's identifying number 337-74-5842	9b Collectibles (28%) gain (loss) 19 Distributions
F Partner's name, address, city, state, and ZIP code	9c Unrecaptured sec 1250 gain
D1111 WEDD 611	20 Other information
DANA KIRBACH	10 Net section 1231 gain (loss)
5285 MILLENNIUM CT EDWARDSVILLE, IL 62025	44 Other income (less)
G X General partner or LLC Limited partner or other LLC	11 Other income (loss)
member-manager member	
H X Domestic partner Foreign partner	
I1 What type of entity is this partner? <u>Individual</u>	12 Section 179 deduction
12 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here	
J Partner's share of profit, loss, and capital:	13 Other deductions
Beginning Ending	
Profit 10.000000% 10.000000% Loss 10.000000% 10.000000%	
Loss 10.000000% 10.000000% Capital 10.000000% 10.000000%	14 Self-employment earnings (loss)
K Partner's share of liabilities at year end:	A -235.
Nonrecourse \$	C 6,474.
Qualified nonrecourse financing \$	*See attached statement for additional information.
Recourse \$ 0	
L Partner's capital account analysis:	
Beginning capital account \$ 2,741	• Only
Capital contributed during the year \$\$	Ō
Current year increase (decrease) \$\$	• \$\disp\rightarrow\$
Withdrawals & distributions\$(or IRS Use
Ending capital account \$ 2,506	• Par
X Tax basis GAAP Section 704(b) book Other (explain)	
M Did the partner contribute property with a built-in gain or loss?	
Yes X No	
If "Yes." attach statement (see instructions)	1

Schedule K-1 2017	Final K-1 Amend	ded K-1 OMB No. 1545-0123
Department of the Treasury		e of Current Year Income,
Internal Revenue Service For calendar year 2017, or tax year		edits, and Other Items
Partner's Share of Income, Deductions,	1 Ordinary business income (loss) -235.	15 Credits
Credits, etc. See separate instructions.	2 Net rental real estate income (loss)	
	- Horroma roa ostato moomo (1005)	16 Foreign transactions
Part I Information About the Partnership	3 Other net rental income (loss)	
A Partnership's employer identification number 45-5448016	4 Guaranteed payments 28,986.	
B Partnership's name, address, city, state, and ZIP code	5 Interest income	
26 V 10 MO V	Vi Uli Video - Teleco Renati potitivo (State 15)	
OAK GROVE ENERGY CONSULTANTS, LLC	6a Ordinary dividends	
5285 MILLENNIUM CT		17 Alternative min tax (AMT) items
EDWARDSVILLE, IL 62025	6b Qualified dividends	
C IRS Center where partnership filed return Kansas City, MO	7 Dayalting	
Ransas City, Mo	7 Royalties	18 Tax-exempt income and
D Check if this is a publicly traded partnership (PTP)	8 Net short-term capital gain (loss)	nondeductible expenses
		Indiacadolible expenses
Part II Information About the Partner	9a Net long-term capital gain (loss)	
E Partner's identifying number	9b Collectibles (28%) gain (loss)	19 Distributions
340-64-3981		
F Partner's name, address, city, state, and ZIP code	9c Unrecaptured sec 1250 gain	
TROY KIRBACH	40 Not costion 1921 sein (less)	20 Other information
143 PEBBLEBROOK	10 Net section 1231 gain (loss)	
TROY, IL 62294	11 Other income (loss)	
G X General partner or LLC Limited partner or other LLC		
member-manager member		
H X Domestic partner Foreign partner		
I1 What type of entity is this partner? <u>Individual</u>	12 Section 179 deduction	
12 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here		
J Partner's share of profit, loss, and capital:	13 Other deductions	
Beginning Ending		
Profit 10.000000% 10.000000%		
Loss 10.000000% 10.000000%	44.0 %	
Capital 10.000000% 10.000000% K Partner's share of liabilities at year end:	14 Self-employment earnings (loss) A 28,751.	
Nonrecourse \$	C 6,474.	
Qualified nonrecourse financing \$	*See attached statement for additio	anal information
Recourse \$ 0.	occ attached statement for addition	nar intormation.
L Partner's capital account analysis:		
Beginning capital account \$ 239.	솔	
Capital contributed during the year \$\$	Only	
Current year increase (decrease) $\qquad \qquad \qquad$	nse n	
Withdrawals & distributions \$()	RS	
Ending capital account $\qquad \qquad \qquad$	for IRS Use	
	ш.	
X Tax basis GAAP Section 704(b) book		
Other (explain)		
M Did the partner contribute property with a built-in gain or loss? Yes X No		
If "Yes." attach statement (see instructions)		

Illinois Department of Revenue

2017 Form IL-1065

Partnership Replacement Tax Return
See "When should I file?" in the Form IL-1065 instructions for a list of due dates.

	occ which should this: In the form 12-1000 instructions for a list of due dates.			
	s return is not for calendar year 2017, enter your fiscal tax year here.			
Taxy	year beginning , ending			Enter the amount you are paying.
For t	month day year month day ax years ending on or after December 31, 2017. For prior years, use the form for that year.	year		\$828.
Step	1: Identify your partnership		Н	Enter your federal employer identification no. (FEIN).
Α	Enter your complete legal business name.			45-5448016
	If you have a name change, check this box.		1	Check this box if you are a member of a unitary
	Name: OAK GROVE ENERGY CONSULTANTS, LLC			business group and are included on a Schedule UB, Combined Apportionment for Unitary Business Group. Enter the FEIN of the member who prepared
В	Enter your mailing address.			the Schedule UB and attach it to this return.
	Check this box if either of the following apply:			
	• this is your first return, or		J	Enter your North American Industry Classification
	• you have an address change.			System (NAICS) Code. See instructions.
	C/0:			561900
	Mailing address: 5285 MILLENNIUM CT		K	Enter the city, state, and ZIP code where your
				accounting records are kept. (Use the two-letter postal abbreviation, e.g., IL, GA, etc.)
	City: EDWARDSVILLE State: IL ZIP: 62025			EDWARDSVILLE IL 62025
C	If this is the first or final return, check the applicable box(es).			City State ZIP
	First return		L	If you are making the business income election to
	Final return (Enter the date of termination)			treat all nonbusiness income as business income,
	mm dd yyyy			check this box and enter "0" on Lines 36 and 44.
D	If this is a final return because you sold this business, enter the date sold		M	If you have completed the following, check the box
	(mm dd yyyy) , and the new owner's FEIN.			and attach the federal form(s) to this return.
_				Federal Form 8886 Federal Sch. M-3,
E	Apportionment Formulas. Check the appropriate box or boxes and		y <u>a se</u>	Part II, Line 10
	see Apportionment Formula instructions. Financial organizations Transportation companies			Check this box if you attached Form IL-4562.
	Financial organizations Transportation companies Federally regulated exchanges Sales companies		U	Check this box if you attached Illinois
F	Check this box if you are:		D	Schedule M (for businesses). Check this box if you attached Schedule 80/20.
4	classified as an investment partnership			Check this box if you attached Schedule 30/20.
	classified as a publicly-traded partnership			Check this box if you attached schedule 1295-A.
G	Check this box if you made an IRC § 761 election.			protected under Public Law 86-272.
	•		s	Check this box if you attached the Subgroup Sch.
S	tep 2: Figure your ordinary income or loss			Weeks at the first terms.
₩ .	1 Ordinary income or loss, or equivalent from federal Schedule K.			(Whole dollars only)
	2 Net income or loss, or equivalent from federal schedule K.			1
e e	3 Net income or loss from other rental activities.			2
2-5	4 Portfolio income or loss.			
106	5 Net IRC Section 1231 gain or loss.			4
<u>.</u>	6 All other items of income or loss that were not included in the computation of income or lo	ss on		
Ε	Page 1 of U.S. Form 1065 or 1065-B. See instructions. Identify:			6 .0
F0	7 Add Lines 1 through 6. This is your ordinary income or loss.			7 -2,349.0
payment and	tep 3: Figure your unmodified base income or loss			
men	Charitable contributions.			.0.
bay	Expense deduction under IRC Section 179.			90
± 10	Interest on investment indebtedness.			100
ڪُ 11	All other items of expense that were not deducted in the computation of ordinary income o	r loss on		19547
tac	Page 1 of U.S. Form 1065 or 1065-B. See instructions. Identify:			110
¥ 12	Add Lines 8 through 11.			12
▲ 13	Subtract Line 12 from Line 7. This amount is your total unmodified base income or loss.			132,349.0

IL-1065 (R-12/17)

749151 01-22-18 **ID: 2BX**

Step 4:	Figure	your	income	or	loss

	Enter your unmodified base income or loss from Line 13.		14	-2,349.00			
15	, , , , , , , , , , , , , , , , , , ,		15	.00			
16	Illinois replacement tax deducted in arriving at Line 14.		16	561 .00			
17	Illinois Special Depreciation addition. Attach Form IL-4562.		17	.00			
18	Related-party expenses addition. Attach Schedule 80/20.		18	.00.			
19	Distributive share of additions. Attach Schedule(s) K-1-P or K-1-T.		19	.00			
20	Guaranteed payments to partners from U.S. Form 1065 or 1065-B.		20	57,972.00			
21	The amount of loss distributable to a partner subject to replacement tax. Attach So	chedule B.	21	.00.			
22	Other additions. Attach Illinois Schedule M (for businesses).		22	.00.			
23	Add Lines 14 through 22. This amount is your income or loss.		23	56,184.00			
Ste	p 5: Figure your base income or loss						
24	Interest income from U.S. Treasury or other exempt federal obligations.	24	.00				
25	August 1, 1969, valuation limitation amount. Attach Schedule F.	25	.00				
26	Personal service income or reasonable allowance for compensation of partners.	26	.00				
27	and a substitution of a partition of a poor to replacement tax.						
	Attach Schedule B.	27	.00				
28	River Edge Redevelopment Zone Dividend subtraction. Attach Schedule 1299-A.	28	.00				
29	High Impact Business Dividend subtraction. Attach Schedule 1299-A.	29	.00				
30	Illinois Special Depreciation subtraction. Attach Form IL-4562.	30	.00				
31	1 200000000 000000 000000 000000 00000000	31	.00				
32	Distributive share of subtractions. Attach Schedule(s) K-1-P or K-1-T.	32	.00				
33	(ioi businesso).	33	.00				
	Total subtractions. Add Lines 24 through 33.		34	.00			
35	Base income or loss. Subtract Line 34 from Line 23.		35	56,184.00			
	A If the amount on Line 35 is derived inside Illinois only, chec	k this box and enter	the amount from Step 5, Li	ne 35			
	on Step 7, Line 47. You may not complete Step 6. (You mus			X			
ST		Check the box on Lin	e B and complete Step 6.				
	B If any portion of the amount on Line 35 is derived outside Il complete all lines of Step 6. (Do not leave Lines 40 through	linois, or you are a ur	nitary filer, check this box a	and			
Ste	p 6: Figure your income allocable to Illinois (Complete on						
36	Nonbusiness income or loss. Attach Schedule NB.		36	.00			
	Business income or loss included in Line 35 from non-unitary partnerships, partner	ships included on a		.00			
	Schedule UB, S corporations, trusts, or estates. See Instructions.	ompo moidada on a	37	.00			
the second of	Add Lines 36 and 37.		38	.00			
39	Business income or loss. Subtract Line 38 from Line 35.		39	.00			
40	Total sales everywhere. This amount cannot be negative.	40		.00			
	Total sales inside Illinois. This amount cannot be negative.	41					
1	Apportionment factor. Divide Line 41 by Line 40 (carry to six decimal places).	42					
	Business income or loss apportionable to Illinois. Multiply Line 39 by Line 42.	51712 <u> </u>	43	.00			
44 Nonbusiness income or loss allocable to Illinois. Attach Schedule NB.							
	Business income or loss apportionable to Illinois from non-unitary partnerships, par	rtnerships included on		.00			
	a Schedule UB, S corporations, trusts, or estates. See instructions.		45	.00			
	Base income or loss allocable to Illinois. Add Lines 43 through 45.		46	.00.			
	a secondary of the secondary of		то	.00			

Step 7: Figure your net income		
47 Base income or net loss from Step 5, Line 35, or Step 6, Line 46.	47	E 6 10 1 00
48 Illinois net loss deduction. Attach Schedule NLD. If Line 47 is zero or a negative amount, enter "0."	48	56,184.00
49 Income after NLD. Subtract Line 48 from Line 47.		.00 56,184.00
50 Enter the amount from Step 5, Line 35.	50	56,184.00
51 Divide Line 47 by Line 50. (Carry the result to six decimal places. This figure cannot be greater than "1.")		1.000000
52 Exemption allowance. See instructions before completing.		1,000.00
53 Net income. Subtract Line 52 from Line 49.		55,184.00
Step 8: Figure your net replacement tax and pass-through withholding paymen	ts you owe	
54 Replacement tax. Multiply Line 53 by 1.5% (.015).	54	828 .00
55 Recapture of investment credits. Attach Schedule 4255.	55	
56 Replacement tax before investment credits. Add Lines 54 and 55.		828 .00
57 Investment credits. Attach Form IL-477.		.00
58 Net replacement tax. Subtract Line 57 from Line 56. If the amount is negative, enter "0."	58	828.00
59 Pass-through withholding payments you owe on behalf of your members. Enter the amount from	1	
Schedule B, Section A, Line 9. See Instructions. Attach Schedule B.	59	000
60 Total net replacement tax and pass-through withholding payments you owe. Add Line 58 and Lin	ne 59. 60	828.00
a Credit from prior year overpayments. b Form IL-505-B (extension) payment. c Pass-through withholding payments reported to you on Schedule(s) K-1-P or K-1-T. Attach Schedule(s) K-1-P or K-1-T. d Illinois gambling withholding. Attach Form(s) W-2G. e Form IL-516-I prepayments. f Form IL-516-B prepayments. 616 Total payments. Add Lines 61a through 61f. Overpayment. If Line 62 is greater than Line 60, subtract Line 60 from Line 62. Amount to be credited forward. See instructions. Refund. Subtract Line 64 from Line 63. This is the amount to be refunded. Complete to direct deposit your refund	62 63 64 64	.00 .00 .00 .00
Routing Number Checking or Savings Account Number 67 Tax Due. If Line 60 is greater than Line 62, subtract Line 62 from Line 60. This is the amount you owe. If you owe tax on Line 67, complete a payment voucher, Form IL-1065-V. Write your FEIN, tax year	67	828 .00
or money order and make it payable to "Illinois Department of Revenue." Attach your voucher an Special Note Enter the amount of your payment on the top of Page 1 in the	d payment to the	

Step 10: Sign below - Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Sign			Member			100	the Department
Here	Signature of partner	Date (mm/dd/yyyy)	Title	Phone n	umber	paid preparer s	shown in this step.
Paid	LUCAS ROW, CPA		FL		03/04/2018	Check if	P01538082
Preparer	Print/Type paid preparer's name		Paid preparer's s	ignature	Date (mm/dd/yyyy)		
Use Only	Firm's name ► FICK, E(GGEMEYER &	WILLIAMSC	N	Firm's FEIN	1001 1000 1000	231621
	Firm's address ► 205 S. 1	MAIN COLUM	BIA, IL 6	2236	Firm's phone ▶	618-	281-4999

If a payment is not enclosed, mail this return to:

Illinois Department of Revenue

Illinois Department of Revenue

P.O. Box 19053

P.O. Box 19031

Springfield, IL 62794-9053

Springfield, IL 62794-9031

2017 Schedule B Partners' or Shareholders' Information Illinois Department of Revenue

Attach to your Form IL·1065 or Form IL·1120-ST.



Year ending 17 12 Month

IL Attachment no. 1 Year

ation number (FEIN).

Effet your flatte as shown on your portitions of portitions.	Enter your federal employer identific
OAK GROVE ENERGY CONSULTANTS, LLC	45-5448016

•	You must read the Schedule B instructions and complete Schedule(s) K-1-P and Schedule(s) K-1-P(3) before completing this schedule.
•	You must complete Section B of Schedule B and provide all the required information for your partners or shareholders before completing Section A of Schedule B.
<	Note - Failure to follow these instructions may delay the processing of your return or result in you receiving further correspondence from the Department. You may a further information to ground the Department. You may
	ותונופן וווסווומנוסון נס את אחר

also be required to submit

Section A: Total members' information (from Schedule(s) K-1-P and Schedule B, Section B)

STOP Before completing this section you must first complete Schedule(s) K·1·P, Schedule(s) K·1·P(3) and Schedule B, Section B. You will use the amounts from those schedules when completing this section.

Totals for resident and nonresident partners or shareholders (from Schedule(s) K-1-P and Schedule B, Section B)

- 1 Enter the total of all nonbusiness income or loss you reported on Schedule(s) K-1-P for your members. See instructions.
- Enter the total of all income and replacement tax credits you reported on Schedule(s) K·1·P for your members. See instructions.

N

က

Add the amounts shown on Schedule B, Section B, Column E for all partners or shareholders on all pages for which you have entered a check mark in Column D. Enter the total here. See instructions. က

Totals for nonresident partners or shareholders only (from Schedule B, Section B)

- Enter the total pass-through withholding you reported on all pages of your Schedule B, Section B, Column J for your nonresident individual members. See instructions.
- 2 Enter the total pass-through withholding you reported on all pages of your Schedule B, Section B, Column J for your nonresident estate members. See instructions. 2
- Enter the total pass-through withholding you reported on all pages of your Schedule B, Section B, Column J for your partnership and S corporation members. See instructions. 9

9

- Enter the total pass-through withholding you reported on all pages of your Schedule B, Section B, Column J for your nonresident trust members. See instructions. 7
- Enter the total pass-through withholding you reported on all pages of your Schedule B, Section B, Column J for your C corporation members. See instructions. 8
- Add Line 4 through Line 8. This is the total pass-through withholding you owe on behalf of all your nonresident partners or shareholders. This amount should match the total amount from Schedule B, Section B, Column J for all nonresident partners or shareholders on all pages. Enter the total here and on Form IL·1065, Line 59, or Form IL·1120-ST, Line 58. See instructions. 6

6

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Illinois Department of Revenue 2017 Schedule B OAK GROVE ENERGY CONSULTANTS, LLC

Enter your name as shown on your Form IL-1065 or Form IL-1120-ST.

Enter your federal employer identification number (FEIN).

45-5448016

Illinois Member Excluded from Share of Illinois Member Excluded from Share of Illinois Illinois Member Excluded from Income subject	See instructions before completing.		H Distributable Pass-through withholding share of withholding credits payment credits	e Calmn Ghtough Calmn J. Øern almn Ghtough Calmn J.)	00.0 00.00 00.0	00.00 00.00 00.00	00.00 0.00		
Himois Member's Excluded from ment distributable amount pass-through pass-thr	Himois Member's Excluded from ment distributable amount pass-through pass-thr			Fsilbank,	00.00	00.0	0.00		
a a a a a a a a a a a a a a a a a a a	a a a a a a a a a a a a a a a a a a a				556.00	179.00			
	CT B B B B B B B B B	pefore completing.)	Subject to Illinois replacement tax or an ESOP			7-74-5842			
Ction B: Members' Information A		Section		1 Name	C/O Addr. 1 Addr. 2 City	Name C/O Addr. 1 Addr. 2 Gity	3 Name C/O Addr. 1	4 Name C/O Addr. 1 Addr. 2	5 Name C/O Addr. 1 Addr. 2 City

~	. =	1065		U.S. R	eturn of Partneı	rship	Income			OMB No. 1545-0123
For Dep Inte	artment o	of the Treasury enue Service	For calen	ndar year 2017, or tax year be	eginning,,	, er	iding	·		2017
*		business activity		Name of partnership				14	,	D Employer identification number
	NERG									AND AND ADVANCE OF A SHARE PROPERTY OF A SHARE
		LTING product or service	— Ту	/pe OAK GROVE	ENERGY CONSUL om or suite no. If a P.O. box, see the in	TANTS	, LLC			45-5448016
D	NERG			or 5285 MILL		nstructions.				E Date business started
		LTING			rovince, country, and ZIP or foreign po	ostal code				06/13/2012 F Total assets
		code number								F Total assets
56	5190	0		EDWARDSVI	LLE		IL 6	52025		\$ 5,049.
G	Check	applicable boxes:	(1)			Name	change (4)	4-10	hange	
			(6)		tion - also check (1) or (2)		9.4			2: 1
Н		accounting metho		The reserve that the second of) L Accrual (3)		(specify) 🕨			
1					ho was a partner at any time dur	0.50	201			
J		if Schedules C and								
Ca	ution. <i>Ii</i>	nclude only trac	de orub	siness nicome and e	penses onihes & brough	2 lelow.	Se the nistruct	tions for m	nor a ifoi	rmation.
0	1 a	Gross receipts or	sales			11	a 6	4,739		
	b	Returns and allow	vances .			1	b	-7.05		
	C	Balance, Subtract	line 1b f	rom line 1a	***************************************				1c	64,739.
e	2	Cost of goods sol	ld (attach	ı Form 1125-A)	***************************************				2	
Income	3	Gross profit. Subt	tract line	2 from line 1c					3	64,739.
Ē	5	Not form profit (lo	(IOSS) Tro	om other partnerships, e	states, and trusts (attach stateme	ent)			4	
	6	Net rain (loss) fro	om Form	A707 Part II line 17 (at	40)) tach Form 4797)			*************	5	
	7	Other income (los	s) (attacl	h statement)					7	
	8	Total income (los	ss). Com	bine lines 3 through 7				•••••	8	64,739.
	9 ;	Salaries and wage	es (other	than to partners) (less e	mployment credits)				9	01,133.
structions for limitations)	10	Guaranteed paym	ents to p	artners	***********************************	************			10	57,972.
itati	11	Repairs and maint	tenance						11	
Ë	12	Bad debts			***************************************				12	
s fo	13	Kent	and licenses See Statement 4							
tion					Si				14	561.
truc									15	· · · · · · · · · · · · · · · · · · ·
	b l	Less depreciation	reported	on Form 1125-A and el	sewhere on return	16			16c	
the									17	
(see	18 F	Retirement plans,	etc		•••••		****************	*******	18	
Su	19 E	Employee benefit programs								
Deductions (see the ir	20 (Other deductions	ctions (attach statement) See Statement 5							8,555.
De	01 7	Tatal daduatiana	۸ ماما ∔اہم		6 - 2 1 4 - 1 - 7 - F - 6 11					65.000
_				e (loss). Subtract line 21	far right column for lines 9 throu				21	67,088.
		Under penaltie	s of perjur	y, I declare that I have exami	ned this return, including accompanyir han partner or limited liability compan	ng schedules	and statements, and	to the best of	my know	rledge and belief, it is true,
Sig	1	correct, and co	impiete. Di	ecial attorn of preparer (other	nan partner or limited liability compan	y member) is	based on all informa	ition of which pr		as any knowledge. e IRS discuss this return
Her	е									e preparer shown below
		Signature	of partner of	or limited liability company r	nember		Date		(see ins	str.)? X Yes No
		Print/Type prepar	rer's name		Preparer's signature		Date	Check	if	PTIN
Paid	1	THONG D	Ota	an a	11		00/04/4	self-emplo	yed	
	parer	LUCAS R		CPA	OR		03/04/1	. 8		P01538082
the same	Only			EMEYER & WI	LLIAMSON, CPA'S	S		Eirmin EIN	> 37	7-1231621
				S. MAIN				THIN S EIN	J 1	
		COLUMB	IA,	IL 62236				Phone no.	618	3-281-4999
LHA	A For P	aperwork Reduct	tion Act I	Notice, see separate in	structions.		10			Form 1065 (2017)

711001 12-15-17

Form 1065	Tax Expense	Statement 4
Description		Amount
Illinois Taxes - Based on Income		561.
Total to Form 1065, Line	14	561.
Form 1065	Other Deductions	Statement 5
Description ANNUAL REGISTRATION BANK FEES CONTRACT LABOR INSURANCE OFFICE SUPPLIES PROFESSIONAL FEES		Amount 250. 420. 2,476. 425. 4,734. 250.
Total to Form 1065, Line	20	8,555.

45-5448016 Page 3 Schedule B Other Information (continued) Yes No 11 At any time during the tax year, did the partnership receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the partnership may have to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts. X 12a Is the partnership making, or had it previously made (and not revoked), a section 754 election? X See instructions for details regarding a section 754 election. Did the partnership make for this tax year an optional basis adjustment under section 743(b) or 734(b)? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions X c Is the partnership required to adjust the basis of partnership assets under section 743(b) or 734(b) because of a substantial built-in loss (as defined under section 743(d)) or substantial basis reduction (as defined under section 734(d))? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions X Check this box if, during the current or prior tax year, the partnership distributed any property received in a like-kind exchange or contributed such property to another entity (other than disregarded entities wholly owned by the partnership throughout the tax year) At any time during the tax year, did the partnership distribute to any partner a tenancy-in-common or other undivided interest in partnership 14 X 15 If the partnership is required to file Form 8858, Information Return of U.S. Persons With Respect To Foreign Disregarded Entities, enter the number of Forms 8858 attached. See instructions Does the partnership have any foreign partners? If "Yes," enter the number of Forms 8805, Foreign Partner's Information Statement of Section 1446 Withholding Tax, filed for this partnership. X Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached to this return. 17 18a Did you make any payments in 2017 that would require you to file Form(s) 1099? See instructions X b If "Yes," did you or will you file required Form(s) 1099? X Enter the number of Form(s) 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations, attached to this return. Enter the number of partners that are foreign governments under section 892. 20 During the partnership's tax year, did the partnership make any payments that would require it to file Form 1042 and 1042-S under chapter 3 (sections 1441 through 1464) or chapter 4 (sections 1471 through 1474)? X Was the partnership a specified domestic entity required to file Form 8938 for the tax year (See the Instructions for Form 8938)? X

Designation of Tax Matters Partner (see instructions)

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

designated TMP JOSHUA KIRBACH	Identifying number of TMP ▶ 394-92-1690
If the TMP is an entity, name of TMP representative	Phone number of TMP ▶
Address of designated TMP > \frac{5285 \text{ MILLENNIUM CT}}{\text{EDWARDSVILLE, IL 62025}}	

Form 1065 (2017)

Form	065	(2017) OAK GROVE ENERGY CONSULTANTS, LLC		45	-5448016	Page 4
Scl	nec	dule K Partners' Distributive Share Items			Total amount	W
	1	,		1	-2	,349.
	2	Net rental real estate income (loss) (attach Form 8825)		2		
	3	a Other gross rental income (loss) 3a				
		b Expenses from other rental activities (attach statement) 3b				
		c Other net rental income (loss). Subtract line 3b from line 3a		3c		
s)	4			4	57	,972.
Income (Loss)	5		J. 1. 200 (12. 10. 200)	5		
) 	6			6a		
TO.		b Qualified dividends6b			8	
<u> </u>	7	Royalties		7		
	8			8		
	9	a Net long-term capital gain (loss) (attach Schedule D (Form 1065))		9a		
		b Collectibles (28%) gain (loss) 9b Co Unrecaptured section 1250 gain (attach statement) 9c				
		c Unrecaptured section 1250 gain (attach statement) 9c				
	10	Net section 1231 gain (loss) (attach Form 4797)		10		
	11	Other income (loss) (see instructions) Type		11		
co.	12			12		
ous	13	a Contributions		13a		
rcti		b Investment interest expense		13b		
Deductions		c Section 59(e)(2) expenditures: (1) Type ►(2) Amount	13c(2)		
		d Other deductions (see instructions) Type ▶		13d		
Self- Employ- ment	14	a Net earnings (loss) from self-employment		14a	55	623.
-pdr		b Gross farming or fishing income		14b		
Se		c Gross nonfarm income		14c	64	739.
	15	a Low-income housing credit (section 42(j)(5))		15a		
m		b Low-income housing credit (other)		15b		
dits		c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)		15c		
Credits		d Other rental real estate credits (see instructions) Type ▶		15d		
		e Other rental credits (see instructions) Type ▶		15e		
		f Other credits (see instructions) Type		15f		
	16	a Name of country or U.S. possession				
		b Gross income from all sources		16b		
S		c Gross income sourced at partner level		16c		
ion		Foreign gross income sourced at partnership level				
act		d Passive ← General category ► f Oth	ner ►	16f		
ans		Deductions allocated and apportioned at partner level				
Foreign Transactions		g Interest expense h Other		16h		
ign		Deductions allocated and apportioned at partnership level to foreign source income				
ore		i category j General category k Ott	ner ▶	16k		
ш		I Total foreign taxes (check one): ▶ Paid		161		
		m Reduction in taxes available for credit (attach statement)		16m		
		n Other foreign tax information (attach statement)				
voe:	17	a Post-1986 depreciation adjustment		17a		
Tax		b Adjusted gain or loss		17b		
te a ti		c Depletion (other than oil and gas)		17c		
Alternative Minimum Tax (AMT) Items		d Oil, gas, and geothermal properties - gross income		17d		-
Aite		e Oil, gas, and geothermal properties - deductions		17e		
		f Other AMT items (attach statement)		17f		
	18	a Tax-exempt interest income		18a		
ion		b Other tax-exempt income		18b		
Other Information		c Nondeductible expenses		18c		
orn	19	a Distributions of cash and marketable securities		19a		
Ē		b Distributions of other property		19b		
her	20	a Investment income		20a		
ŏ		b Investment expenses		20b		
		c Other items and amounts (attach statement)				

1 Net income (local Comb					CONTRACTOR CONTRACTOR	n con agreement		FF (22
1 Net income (loss). Combine Schedule K, lines 1 th 2 Analysis by partner type: (i) Corporate		(ii) Individual (active)	(iii) Inc	lividual	nes 12 through 13d, (iv) Partners		(v) Exempt Organization	55,623. (vi) Nominee/Other
a General partners								
b Limited partners			55	,623.				
	.		1940					
Schedule L	Balance Sheets	s per Books						
	Assets	(0)	Beginning o				End of tax	The same of the sa
1 Cash		(a)			7,398.		(c)	(d)
2a Trade notes and	accounts receivable		*		1,390.		-	5,049.
	or bad debts				F			
4 U.S. government	obligations		. 777					-
	rities							
	ets (attach statement)							
	r persons related to partner		- I					
b Mortgage and rea	al estate loans			X				
8 Other investment	s (attach statement) ner depreciable assets	www.	-				_	
h Less accumulate	d depreciation							
b Less accumulated	d depletion				H			
11 Land (net of any	amortization)							
	(amortizable only)							
	d amortization							
	ach statement)		1 . 1			6		
	*******		3 - 9		7,398.			5,049.
	es and Capital		= "		-			
)	ACCOMPANIES OF	15 h 2					
	onds payable in less than i ilities (attach statemen							
	oans		-				-	
	(or persons related to parti						-	
	onds payable in 1 year or n						-	
	ttach statement)							
21 Partners' capital a	accounts				7,398.			5,049.
	d capital		81 H 25		7,398.			5,049.
Schedule M-1	Reconciliatio	n of Income (Lo	ss) per Bo	oks With	n Income (L	.oss) pe	er Return	
		rship may be required						
1 Net income (loss)		0.00	-2,349	15	ne recorded on b			
	on Schedule K, lines 1, , and 11, not recorded				chedule K, lines 1		0.7	
this year (itemize)		OII DOOKS		a rax-e	exempt interest \$	'		
	ents (other than health			7 Dedu	ctions included o	n Schedul	e K lines 1	THE RESERVE THE PARTY OF THE PA
			57,972		gh 13d, and 16l,		NECTO AND DESCRIPTION OF THE PROPERTY OF THE P	
	books this year not include			111-111-111	income this year			
Schedule K, lines 1 th	rough 13d, and 16l (itemize	a):			eciation \$			
a Depreciation \$					ines 6 and 7			
	nment \$		FF (00		ne (loss) (Analysi			
Schedule M-2	Analysis of P	artners' Capital	55,623	• line 1). Subtract line 8	trom line 5)	55,623.
	ng of year				butions: a Cash			
	l: a Cash		,,,,,,	יווופוע י				
	b Property			7 Other	decreases (itemi	ize):		
3 Net income (loss)	per books		-2,349					
4 Other increases (ite	emize):			8 Add li	ines 6 and 7			
5 Add lines 1 throug	h 4		5,049	. 9 Balanc	e at end of year. Su	ubtract line 8	from line 5	5,049.
711042 12-15-17								Form 1065 (2017)

Form 1065	F	Partners' Capit	Statement	6		
Partner Number	Beginning Capital	Capital Contributed	Schedule M-2 Lns 3, 4 & 7	With- drawals	Ending Capital	
1	4,418.		-1,879.		2,53	9.
2	2,741.		-235.		2,50	6.
3	239.		-235.			4.
Total	7,398.		-2,349.		5,04	9.

	-	1065		J	U.S. R	eturn o	f Partn	ership	Incom	е		OMB No. 1545-0123
For		of the Treasury	For calend	dar year 2018	3, or tax year be	eginning	<u> </u>	, en	ding			2012/7
		nue Service	Exte	nsion	n Gran	ted to						ZUJO
Α	Principal	business activity		Name o	f partnership						0	D Employer identification
\mathbf{E}	NERG	Ϋ́										SECURE THE SECURE SECURITY OF
		LTING				ENERG			, LLC			45-5448016
В	Principal	product or service	0	r Number		om or suite no. If		structions.				E Date business started
	NERG		Pri			ENNIUM		20050 IN				06/13/2012
		LTING	_	City or t	town, state or p	province, country,	and ZIP or foreign	n postal code				F Total assets
		code number								C000F		24 620
	<u> 5190</u>	en out o			ARDSVI					62025		\$ 24,629.
		applicable boxes:		Initial	1.50	, =	return (3)	1000		Addre	ss change	(5) Amended return
Н		accounting metho			1,410	Accru		Other (3	
I		er of Schedules K-										
7	Check	Include only tra	and M-c	s are attac	come and	ovnoncoc on	lings 1a thro	igh 22 helov	Soo instru	ctions for m	ore inform	nation
Ci		Gross receipts								82,08	32.	TO THE STATE OF TH
		Returns and allo		· · · · · · · · · · · · · · · · · · ·				1	h	9,58		
		Balance, Subtra										72,494.
	10000	Cost of goods s										
me		Gross profit. Su										72,494.
Income		Ordinary income										
	ı	Net farm profit (1	
		Net gain (loss) f										
	10000	Other income (lo										
	8	Total income (I	loss). Co	mbine lin	es 3 throug	jh 7						72,494.
(S)	9	Salaries and wa	iges (oth	er than to	partners)	(less employn	nent credits)				9	30,843.
tion	10	Guaranteed pay	yments t	o partner:	s							30,780.
nita	11	Repairs and ma	intenand	ce								
Ē	12	Bad debts										
ons (see instructions for limitations)	13	Rent									13	
tion		Taxes and licen										4,047.
ruc		Interest (see ins						1400			15	
inst	16 a	Depreciation (if	required	, attach F	orm 4562)			16	3a		- 40	
998		Less depreciation									16c	
)S(Depletion (Do n										
		Retirement plan									Total I	
Deducti	19	Employee benet Other deduction	tit progra	ams				500 St	atomon	+ 2		6,703.
Dec		Otner deduction										72,373.
-		Ordinary busing										121.
-		Interest due und										
ţ		Interest due und										
Tax and Payments		BBA AAR imput										
ayn		Other taxes (see									100 331	
d b		Total balance o										
an		Payment (see in										
Tax		Amount owed.										v)
		Overnayment I	If line 28	is larger t	han line 27	enter overo	avment				30	
		Under penalties o	f porium/ L	declare that I	have evamine	d this return inclu	iding accompany	ing schedules ar	nd statements, a	nd to the best of	of my ased on all	
Sig	ın	information of whi	ich prepare	r has any kn	owledge.				E2 1/1 C			e IRS discuss this return with the
He	re								7		prepare	er shown below (see instr.)?
		Signature of	of partner o	r limited liab	ility company r	nember	16.		Date			X Yes No
		Print/Type prepar		98 8		Preparer's signa	turey /	1 -	Date	Check		PTIN D.01.70.27
		JAMES L	UNK,	CPA		0	Jul		04/01	/ 19 self-e	mployed	P01817927
Pa		Firm's name					· · · · · · · · · · · · · · · · · · ·	1.0		1541 × × ×	▶ 25	7-1231621
	eparer					LLIÁMSC	ON, CPA	. S		Firm's	EIN > 3	1-T72T07T
US	e Only	Firm's address								Phone	no 618	3-281-4999
			117 -	TT (17	12170					1 110116		

	nedule D Other Information				
1	What type of entity is filing this return? Ch	eck the applicable box			Yes No
а	Domestic general partnership	b Do	mestic limited partnership		
c	X Domestic limited flability company	d Doi	mestic limited liability partr	nership	
e	Foreign partnership	f Oth	ner 🕨		
2	At the end of the tax year:				
а	Did any foreign or domestic corporation, pa	artnership (including an	y entity treated as a partne	ership), trust, or tax-	
	exempt organization, or any foreign govern	ment own, directly or ir	ndirectly, an interest of 50%	6 or more in the profit,	
	loss, or capital of the partnership? For rules	s of constructive owner	ship, see instructions. If "\	es," attach Schedule	
	B-1, Information on Partners Owning 50%				Х
b	Did any individual or estate own, directly or	indirectly, an interest o	of 50% or more in the profi	t, loss, or capital of	
	the partnership? For rules of constructive of	wnership, see instructi	ons. If "Yes," attach Sche	dule B-1, Information	
	on Partners Owning 50% or More of the Pa	ırtnership	***************************************		X
3	At the end of the tax year, did the partners	hip:			
а	Own directly 20% or more, or own, directly	or indirectly, 50% or m	ore of the total voting pow	er of all classes of	
	stock entitled to vote of any foreign or dom	estic corporation? For	rules of constructive owne	rship, see instructions.	
	If "Yes," complete (i) through (iv) below			.,,,,,,	X
	(i) Name of Corporation		(ii) Employer	(iii) Country of	(iv) Percentage Owned in
			Number (if any)	Incorporation	Voting Stock
b	Own directly an interest of 20% or more, or				
	or capital in any foreign or domestic partne				
	interest of a trust? For rules of constructive	ownership, see instruc	ctions. If "Yes," complete () through (v) below	X
	(i) Name of Entity	(ii) Employer Identification Number	(iii) Type of Entity	(iv) Country of	(v) Maximum Percentage Owned in
		(if any)		Organization	Profit, Loss, or Capital
			<u> </u>		1
4	Does the partnership satisfy all four of the	=			Yes No
а	The partnership's total receipts for the tax	year were less than \$25	50,000.		
b	The partnership's total assets at the end of	the tax year were less	than \$ 1 million.		
c	Schedules K-1 are filed with the return and	furnished to the partne	rs on or before the due da	te (including	
	extensions) for the partnership return.				
d	The partnership is not filing and is not requ				
					X
	If "Yes," the partnership is not required to o				X
	or item L on Schedule K-1.	complete Schedules L,	M-1, and M-2; item F on pa	age 1 of Form 1065;	
5	or item L on Schedule K-1. Is this partnership a publicly traded partner	complete Schedules L,	M-1, and M-2; item F on patient of the state	age 1 of Form 1065;	
<u>5</u>	or item L on Schedule K-1. Is this partnership a publicly traded partner During the tax year, did the partnership have	complete Schedules L, ship, as defined in sec- re any debt that was ca	M-1, and M-2; item F on partition 469(k)(2)? Inceled, was forgiven, or h	age 1 of Form 1065; ad the terms modified	X
	or item L on Schedule K-1. Is this partnership a publicly traded partner During the tax year, did the partnership have so as to reduce the principal amount of the	complete Schedules L, ship, as defined in sec- re any debt that was ca- debt?	M-1, and M-2; item F on partion 469(k)(2)? Inceled, was forgiven, or h	age 1 of Form 1065; ad the terms modified	X
	or item L on Schedule K-1. Is this partnership a publicly traded partner During the tax year, did the partnership have	complete Schedules L, ship, as defined in sec- re any debt that was ca- debt?	M-1, and M-2; item F on partion 469(k)(2)? Inceled, was forgiven, or h	age 1 of Form 1065; ad the terms modified	X
6	or item L on Schedule K-1. Is this partnership a publicly traded partner During the tax year, did the partnership has so as to reduce the principal amount of the Has this partnership filed, or is it required to information on any reportable transaction?	complete Schedules L, ship, as defined in sec- re any debt that was ca- debt? of file, Form 8918, Mater	M-1, and M-2; item F on pation 469(k)(2)? anceled, was forgiven, or had a control of the contro	age 1 of Form 1065; ad the terms modified	X
6	or item L on Schedule K-1. Is this partnership a publicly traded partner During the tax year, did the partnership have so as to reduce the principal amount of the Has this partnership filed, or is it required to information on any reportable transaction? At any time during calendar year 2018, did	complete Schedules L, ship, as defined in sec- ve any debt that was ca debt? offile, Form 8918, Mater the partnership have a	M-1, and M-2; item F on partition 469(k)(2)? Anceled, was forgiven, or hard a divisor Disclosure State of interest in or a signature	age 1 of Form 1065; ad the terms modified tement, to provide or other authority over	X
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7	or item L on Schedule K-1. Is this partnership a publicly traded partner During the tax year, did the partnership has so as to reduce the principal amount of the Has this partnership filed, or is it required to information on any reportable transaction? At any time during calendar year 2018, did a financial account in a foreign country (suc See instructions for exceptions and filing re	complete Schedules L, ship, as defined in sec- re any debt that was ca- debt? offile, Form 8918, Mater the partnership have as ch as a bank account, sequirements for FinCEN	M-1, and M-2; item F on partition 469(k)(2)? Inceled, was forgiven, or hard Advisor Disclosure State in interest in or a signature securities account, or other Form 114, Report of Fore	age 1 of Form 1065; ad the terms modified tement, to provide or other authority over r financial account)?	X
7	or item L on Schedule K-1. Is this partnership a publicly traded partner During the tax year, did the partnership has so as to reduce the principal amount of the Has this partnership filed, or is it required to information on any reportable transaction? At any time during calendar year 2018, did a financial account in a foreign country (suc See instructions for exceptions and filing re Financial Accounts (FBAR). If "Yes," enter the	complete Schedules L, ship, as defined in sec- re any debt that was ca- debt? offile, Form 8918, Mater the partnership have and the as a bank account, sequirements for FinCEN the name of the foreign	M-1, and M-2; item F on partion 469(k)(2)? Inceled, was forgiven, or hardered, was forgiven, or harderest in or a signature securities account, or other country. ▶	age 1 of Form 1065; ad the terms modified tement, to provide or other authority over r financial account)? ign Bank and	X
7	or item L on Schedule K-1. Is this partnership a publicly traded partner During the tax year, did the partnership has so as to reduce the principal amount of the Has this partnership filed, or is it required to information on any reportable transaction? At any time during calendar year 2018, did a financial account in a foreign country (suc See instructions for exceptions and filing re Financial Accounts (FBAR). If "Yes," enter the At any time during the tax year, did the part	reship, as defined in sector any debt that was can debt? The partnership have at the partnership have at the partnership for FinCEN the name of the foreign thership receive a district as a district and the foreign thership receive a district and the foreign thership receive a district and the foreign thereship receives a district and the foreign there are the foreign thereship receives a district and the foreign there are the foreign thereship receives a district and the foreign there are the foreign the foreign there are the foreign there are the foreign there are the foreign the	M-1, and M-2; item F on partition 469(k)(2)? Inceled, was forgiven, or hardled and the form of a signature securities account, or othe Form 114, Report of Fore country.	age 1 of Form 1065; ad the terms modified tement, to provide or other authority over r financial account)? ign Bank and grantor of, or	X X X
6 7 8	or item L on Schedule K-1. Is this partnership a publicly traded partner During the tax year, did the partnership has so as to reduce the principal amount of the Has this partnership filed, or is it required to information on any reportable transaction? At any time during calendar year 2018, did a financial account in a foreign country (suc See instructions for exceptions and filing re Financial Accounts (FBAR). If "Yes," enter t At any time during the tax year, did the part transferor to, a foreign trust? If "Yes," the p	complete Schedules L, ship, as defined in secret any debt that was can debt? The partnership have a chas a bank account, sequirements for FinCEN the name of the foreign mership receive a distribution artnership may have to	M-1, and M-2; item F on partition 469(k)(2)? Inceled, was forgiven, or hard Advisor Disclosure Statement interest in or a signature securities account, or other Form 114, Report of Fore country. bution from, or was it the gradient of the form 3520, Annual References.	age 1 of Form 1065; ad the terms modified tement, to provide or other authority over r financial account)? ign Bank and grantor of, or eturn To Report	X X X
6 7 8	or item L on Schedule K-1. Is this partnership a publicly traded partner During the tax year, did the partnership have so as to reduce the principal amount of the Has this partnership filed, or is it required to information on any reportable transaction? At any time during calendar year 2018, did a financial account in a foreign country (suc See instructions for exceptions and filing re Financial Accounts (FBAR). If "Yes," enter t At any time during the tax year, did the part transferor to, a foreign trust? If "Yes," the p Transactions With Foreign Trusts and Rece	complete Schedules L, ship, as defined in secret any debt that was care debt? of file, Form 8918, Mater the partnership have a chas a bank account, sequirements for FinCEN the name of the foreign the ship receive a distribution of Certain Foreign C	M-1, and M-2; item F on partition 469(k)(2)? Inceled, was forgiven, or hard Advisor Disclosure Statement of the securities account, or other securities account, or other form 114, Report of Fore country. In the security of the security. In the security of the securi	age 1 of Form 1065; ad the terms modified tement, to provide or other authority over r financial account)? ign Bank and grantor of, or eturn To Report	X X X X X
6 7 8	or item L on Schedule K-1. Is this partnership a publicly traded partner During the tax year, did the partnership has so as to reduce the principal amount of the Has this partnership filed, or is it required to information on any reportable transaction? At any time during calendar year 2018, did a financial account in a foreign country (suc See instructions for exceptions and filing re Financial Accounts (FBAR). If "Yes," enter t At any time during the tax year, did the part transferor to, a foreign trust? If "Yes," the p	complete Schedules L, ship, as defined in secret any debt that was care debt? of file, Form 8918, Mater the partnership have a chas a bank account, sequirements for FinCEN the name of the foreign the ship receive a distribution of Certain Foreign C	M-1, and M-2; item F on partition 469(k)(2)? Inceled, was forgiven, or hard Advisor Disclosure Statement of the securities account, or other securities account, or other form 114, Report of Fore country. In the security of the security. In the security of the securi	age 1 of Form 1065; ad the terms modified tement, to provide or other authority over r financial account)? ign Bank and grantor of, or eturn To Report	X X X X X
6 7 8	or item L on Schedule K-1. Is this partnership a publicly traded partner During the tax year, did the partnership has so as to reduce the principal amount of the Has this partnership filed, or is it required to information on any reportable transaction? At any time during calendar year 2018, did a financial account in a foreign country (suc See instructions for exceptions and filing re Financial Accounts (FBAR). If "Yes," enter the Atlany time during the tax year, did the part transferor to, a foreign trust? If "Yes," the partnership making, or had it previous See instructions for details regarding a section.	complete Schedules L, ship, as defined in secret any debt that was care any debt? In file, Form 8918, Mater the partnership have a chas a bank account, sequirements for FinCEN the name of the foreign the the partnership may have to ipt of Certain Foreign Cesty made (and not revotion 754 election.	M-1, and M-2; item F on partition 469(k)(2)? Inceled, was forgiven, or harmonial Advisor Disclosure Statement interest in or a signature securities account, or other Form 114, Report of Fore country. bution from, or was it the statement of th	age 1 of Form 1065; ad the terms modified tement, to provide or other authority over r financial account)? ign Bank and grantor of, or eturn To Report	X X X X X
6 7 8	or item L on Schedule K-1. Is this partnership a publicly traded partner During the tax year, did the partnership has so as to reduce the principal amount of the Has this partnership filed, or is it required to information on any reportable transaction? At any time during calendar year 2018, did a financial account in a foreign country (suc See instructions for exceptions and filing re Financial Accounts (FBAR). If "Yes," enter t At any time during the tax year, did the part transferor to, a foreign trust? If "Yes," the p Transactions With Foreign Trusts and Rece Is the partnership making, or had it previous	complete Schedules L, ship, as defined in secretary any debt that was care any debt? of file, Form 8918, Mater the partnership have as a bank account, sequirements for FinCEN the name of the foreign the ship receive a distribution of the foreign artnership may have to gipt of Certain Foreign Cesty made (and not revolution 754 election.	M-1, and M-2; item F on partition 469(k)(2)? Inceled, was forgiven, or harmonial Advisor Disclosure States In interest in or a signature account, or other Form 114, Report of Fore country. button from, or was it the states account or was it the states account or the states account or the country. button from, or was it the states account or the	age 1 of Form 1065; ad the terms modified tement, to provide or other authority over r financial account)? ign Bank and grantor of, or eturn To Report or 734(b)? If "Yes,"	X X X X X

Schedule B Other Information (continued)

			Yes	No
c	Is the partnership required to adjust the basis of partnership assets und	ler section 743(b) or 734(b) because of a		
	substantial built-in loss (as defined under section 743(d)) or substantial built-in loss (as defined under section 743(d))	basis reduction (as defined under section		
	734(d))? If "Yes," attach a statement showing the computation and allocation	cation of the basis adjustment. See instructions		X
11	Check this box if, during the current or prior tax year, the partnership dis	stributed any property received in a		
	like-kind exchange or contributed such property to another entity (other	than disregarded entities wholly	724 iii v 754 is s	
	owned by the partnership throughout the tax year)	<u> </u>		3,45.4
12	At any time during the tax year, did the partnership distribute to any par	tner a tenancy-in-common or other	194	
	undivided interest in partnership property?	,		X
13	If the partnership is required to file Form 8858, Information Return of U.S.	S. Persons With Respect To Foreign		253
	Disregarded Entities (FDEs) and Foreign Branches (FBs), enter the numb	per of Forms 8858 attached. See		
	instructions	<u></u>	7.5 (cc.)	<u> </u>
14	Does the partnership have any foreign partners? If "Yes," enter the num	ber of Forms 8805, Foreign Partner's		
	Information Statement of Section 1446 Withholding Tax, filed for this pa	rtnership	otena Pilota	X
15	Enter the number of Forms 8865, Return of U.S. Persons With Respect	to Certain Foreign Partnerships, attached	\$5,855	4,45
	to this return.		(M)	11/42/07
16 a	Did you make any payments in 2018 that would require you to file Form(ļ
b	If "Yes," did you or will you file required Form(s) 1099?		X	
17	Enter the number of Form(s) 5471, Information Return of U.S. Persons W	Vith Respect To Certain Foreign		
	Corporations, attached to this return.		2 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	2 12 15 10 12 16 1
18	Enter the number of partners that are foreign governments under section		D. A.	~
19	During the partnership's tax year, did the partnership make any paymen			
	and 1042-S under chapter 3 (sections 1441 through 1464) or chapter 4 (023,43	X
20	Was the partnership a specified domestic entity required to file Form 893	38 for the tax year? See the Instructions	24.707	
	for Form 8938		4	X
21	Is the partnership a section 721(c) partnership, as defined in Treasury Re		W085648	X
22	During the tax year, did the partnership pay or accrue any interest or roy		25.030 25.030	
	section 267A? See instructions. If "Yes," enter the total amount of the di		17 Selland	X
23	Did the partnership have an election under section 163(j) for any real pro		V 457	37
	business in effect during the tax year? See instructions	•	i i i i i i i i i i i i i i i i i i i	X
24	Does the partnership satisfy one of the following conditions and the part		23.94	3171
	entity with current year, or prior year, carryover excess business interest		X	
а	The partnership's aggregate average annual gross receipts (determined		15.5	
	preceding the current tax year do not exceed \$25 million, and the partner		27.7	
b	The partnership only has business interest expense from (1) an electing		45.45	S. 18-3
	electing farming business, or (3) certain utility businesses under section	163(j)(7).	100	
	If "No," complete and attach Form 8990.		7.50	77
25	Is the partnership electing out of the centralized partnership audit regime			ΙΔ.
	If "Yes," the partnership must complete Schedule B-2 (Form 1065). Ente	r the total from Schedule B-2, Part III,		
	line 3. ▶			
	If "No," complete Designation of Partnership Representative below.			Li Giri
_	ation of Partnership Representative (see instructions)	At the second		
	elow the information for the partnership representative (PR) for the tax ye	ar covered by this return. U.S. taxpayer ▶		
Name o		identification number of PR 394-92-1690		
	JOSHUA KIRBACH	L		
U.S. add	ress of PR 5285 MILLENNIUM CT	U.S. phone number of PR		
	FDWARDSVILLE, IL 62025			
If the PR entity, na		U.S. taxpayer identification		
the desig		number of the		
individua	for •	designated individual		
the PR	•			
U.S. add	eress of N	U.S. phone number of .		
designa	red	designated		
individu		individual *		Х
26	Is the partnership attaching Form 8996 to certify as a Qualified Opportur If "Yes" enter the amount from Form 8996, line 13.	my ranus		\$ 18 77
	n res emelloe amonin nom contrasso. Ilie 15, 🕶 a	the state of the s	A CARAGO CAPAN	

Sc	hed	dule K Partners' Distributive Share Items			Total amount
	1	Ordinary business income (loss) (page 1, line 22)		1	121.
	2				
	3	a Other gross rental income (loss)			
		b Expenses from other rental activities (attach statement) 3b			t t
		c Other net rental income (loss). Subtract line 3b from line 3a		3c	
	4			!	30,780.
S	5				
Income (Loss)	6			1	
e (b Qualified dividends 6b		27/12/2019	
E		c Dividend equivalents 6c			
<u>2</u>	7			7	
	8			8	
	1 -	a Net long-term capital gain (loss) (attach Schedule D (Form 1065))			
	1	b Collectibles (28%) gain (loss)		9 9	
		c Unrecaptured section 1250 gain (attach statement)			
	1]	
	10			10	
	11			12	
ns.	1	Section 179 deduction (attach Form 4562)			
Deductions		a Contributions		13a	
ğ		b Investment interest expense		13b	
å		c Section 59(e)(2) expenditures: (1) Type ▶		13c(2)	
		d Other deductions (see instructions) Type		13d	20 001
<u>.</u>	14	a Net earnings (loss) from self-employment		14a	30,901.
Self- Employ- ment		b Gross farming or fishing income		14b	70 404
<u>ўш 8</u>		c Gross nonfarm income		1	72,494.
	i .	a Low-income housing credit (section 42(j)(5))		15a	
co	;	b Low-income housing credit (other)		15b	
Credits	t	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)		15c	
Ö		d Other rental real estate credits (see instructions) Type ▶		15d	
		e Other rental credits (see instructions) Type ▶		15e	
		f Other credits (see instructions) Type		15f	
	16	a Name of country or U.S. possession ▶		的独物	la de la companya de
		b Gross income from all sources		16b	
		c Gross income sourced at partner level		16c	
ŭ		Foreign gross income sourced at partnership level			
Foreign Transactions	,	d Section 951A category ▶ e Foreign branch category ▶		16e	
act	١.	f category g General category h	Other ►	16h	
ans		Deductions allocated and apportioned at partner level			
Ë	į	i Interest expense ▶ j Other		1 6j	
g.		Deductions allocated and apportioned at partnership level to foreign source income		Sec. 30.	
ore	1	k Section 951A category ▶ I Foreign branch category ▶		16!	
LL.		Passive n General category o o		160	
	1	p Total foreign taxes (check one): Paid Accrued	,-1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	16p	
	•	q Reduction in taxes available for credit (attach statement)		16q	
		r Other foreign tax information (attach statement)			
		a Post-1986 depreciation adjustment		17a	
Tay Tay		b Adjusted gain or loss		17b	
E a		c Depletion (other than oil and gas)		17c	
EEE		d Oil, gas, and geothermal properties - gross income		17d	
Minimum Tax (AMT) Items		e Oil, gas, and geothermal properties - deductions		17e	
		f Other AMT items (attach statement)		17f	
		a Tax-exempt interest income		18a	
اچا		b Other tax-exempt income		18b	
atic		c Nondeductible expenses See Statemen		18c	121.
Ë		a Distributions of cash and marketable securities		19a	
월				19b	
Other Information		b Distributions of other property		20a	
美		a Investment income		20a 20b	
١		b Investment expenses Cother items and amounts (attach statement)		LUD	
	•	c i muecoeors anni acuminos ramacii Statementi		 ************************************	grade and the control of the control

Form 1065 (2018) OAK GROVE ENERGY CONSULTANTS, LLC

45-5448016 Page 4

Net income (loss). Comb Analysis by partner type:	ugh 11. From the resi (ii) Individua (active)	d (iii) tr	of Schedule K, I ndividual assive)	ines 12 through 13		(v) Exempt Organization		30,901. (vi) Nominee/Other	
a General partners									
b Limited partners			3	0,901.					
	D. I Ob I.			····					-
Schedule L	Balance Sheets	per Books		- • •		Γ	rnd of	tov vooi	
A	\ssets			of tax year_	<i>a</i> >		End of	lax year	
4 Omala			(a)		(b) 5,049.	QW:SAR	(c)		(d) 24,629.
	d accounts receivabl				<u> </u>	Child Selection Co.	CONTRACTOR OF THE PROPERTY OF		24,025
	for bad debts								<u> </u>
		表示是包含的 的现在分	a Company			170000000000			
	nt obligations	A Committee of the comm					e garage e taglicada		
	curities					57/452 NEWS			
	ssets (attach statemen	FSFRS2-66-HS2-76-250-6				0.00			
	persons related to partners	Service of Security (Security Security			***************************************	19755.7374	A MESSES PER A LIGHT		
b Mortgage and re		APR 424 CVT CVS (1949)	SMESSELVE CO.			16212-056			
	nts (attach statemen	t)							
_	ther depreciable ass	****						16.100	2004
-	ted depreciation								
	ets				7.6				10 10 10 10 10 10 10 10 10 10 10 10 10 1
	ed depletion		-						
	y amortization)	18700 Self-9 (\$2.56.56.56.77							
-	is (amortizable only)			1837AB		,			
-	ed amortization								
13 Other assets (at	ttach statement)	85.00							
14 Total assets	,,,,,,,,,,,,,,,,,,,,,,,,,,,,		gradical field is a		5,049.				24,629.
	s and Capital	457 (54.5)		100000				HONE	
15 Accounts payab	ole						4.00		
6 Mortgages, notes, bo	onds payable in less than 1	year	anagari			(4) (5) (4)	en establea.		
17 Other current liabi	llities (attach statement)) <i>its the transfer</i>						L	
18 All nonrecourse	loans		ko duang apada a			3.0	and the second		
19a Loans from partners (or persons related to partne	ers)	e grāvenie.			P. C. Con			
b Mortgages, notes, bo	onds payable in 1 year or mo	ore							
Other liabilities ((attach statement)		Englished St.			55.76.6			
1 Partners' capita	l accounts				5,049.	AND AND			24,629.
	nd capital				<u>5,049.</u>			<u></u>	24,629.
Schedule M-1	Reconciliation						per Return		
5, 6a, 7, 8, 9a, 10, this year (itemize):	on Schedule K, lines 1, 2 and 11, not recorded c	2, 3c, on books	ured to me Scr	0.6 Inco on S a Tax-	me recorded on chedule K, lines exempt interest	books this 1 through			
	nents (other than he	I	30,78		ictions included ugh 13d, and 16				
	books this year not include		50,70		income this ye	• •			
	ough 13d, and 16p (itemize	1			_	-			
a Depreciation \$		—— [8 744	lines 6 and 7				
b Travel and entertain	ment \$	121.	12				Income (Loss),		
	gh 4		30,90				e 5		30,901.
	Analysis of Pa							·	
	ning of year				ributions: a C	ash	.,,		
 Capital contribute 			19,58						
	b Property								
Net income (loss)	per books		**						
4 Other increases (ite				8 Add	lines 6 and 7				
	gh 4		24.62		ce at end of year.				24,629.
11040 10 01 10	C1]	Form 1065 (2018)

SCHEDULE B-1 (Form 1065)

(Rev. September 2017) Department of the Treasury Internal Revenue Service

OAK GROVE ENERGY CONSULTANTS, LLC

Information on Partners Owning 50% or More of the Partnership

Attach to Form 1065.

► Go to www.irs.gov/Form1065 for the latest information.

Name of partnership

OMB No. 1545-0123

Employer identification number

45-5448016

Complete columns (i) through (v) below for any foreig tax-exempt organization, or any foreign government to partnership (see instructions).				
(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital
NEW J. M				
Part II Individuals or Estates Owning	50% or More of the Pa	artnership (Form	1065, Schedule B, C	uestion 3b)
Part II Individuals or Estates Owning Complete columns (i) through (iv) below for any indivicapital of the partnership (see instructions).				
Complete columns (i) through (iv) below for any indivi		ctly or indirectly, an i		ne profit, loss, or
Complete columns (i) through (iv) below for any indivi capital of the partnership (see instructions).	dual or estate that owns, direction (ii) Identifying	ctly or indirectly, an i	nterest of 50% or more in ti zenship (see instructions)	(iv) Maximum Percentage Owned in Profit, Loss, or Capital
Complete columns (i) through (iv) below for any indivicapital of the partnership (see instructions). (i) Name of Individual or Estate	dual or estate that owns, direction (ii) Identifying Number (if any)	ctly or indirectly, an i	nterest of 50% or more in ti zenship (see instructions)	(iv) Maximum Percentage Owned in Profit, Loss, or Capital
Complete columns (i) through (iv) below for any indivicapital of the partnership (see instructions). (i) Name of Individual or Estate	dual or estate that owns, direction (ii) Identifying Number (if any)	ctly or indirectly, an i	nterest of 50% or more in ti zenship (see instructions)	(iv) Maximum Percentage Owned in Profit, Loss, or Capital
Complete columns (i) through (iv) below for any indivicapital of the partnership (see instructions). (i) Name of Individual or Estate	dual or estate that owns, direction (ii) Identifying Number (if any)	ctly or indirectly, an i	nterest of 50% or more in ti zenship (see instructions)	(iv) Maximum Percentage Owned in Profit, Loss, or Capital
Complete columns (i) through (iv) below for any indivicapital of the partnership (see instructions). (i) Name of Individual or Estate	dual or estate that owns, direction (ii) Identifying Number (if any)	ctly or indirectly, an i	nterest of 50% or more in ti zenship (see instructions)	(iv) Maximum Percentage Owned in Profit, Loss.

Section 1.263(a)-1(f) De Minimis Safe Harbor Election

Oak Grove Energy Consultants, LLC 5285 Millennium CT Edwardsville, IL 62025

Employer Identification Number: 45-5448016

For the Year Ending December 31, 2018

Oak Grove Energy Consultants, LLC is making the de minimis safe harbor election under Reg. Sec. 1.263(a)-1(f).

Form 1065	Tax Expense	Statement 1
Description		Amount
Illinois Taxes - Base PAYROLL TAXES	ed on Income	828. 3,219.
Total to Form 1065, I	ine 14	4,047.
Form 1065	Other Deductions	Statement 2
Description		Amount
ANNUAL REGISTRATION BANK FEES CONTRACT LABOR INSURANCE Meals OFFICE SUPPLIES SPONSORHIPS	100. 520. 2,241. 425. 122. 3,095. 200.	
Total to Form 1065, L	ine 20	6,703.
Schedule K	Nondeductible Expense	Statement 3
Description		Amount
Excluded meals and en	tertainment expenses	121.
Total to Schedule K,	Line 18c	121.
Schedule K	Other Items	Statement 4
Description		Amount
Section 199A Qualifie Section 199A W-2 Wage Section 199A Unadjust Section 199A REIT Div Section 199A PTP Inco	s ed Basis idends	121. 30,843. 0. 0. 0.

Form 1065	Statement					
Partner Number	Beginning Capital	Capital Contributed	Schedule M-2 Lns 3, 4 & 7	With- drawals	Ending Capital	
1	2,539.	9,790.	0.		12,32	29.
2	2,506.		0.		2,50	6.
3	4.	9,790.	0.		9,79	4.
Total	5,049.	19,580.	0.	-	24,62	9.

Schedule K-1 (Form 1065) 2018	Final K-1 Amended K-1 OMB No. 15	545-0123
Department of the Treasury	Part III Partner's Share of Current Year Inc	
Internal Revenue Service For calendar year 2018, or tax year	Deductions, Credits, and Other Iter	ns
beginning ending	1 Ordinary business income (loss) 15 Credits	
Partner's Share of Income, Deductions,	97.	
Credits, etc.	2 Net rental real estate income (loss)	
	16 Foreign transactions	
Part I Information About the Partnership	3 Other net rental income (loss)	
A Partnership's employer identification number	4 Guaranteed payments	
45-5448016	15,390.	
B Partnership's name, address, city, state, and ZIP code	5 Interest income	
· · · · · · · · · · · · · · · · · · ·		
OAK GROVE ENERGY CONSULTANTS, LLC	6a Ordinary dividends	
5285 MILLENNIUM CT	17 Alternative min tax (AMT)	items
EDWARDSVILLE, IL 62025	6b Qualified dividends	
C IRS Center where partnership filed return		
Kansas City, MO	6c Dividend equivalents	
7 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18	18 Tax-exempt income and	
D Check if this is a publicly traded partnership (PTP)	7 Royalties nondeductible expenses	97.
	8 Net short-term capital gain (loss)	37.
Part II Information About the Partner	6 Net Short-term capital gain (1988)	
E Partner's identifying number	9a Net long-term capital gain (loss) 19 Distributions	
394-92-1690	John Strong to M. Suprace gain (1999)	
F Partner's name, address, city, state, and ZIP code	9b Collectibles (28%) gain (loss)	
	20 Other information	
JOSHUA KIRBACH	9c Unrecaptured sec 1250 gain Z *	97.
5285 MILLENNIUM CT	AA * 24,	
EDWARDSVILLE, IL 62025	10 Net section 1231 gain (loss) AB *	0.
G X General partner or LLC Limited partner or other LLC	AC *	0.
member-manager member	11 Other income (loss) AD *	0.
H X Domestic partner Foreign partner		
If What type of entity is this partner? Individual		
12 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here	12 Section 179 deduction	
J Partner's share of profit, loss, and capital:	12 Section 179 deduction	
Beginning Ending Profit 80.000000% 80.000000%	13 Other deductions	\neg
Loss 80.000000% 80.000000%	ra Other deductions	
Capital 80.000000% 80.000000%		
K Partner's share of liabilities:		
Beginning Ending	14 Self-employment earnings (loss)	
Nonrecourse \$	A 15,487.	
Qualified nonrecourse	C 57,995.	
financing \$	*See attached statement for additional information.	
Recourse \$ 0.\$ 0.		İ
L Partner's capital account analysis:		
Beginning capital account \$ 2,539.		{
Capital contributed during the year \$ 9,790.	unty	
Current year increase (decrease) \$ 0 •	Use Only	
Withdrawals & distributions \$()		
Ending capital account \$ 12,329.	For IRS	
X Tax basis GAAP Section 704(b) book	For	
Other (explain)		
M Did the partner contribute property with a built-in gain or loss? Yes No		1
اکے اس الاقتاد الاقتا		

Sched	dule K-1 Nor	ndeductible Expenses, Box 18, Code C	
Desci	ription	Partner Filing Instructions	Amount
	ided meals and ctainment expenses	Nondeductible portion	97.
Total	l to Schedule K-1, E	Box 18, Code C	97.
		on 199A Items, Box 20 odes Z through AD	Amount
	Trade or Business		
Z AA AB AC AD	Section 199A quali Section 199A W-2 w Section 199A unadj Section 199A REIT Section 199A PTP I	justed basis dividends	97. 24,674. 0. 0.

Schedule K-1 Section 199A Additional Information

The Section 199A amounts to be used in the calculation of Qualified Business Income Deduction on your 1040/1041 return are reported on Line 20, under codes Z, AA, AB, AC and AD. Please consult your tax advisor regarding the calculation of Qualified Business Income Deduction, including the possible aggregations and limitations that may apply and the filing of the 1.199A-4(c)(2)(i) Annual Disclosure Statement.

Schedule K-1 (Form 1065)	2018		Final K-1 Amen			o. 1545-0123
Department of the Treasury Internal Revenue Service For ca	lendar year 2018, or tax year		art الله Partner's Shar Deductions, C			
beginning ending		1	Ordinary business Income (loss)	1	Credits	
Partner's Share of Income, Deductions,		F	12.	-		
Credits, etc. ▶ See	separate instructions.	2	Net rental real estate income (loss)	16 F	oreign transactions	
Part I Information About the Partnersh	ip	3	Other net rental income (loss)	101	Oreign transactions	
	•	┞.	0	 		
A Partnership's employer identification number 45-5448016		4	Guaranteed payments			
B Partnership's name, address, city, state, and ZIP code		5	Interest income			
OAK GROVE ENERGY CONSULTANTS	, LLC	6a	Ordinary dividends			
5285 MILLENNIUM CT				17 /	Alternative min tax (A	MT) items
EDWARDSVILLE, IL 62025		6b	Qualified dividends	<u></u>		
C IRS Center where partnership filed return						
Kansas City, MO		6c	Dividend equivalents			
				18 7	Fax-exempt income a	ind
D Check if this is a publicly traded partnership (PTP)		7	Royalties		ondeductible expen	
		<u> </u>		C*		12.
Part II Information About the Partner		8	Net short-term capital gain (loss)			
Fartage information About the Farther		<u> </u>		ļ		
E Partner's identifying number 337-74-5842		9a	Net long-term capital gain (loss)	19 [Distributions	
F Partner's name, address, city, state, and ZIP code		9b	Collectibles (28%) gain (loss)		,	
, , , , , , , , , , , , , , , , , , , ,				20 (Other information	
DANA KIRBACH		9c	Unrecaptured sec 1250 gain	\mathbf{z}	*	12.
5285 MILLENNIUM CT				AΑ		3,085.
EDWARDSVILLE, IL 62025		10	Net section 1231 gain (loss)	AB	*	0.
	ed partner or other LLC			AC	*	0.
member-manager memb	per	11	Other income (loss)	AD	*	0.
H X Domestic partner Foreig	jn partner	<u> </u>				
If What type of entity is this partner? <u>Individual</u>						
12 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), checl	k here					
J Partner's share of profit, loss, and capital:		12	Section 179 deduction			
1	nding	<u> </u>		<u> </u>		
	<u> </u>	13	Other deductions			
	LO.0000000%	L		ļ		
Capital 10.000000% 1	LO.0000000%	_		ļ		
K Partner's share of liabilities;	·	<u> </u>				
. Beginning	Ending	14	Self-employment earnings (loss)			
Nonrecourse \$		Α	12.	Jaconstalité		Andrewski englise
Qualified nonrecourse		C_	7,250.	Wareh		NA SERVICE HE
financing\$		<u> </u>	See attached statement for addition	nai in	iormadon.	
Recourse \$ 0.\$	0.					
L Partner's capital account analysis:	0 500					
Beginning capital account \$	<u>2,506</u> .					
Capital contributed during the year \$		Only				
Current year increase (decrease) \$	<u>_</u> :	e C				
Withdrawals & distributions\$(or IRS Use				
Ending capital account \$ X Tax basis GAAP	2,506 •	≝				
	Section 704(b) book	آن ا				
Other (explain)	,	i -				
M Did the partner contribute property with a built-in gain or loss? Yes No						
If "Yes," attach statement (see instructions)						
II 165, attach statement (See manucions)		1				

Sched	dule K-1	Nondeductible Expenses, Box 18, Code C	
Descr	ription	Partner Filing Instructions	Amount
	ided meals and tainment expense	Nondeductible portion s	12.
Total	to Schedule K-1	, Box 18, Code C	12.
Sched	lule K-1 Se	ction 199A Items, Box 20 Codes Z through AD	
Code	Description		Amount
	Trade or Busine	ss -	
Z AA AB AC AD	Section 199A qual Section 199A W- Section 199A una Section 199A RE Section 199A PT	adjusted basis IT dividends	12. 3,085. 0. 0.

Schedule K-1 Section 199A Additional Information

The Section 199A amounts to be used in the calculation of Qualified Business Income Deduction on your 1040/1041 return are reported on Line 20, under codes Z, AA, AB, AC and AD. Please consult your tax advisor regarding the calculation of Qualified Business Income Deduction, including the possible aggregations and limitations that may apply and the filing of the 1.199A-4(c)(2)(i) Annual Disclosure Statement.

Schedule K-1 (Form 1065)	2018					IB No. 1545-0123
Department of the Treasury Internal Revenue Service	For calendar year 2018, or tax year	1	Part III Partner's Shar Deductions, C			
	1	-	Ordinary business income (loss)	η	Credits	or recinio
Partner's Share of Income, Deduction	ending	'	12.	13 () outo	
Credits, etc.	See separate instructions.	12	Net rental real estate income (loss)	1		
,	p oos deparate monactioner	-	local out of the second second second	16 F	oreign transacti	ons
Part I Information About the Pa		3	Other net rental income (loss)	<u> </u>		
Part I Information About the Pa	rmersnip			ļ		
A Partnership's employer identification number		4	Guaranteed payments	<u> </u>		
45-5448016		4	15,390.	ļ		
B Partnership's name, address, city, state, and ZIP c	ode	5	Interest income		-	
		-	<u> </u>	-	<u> </u>	
OAK GROVE ENERGY CONSULT	ANTS, LLC	6a	Ordinary dividends	17 /	l Alternative min ta	v (AMT) itome
5285 MILLENNIUM CT EDWARDSVILLE, IL 62025		Ch.	Qualified dividends	┨"′′	 	IX (AWIT) ILEITIS
C IRS Center where partnership filed return		┨‴	duamica dividenda			
Kansas City, MO		6c	Dividend equivalents			
	·	1		18 T	ax-exempt inco	me and
D Check if this is a publicly traded partnership ((PTP)	7	Royalties	n	ondeductible ex	penses
				C*		12.
Part II Information About the Pa	rtner	8	Net short-term capital gain (loss)			
maintenation About the Fa	i tires	$oxed{igspace}$				
E Partner's identifying number		9a	Net long-term capital gain (loss)	19 [Distributions	
340-64-3981		-		ļ		
F Partner's name, address, city, state, and ZIP code		9b	Collectibles (28%) gain (loss)	22.6	NI 1 - 6 41	
BB OT TTTTT		-	U	20 C	Other information	
TROY KIRBACH		9c	Unrecaptured sec 1250 gain	AA	*	12. 3,084.
143 PEBBLEBROOK TROY, IL 62294		10	Net section 1231 gain (loss)	AB	*	0.
G X General partner or LLC	Limited partner or other LLC	1"	Net section 120 i gain (1005)	AC	*	0.
member-manager	member	11	Other income (loss)	AD	*	0.
H X Domestic partner	Foreign partner	``			,	
In What type of entity is this partner? Indivi	dual					
12 If this partner is a retirement plan (IRA/SEP/Keogh/	/etc.), check here					
J Partner's share of profit, loss, and capital:		12	Section 179 deduction			
Beginning	Ending	<u> </u>				· · · · · · · · · · · · · · · · · · ·
Profit 10.000000%	10.000000%	13	Other deductions			
Loss 10.000000%	10.000000%	<u> </u>		_		
Capital 10.000000%	10.000000%	<u> </u>				
K Partner's share of liabilities;	Padta	4.	Colf amplement cornings (Ic)			
Beginning	Ending	14	Self-employment earnings (loss) 15,402.			
Nonrecourse \$ Qualified nonrecourse	\$		7,249.	Sa .50		
financing \$	\$	*	See attached statement for addition	onal in	formation.	A finite of the first and the second actual
	.\$ 0.					
L Partner's capital account analysis:	ν,	1				
Beginning capital account	\$ 4.					
Capital contributed during the year		. ≥				1
Current year increase (decrease)		ြ				
Withdrawals & distributions	. \$()	Use I				
Ending capital account	\$ <u>9,794</u> .	RS .				
X Tax basis GAAP	Section 704(b) book	or IRS Use Only				
Other (explain)	_	"				
M Did the partner contribute property with a built-in g	ain or loss?					
Yes X No						
If "Yes." attach statement (see instructions)						

Sched	lule K-1 Non	ndeductible Expenses, Box 18, Code C	
	ciption	Partner Filing Instructions	Amount
Exclu	ided meals and stainment expenses	Nondeductible portion	12.
Total	to Schedule K-1, B	Box 18, Code C	12.
	Co	on 199A Items, Box 20 odes Z through AD	
Code	Description Trade or Business	<u>-</u>	Amount
Z AA AB AC AD		fied business income ages usted basis dividends	12. 3,084. 0. 0.

Schedule K-1

Section 199A Additional Information

The Section 199A amounts to be used in the calculation of Qualified Business Income Deduction on your 1040/1041 return are reported on Line 20, under codes Z, AA, AB, AC and AD. Please consult your tax advisor regarding the calculation of Qualified Business Income Deduction, including the possible aggregations and limitations that may apply and the filing of the 1.199A-4(c)(2)(i) Annual Disclosure Statement.

Illinois Department of Revenue

2018 Form IL-1065
Partnership Replacement Tax Return
See "When should I file?" in the Form IL-1065 instructions for a list of due dates.



If t	his return is not for calendar year 2018, enter your fiscal tax year here.				
Tax	x year beginning, ending			Enter the amount you are paying.	
Thi	month day year month day sis form is for tax years ending on or after December 31, 2018, and before December 31, 2019.	year For tax yea	ars	\$	
enc	ding in 2018 but before December 31, 2018, use the 2017 form. For prior years, use the form f	or that yea	lΓ,		
	ep 1: Identify your partnership		Н	Enter your federal employer identification no. (FEIN).	
į	A Enter your complete legal business name.			45-5448016	
	If you have a name change, check this box.		ł	Check this box if you are a member of a unitary	
	Name: OAK GROVE ENERGY CONSULTANTS, LLC			business group and are included on a Schedule UB, Combined Apportionment for Unitary Business	
				Group. Enter the FEIN of the member who prepared	
8	•			the Schedule UB and attach it to this return.	
	Check this box if either of the following apply:			5.4	
	• this is your first return, or		J	Enter your North American Industry Classification System (NAICS) Code. See instructions.	
	you have an address change.			- ' '	
	C/O:			561900	
	Mailing addrage: 5285 MITT ENINTIM CO		K	Enter the city, state, and ZiP code where your	
	Mailing address: 5285 MILLENNIUM CT			accounting records are kept. (Use the two-letter postal abbreviation, e.g., IL, GA, etc.)	
	Char PINMAD DICTATE TO CARACE			postal appreviation, e.g., i.e., GA, etc.) EDWARDSVILLE IL 6202	2 =
~	City: EDWARDSVILLE State: IL ZIP: 62025			City State ZIP	<u>ل</u> ب
(If this is the first or final return, check the applicable box(es). First return		ı	. If you are making the business income election to	
			L	treat all nonbusiness income as business income,	
	Final return (Enter the date of termination.			check this box and enter "0" on Lines 36 and 44.	\neg
_			3.4	If you have completed the following, check the box	1
Đ	(mm dd yyyy) , and the new owner's FEIN.		ŧVi	and attach the federal form(s) to this return.	
	, and the new Owner S FERM.			Federal Form 8886 Federal Sch. M-3	
c	Apportionment Formulas. Check the appropriate box or boxes and			Part II, Line 10	•
£	see Apportionment Formula instructions.		N	Check this box if you attached Form IL-4562.	
	Financial organizations Transportation companies			Check this box if you attached Illinois	
	Federally regulated exchanges Sales companies		~	Schedule M (for businesses).	
F	Check this box if you are:		P	Check this box if you attached Schedule 80/20.	Ĭ
•	classified as an investment partnership			Check this box if you attached Schedule 1299-A.	
	classified as a publicity-traded partnership			Check this box if your business activity is	
G				protected under Public Law 86-272.	
•	-	-	s	Check this box if you attached the Subgroup Sch.	
	Step 2: Figure your ordinary income or loss		—	All Control of the Co	_
				(Whole dollars only)	
Y	1 Ordinary income or loss, or equivalent from federal Schedule K.			11	
ere.	2 Net income or loss from all rental real estate activities.				.00
<u>څ</u> >	3 Net income or loss from other rental activities.				.00
95-	4 Portfolio income or loss.				.00
∯	5 Net IRC Section 1231 gain or loss.			5	.00
<u> </u>	6 All other items of income or loss that were not included in the computation of income or los				
пг	Page 1 of U.S. Form 1065 or 1065-B. See instructions. Identify:			66	.00
payment and Form IL-1065-V here	7 Add Lines 1 through 6. This is your ordinary income or loss.			7121	<u>.00</u> -
2 g	Step 3: Figure your unmodified base income or loss				
ent ent				•	00
ΕŽ	8 Charitable contributions.				00.
	9 Expense deduction under IRC Section 179.				00. 00.
Attach your		loos = :		7U	<u>.UU</u>
등 1	1 All other items of expense that were not deducted in the computation of ordinary income or			11	.00
Ħa.	Page 1 of U.S. Form 1065 or 1065-B. See instructions, Identify:				.00
	2 Add Lines 8 through 11. 2 Subtract Line 12 from Line 7. This amount is your total supmodified base income or loss.			12 13 121	
~ 1	3 Subtract Line 12 from Line 7. This amount is your total unmodified base income or loss.			10	.UU
				•	

IL-1065 (R-12/18)

849151 01-17-19 ID: 2BX

DR _____

Step 4: Figure your income or loss

	(A. Falancia and Marthau Inc. and A. and A. and Marthau Inc. and A. and Marthau Inc. and A. and Marthau Inc. and A.			101 00
	4 Enter your unmodified base income or loss from Line 13.		14	121 .00
	5 State, municipal, and other interest income excluded from Line 14.	•	15	.00.
	6 Illinois replacement tax deducted in arriving at Line 14.		16	828.00
	7 Illinois Special Depreciation addition. Attach Form IL-4562.		17	.00.
	8 Related-party expenses addition. Attach Schedule 80/20.		18	.00.
1	•	•	19	30.
2			20	30,780.00
2	,	chedule B.	21	.00.
2			22	.00.
2	3 Add Lines 14 through 22. This amount is your income or loss.		23	31,729.00
Ste	ep 5: Figure your base income or loss			
2	4 Interest income from U.S. Treasury or other exempt federal obligations.	24 .0	<u>)</u>	
2		25 .00)	
26	6 Personal service income or reasonable allowance for compensation of partners.	26 32,000.0)	
27	7 Share of income distributable to a partner subject to replacement tax.			
	Attach Schedule B.	27	<u>)</u>	
28	8 River Edge Redevelopment Zone Dividend subtraction. Attach Schedule 1299-A.	28	<u>)</u>	
29	9 High Impact Business Dividend subtraction. Attach Schedule 1299-A.	29	<u>)</u>	
30	0 Illinois Special Depreciation subtraction. Attach Form IL-4562.	30 .00)	
3		31 .00)	
32	2 Distributive share of subtractions. Attach Schedule(s) K-1-P or K-1-T.	32 .00	<u>)</u>	
33	3 Other subtractions. Attach Schedule M (for businesses).	33 .00)	
34			34	32,000.00
38	5 Base income or loss. Subtract Line 34 from Line 23.		35	
			Ceterri ande	
	A If the amount on Line 35 is derived inside Illinois only, chec			
	on Step 7, Line 47. You may not complete Step 6. (You mus		2011	
S	TOP Note: If you are a unitary filer, do not check this box.	keranta ada Al-erik II. Anti-Tairiga kerampan kari atau erinta da ara kata-Maria Indonesia (1906).	Sales Sales	General Control (1988) and Edit Control (1986) and
	B If any portion of the amount on Line 35 is derived outside II		ieck t	his box and L
-	complete <u>all lines</u> of Step 6. (Do not leave Lines 40 through	42 blank.) See Instructions.	Addison 1	
St	tep 6: Figure your income allocable to Illinois (Complete on	nly if you checked the box on Line B	, abov	/e.)
36	Nonbusiness income or loss. Attach Schedule NB.		36 _	.00.
37	Business income or loss included in Line 35 from non-unitary partnerships, partner	rships included on a		
	Schedule UB, S corporations, trusts, or estates. See Instructions.		37 _	.00.
38	Add Lines 36 and 37.		38 _	.00.
39	Business income or loss. Subtract Line 38 from Line 35.		39 _	.00.
40	Total sales everywhere. This amount cannot be negative.	40	<u>)</u>	
41	Total sales inside Illinois. This amount cannot be negative.	41 .00	<u>)</u>	
42	Apportionment factor. Divide Line 41 by Line 40. (Round to six decimal places.)	42		
43	Business income or loss apportionable to Illinois. Multiply Line 39 by Line 42.		43	.00.
44			44	.00.
45		rtnerships included on	_	
	a Schedule UB, S corporations, trusts, or estates. See instructions.	•	45	.00.
46	Base income or loss allocable to Illinois. Add Lines 43 through 45.		46	.00.

Ste	7: Figure your net income			
47			47	-271 .00
48	Illinois net loss deduction. Attach Schedule NLD. If Line 47 is zero or a negati	ive amount, enter "0."	48	0.00
49	Income after NLD. Subtract Line 48 from Line 47.		49	-271 .00
50	Enter the amount from Step 5, Line 35.		50	-271 .00
51	Divide Line 47 by Line 50. (Round the result to six decimal places. This figure	cannot be greater than "1.")	51	1.000000
52	Exemption allowance. See instructions before completing.		52	0 .00
53	Net income. Subtract Line 52 from Line 49.		53	-271 .00
Ste	8: Figure your net replacement tax and pass-thro	ugh withholding you owe		
54	Replacement tax. Multiply Line 53 by 1.5% (.015).		54	0.00
55	Recapture of investment credits. Attach Schedule 4255.		55	.00
56	Replacement tax before investment credits. Add Lines 54 and 55.			
57	Investment credits. Attach Form IL-477.			
58	Net replacement tax. Subtract Line 57 from Line 56. If the amount is negative	, enter "O."	58	
59	Pass-through withholding you owe on behalf of your members. Enter	the amount from		
	Schedule B, Section A, Line 9. See Instructions. Attach Schedule B.			0.00
60	Total net replacement tax and pass-through withholding you owe	. Add Line 58 and Line 59.	60	.00.
62 63 64 65	 a Credits and payments made before the original tax due date. b Pass-through withholding reported to you on Schedule(s) K-1-P or K-1-T. Attach Schedule(s) K-1-P or K-1-T. c Illinois gambling withholding. Attach Form(s) W-2G. Total payments. Add Lines 61a through 61c. Overpayment. If Line 62 is greater than Line 60, subtract Line 60 from Line 62 Amount to be credited forward. See instructions. Refund. Subtract Line 64 from Line 63. This is the amount to be refunded. 	61a	63	.00 .00 .00 .00
66	Complete to direct deposit your refund Routing Number Account Number	Checking or Savings		
67	Tax Due. If Line 60 is greater than Line 62, subtract Line 62 from Line 60. This	is the amount you owe.	67	0 .00
	f you owe tax on Line 67, complete a payment voucher, Form IL-1 or money order and make it payable to "Illinois Department of Rev Special Note — Enter the amount of your paym	enue." Attach your voucher and pay	ment	to the first page of this form.

Step 10: Sign below - Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

	1					X Check if t	the Department
Sign			Member			may discuss th	is return with the
Here	Signature of partner	Date (mm/dd/yyyy)	Title	Phone		paid preparer s	hown in this step.
Paid	JAMES LUNK, CPA		A hu	1	04/01/2019	Check if	P01817927
Preparer	Print/Type paid preparer's name		Raid preparer's s		Date (mm/dd/yyyy)	self-employed	Paid Preparer's PTIN
Use Only	Firm's name FICK, EG	GEMEYER &	WILLIAMSO	N	Firm's FEIN	37-1	231621
	Firm's address ▶ 205 S. N	AAIN COLUM	BIA, IL 6	2236	Firm's phone ▶	618-	281-4999

If a payment is **not** enclosed, mail this return to:

Illinois Department of Revenue

P.O. Box 19031

Springfield, IL 62794-9031

If a payment is enclosed, mail this return to:

Illinois Department of Revenue

P.O. Box 19053

Springfield, IL 62794-9053

Illinois Department of Revenue 2018 Schedule B Partners' or Shareholders' Information Attach to your Form IL-1065 or Form IL-1120-ST.



IL Attachment no. 1 Year ending 12 18 Month Year Year Enter your federal employer identification number (FEIN).

		L Attachment no. 1
[5] [5]	Enter your name as shown on your Form IL-1065 or Form IL-1120-ST. OAK GROVE ENERGY CONSULTANTS, LLC	Enter your federal employer identification number (FEIN). $45-5448016$
S	STOP Read this information first	
· · ×	 You must read the Schedule B instructions and complete Schedule(s) K·1·P and Schedule(s) K·1·P(3) before completing this schedule. You must complete Section B of Schedule B and provide all the required information for your partners or shareholders before completing Section A of Schedule B. Note Failure to follow these instructions may delay the processing of your return or result in you receiving further correspondence from the Department. You may also be required to submit further information to support your filling. 	on A of Schedule B. epartment. You may also be required to submit
ကြီ	Section A: Total members' information (from Schedule(s) K-1-P and Schedule B, Section B)	
S	STOP Before completing this section you must first complete Schedule(s) K·1·P, Schedule(s) K·1·P(3) and Schedule B, Section B. You will use the amounts from those schedules when completing this section.	amounts from those
Ö	Totals for resident and nonresident partners or shareholders (from Schedule(s) K-1-P and Schedule B, Section B)	
4	Enter the total of all nonbusiness income or loss you reported on Schedule(s) K-1-P for your members. See instructions.	
N	Enter the total of all income and replacement tax credits you reported on Schedule(s) K·1-P for your members. See instructions.	2
ო	Add the amounts shown on Schedule B, Section B, Column E for all partners or shareholders on all pages for which you have entered a check mark in Column D. Enter the total here. See instructions.	8
ľ	Totals for nonresident partners or shareholders only (from Schedule B, Section B)	
4	Enter the total pass-through withholding you reported on all pages of your Schedule B, Section B, Column J for your nonresident individual members. See instructions.	4
rO.	Enter the total pass-through withholding you reported on all pages of your Schedule B, Section B, Column J for your nonresident estate members. See instructions.	5
9	Enter the total pass-through withholding you reported on all pages of your Schedule B, Section B, Column J for your partnership and S corporation members. See instructions.	9
7	Enter the total pass-through withholding you reported on all pages of your Schedule B, Section B, Column J for your nonresident trust members. See instructions.	7
ω	Enter the total pass-through withholding you reported on all pages of your Schedule B, Section B, Column J for your C corporation members. See instructions.	8
6	Add Line 4 through Line 8. This is the total pass-through withholding you owe on behalf of all your nonresident partners or shareholders. This amount should match the total amount from Schedule B, Section B, Column J for all nonresident partners or shareholders on all pages. Enter the total here and on Form IL-1065, Line 59, or Form IL-1120-ST, Line 58. See instructions.	တ

Illinois Department of Revenue 2018 Schedule B

Enter your name as shown on your Form IL-1065 or Form IL-1120-ST. OAK GROVE ENERGY CONSULTANTS, LLC

45-5448016

Enter your federal employer identification number (FEIN).

Section B: Members' Information (See instructions before completing.)	tructions be	ofore compl	eting.)	i	i	(;		
∢	Partner or Shareholder		Subject to Illinois replacement of	Member's Excluded from distributable amount pass-through	Excluded from t pass-through	Share of Illinois income subject	Pass-through withholding	Distributable share of	Pass-through withholding
Name and Address	type	P III N		or pase income or loss	Withholding	to pass-through withholding	perore credits	credits	amount
1 Name JOSHUA KIRBACH						(if Column F is blar	(if Column F is blank, complete Column G through Column J. Otherwise, enter zero in Column G through Column J.)	nplete Column G through Column J. O in Column G through Column J.)	therwise, enter zero
c/o Addr. 1 5285 MILLENNIUM CT									
oly EDWARDSV IL 62025	I 394	394-92-16	06	16,149.	00 R	00.0	00.0	00.0	00.00
2 Name DANA KIRBACH									
o/o Add: 15285 MILLENNIUM CT									
Addr 2 City EDWARDSV IL 62025 Sinte	I 337	337-74-58	42	95.00	30 R	00.0	00.0	00.0	00.00
3 Name TROY KIRBACH									
c/o Addr.1 <u>143 PEBBLEBROOK</u>									
Addr. 2 City TROY IL 62294 State State	I 340	340-64-39	81	15,485.	.00 R	00.0	00.0	00.0	00.00
			-						
4 Name C/O									
Addr. 1									
City State ZIP				***			on an annual special deletation whereter which the wavenesses of the second second second second second second		
5 Name									
Addr, 1	1 1								
Addr. 2	1								
Oity State ZiP									
849312 Note If you have more members than space provided, attach additional copies of this page as necessary.	space provide	ed, attach a	dditional copi	es of this page	e as necessar		This form is authorized as outlined by the Illinois Income Tax Act. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty.	s Income Tax Act. Disclosure ormation could result in a pen	of this Page 5 of 5
ID; 2BX Schedule B (R-12/18)									

	4	1065		U.S.	Return of F	Partnershi	p In	come			OMB No. 1545-0123
For	partment of	of the Treasury		ar year 2018, or tax yea		, , , , , , , , , , , , , , , , , , , ,	, ending				2018
-		nue Service	Exte		anted to 09	3/16/19					
		business activity		Name of partnershi							D Employer Identification number
	NERG'		- 1	ONTE COOL	TT TINTE (17.7. /	30370777 M337	T.C	T T C			AE E440016
		LTING product or service	— Тур		/E ENERGY (d room or suite no. If a P.O		rs,	шиС			45-5448016 E Date business started
_			òr	Number, Street, and							1 -
	NERG'		1 ' ' ' '		JLENNIUM CT		•				06/13/2012 F Total assets
		LTING code number		City or town, state	or province, country, and 2	ue or foreign postar cod-	t				F lotal assets
_				EDVINDE	7TTT3			TT (2025		s 24,629.
	6190	applicable boxes:	(4)	EDWARDSV		п (3) Na	me chan	· · · · · · · · · · · · · · · · · · ·		hanne	(5) Amended return
		applicable boxes. accounting metho	` '	Initial return	(2) Accrual	(3) (3) Oth				iango	(5) Mineriaca return
Н					n who was a partner at				3	·····	
1					i wilo was a partiler at						L
7	Check	Indudo antetro	and ivi-3	are attached	nd expenses on lines	1a through 22 ha	Now Se	o inetructio	ne for more	inform	pation
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Suc				•	s) (less employment					10	30,780.
tatic	ł.									11	30,700.
Deductions (see instructions for limitations)	1									12	
ő	1									13	
13	13 F	tent					:	omont	A	14	4,047.
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see	t				-A and elsewhere on					17	
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<u>ā</u>	18 F	retirement plan Empleyee benef	s, etc	, maa						19	
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å	20 0	Julei deduction	19 (attacti	ha amaunta chau	vn in the far right col	ump for lines 9 the	rough 2	9489449 10		21	72,373.
					ct line 21 from line 8					22	121.
					completed long-term					23	
ξ	ł .				ncome forecast met					24	
Tax and Payments	i e				tructions)					25	
7										26	****
ä					27					27	
ä		Payment (see in								28	
ă		,			ne 27, enter amount					29	
_					27, enter overpayme					30	
	30 0	Under penalties o	f periumy I d	eclare that I have exam	ined this return, including	accompanying schedule	s and sta	tements and to	the best of my	. "	
Sig	m	knowledge and be	elief, it is truc	e,correct, and complete has any knowledge.	e. Declaration of preparer (c	other than partner or limi	ited liabili	ty company me	mber) is based (жан	
He					•						a IRS discuss this return with the or shown below (see i <u>nstr.)?</u>
		Signature of	of partner or	limited liability compar	ny member		_ ,	Date		brebare	X Yes No
		Print/Dina pro-	orie nema		Preparer's signature		Da	ıte	Check	if	PTIN
		Print/Type prepar JAMES L		CPA	riepaiei s signature	July			9 self-employ		P01817927
Pa	id	Firm's name		OL EL		7 -	19.	_,, _	·		
	eparer	-	FCCEN	WEVER & W	ILLIAMSON,	CPA'S			Firm's FIN	→ 37	7-1231621
	e Only			S. MAIN		<u> </u>					
_	3	1 1111 0 0001000							Phone no.	<u>61</u> 8	3-281-4999
			COLUMBIA, IL 62236 Phone no. 61								

	• • • • • • • • • • • • • • • • • • •	
Form 1065	Tax Expense	Statement 4
Description		Amount
Illinois Taxes - Based PAYROLL TAXES	on Income	828. 3,219.
Total to Form 1065, Lin	e 14	4,047.
Form 1065	Other Deductions	Statement 5
Description		Amount
ANNUAL REGISTRATION BANK FEES CONTRACT LABOR INSURANCE Meals OFFICE SUPPLIES SPONSORHIPS		100. 520. 2,241. 425. 122. 3,095. 200.
Total to Form 1065, Line	e 20	6,703.

5 00	nedule by Other Information				
1	What type of entity is filing this return? Che	ck the applicable be	ox:		Yes No
а	Domestic general partnership	ь 🔲 🛭	Domestic limited partnership		
c	X Domestic limited liability company	d 🔲 🛚	Domestic limited liability partr	nership	
е	Foreign partnership	f 🔲 C	Other >		
2	At the end of the tax year:				
а	Did any foreign or domestic corporation, pa	rtnership (including	any entity treated as a partne	ership), trust, or tax-	
	exempt organization, or any foreign governr				
	loss, or capital of the partnership? For rules	· · · · · · · · · · · · · · · · · · ·			
	B-1, Information on Partners Owning 50% o			,	Х
b					(5. jak) (5.40)
	the partnership? For rules of constructive or				
	on Partners Owning 50% or More of the Par				X
2	· · · · · · · · · · · · · · · · · · ·	·	***************************************	***************************************	
3 _	At the end of the tax year, did the partnersh		mare of the total vertice new	or of all classes of	
а	Own directly 20% or more, or own, directly o				
	stock entitled to vote of any foreign or dome			rship, see instructions.	X
			(ii) Employer	((iv) Percentage
	(i) Name of Corporation		Identification	(iii) Country of	Owned in
			Number (if any)	Incorporation	Voting Stock
b	Own directly an interest of 20% or more, or	own, directly or indi	rectly, an interest of 50% or	more in the profit, loss,	
	or capital in any foreign or domestic partners	ship (including an er	ntity treated as a partnership) or in the beneficial	
	interest of a trust? For rules of constructive	ownership, see instr	ructions. If "Yes," complete (i) through (v) below	Х
	(i) Name of Entity	(ii) Employer	(iii) Type of Entity	(iv) Country of	(v) Maximum
	(,)	identification Number (if any)		Organization	Percentage Owned in Profit, Loss, or Capital
·		3			
·····					
	,				
		. 0	<u> </u>		Vac. No.
4	Does the partnership satisfy all four of the f	=			Yes No
а	The partnership's total receipts for the tax y				
b	The partnership's total assets at the end of	-			
C	Schedules K-1 are filed with the return and f	urnished to the part	ners on or before the due da	te (including	
	extensions) for the partnership return.				THE PLANE
d	The partnership is not filing and is not requir	ed to file Schedule I	VI-3	***************************************	X
	If "Yes," the partnership is not required to co	mplete Schedules	L, M-1, and M-2; item F on pa	age 1 of Form 1065;	
	or item L on Schedule K-1.				N
5	Is this partnership a publicly traded partners	hip, as defined in se	ection 469(k)(2)?		X
6	During the tax year, did the partnership have				
-	so as to reduce the principal amount of the				Х
7	Has this partnership filed, or is it required to				
•				······································	Х
	At any time during calendar year 2018, did to				
8					
	a financial account in a foreign country (such				
	See instructions for exceptions and filing rec	•		ign ⊭ank and	(SQ 50 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	Financial Accounts (FBAR), If "Yes," enter the				X
9	At any time during the tax year, did the partr				
	transferor to, a foreign trust? If "Yes," the pa				
	Transactions With Foreign Trusts and Receip	ot of Certain Foreigr	Gifts. See instructions		X
10 a	Is the partnership making, or had it previous				
	See instructions for details regarding a section				
b	Did the partnership make for this tax year an		stment under section 743(b)	or 734(b)? If "Yes,"	
	• • •)	trustions	X
	attach a statement showing the computation	and allocation of the	ne basis adjustment. See ins	REQUEROUS	1 23

2100		Yes	No				
С	Is the partnership required to adjust the basis of partnership assets under section 743(b) or 734(b) because of a						
	substantial built-in loss (as defined under section 743(d)) or substantial basis reduction (as defined under section	X. 54					
	734(d))? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions		X				
11	Check this box if, during the current or prior tax year, the partnership distributed any property received in a	REPORT	100				
	like-kind exchange or contributed such property to another entity (other than disregarded entities wholly						
	owned by the partnership throughout the tax year)						
12	At any time during the tax year, did the partnership distribute to any partner a tenancy-in-common or other						
12	undivided interest in partnership property?	HARDER-12	X				
10	If the partnership is required to file Form 8858, Information Return of U.S. Persons With Respect To Foreign	38.64					
13	Disregarded Entities (FDEs) and Foreign Branches (FBs), enter the number of Forms 8858 attached. See						
	Does the partnership have any foreign partners? If "Yes," enter the number of Forms 8805, Foreign Partner's	1000					
14	Information Statement of Section 1446 Withholding Tax, filed for this partnership		Х				
45	Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached	19496					
15	9 COVE 2 AN						
	to this return. Did you make any payments in 2018 that would require you to file Form(s) 1099? See instructions	Х	100000000000000000000000000000000000000				
16 a		X					
b	If "Yes," did you or will you file required Form(s) 1099? Enter the number of Form(s) 5471, Information Return of U.S. Persons With Respect To Certain Foreign	接供	i de la companya de l				
17	APP NICE NO AND AND APPLICATION OF THE PROPERTY OF THE PROPERT						
	Corporations, attached to this return. Enter the number of partners that are foreign governments under section 892.	1000					
18	During the partnership's tax year, did the partnership make any payments that would require it to file Form 1042	Total Inches					
19	and 1042-S under chapter 3 (sections 1441 through 1464) or chapter 4 (sections 1471 through 1474)?	10000000	х				
	Was the partnership a specified domestic entity required to file Form 8938 for the tax year? See the Instructions						
20		RODA//96	X				
	for Form 8938 Is the partnership a section 721(c) partnership, as defined in Treasury Regulations section 1.721(c)-1T(b)(14)?		X				
21		876	10.500				
22	During the tax year, did the partnership pay or accrue any interest or royalty for which the deduction is not allowed under	1,003,00	X				
	section 267A? See instructions. If "Yes," enter the total amount of the disallowed deductions. \$	18/65	21				
23	Did the partnership have an election under section 163(j) for any real property trade or business or any farming	15.7 K 50m2	X				
	business in effect during the tax year? See instructions		22				
24	Does the partnership satisfy one of the following conditions and the partnership does not own a pass-through	Х	-				
	entity with current year, or prior year, carryover excess business interest expense? See instructions	La Mile	GEN H				
а	The partnership's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years						
940	preceding the current tax year do not exceed \$25 million, and the partnership is not a tax shelter, or						
b	The partnership only has business interest expense from (1) an electing real property trade or business, (2) an						
	electing farming business, or (3) certain utility businesses under section 163(j)(7).						
	If "No," complete and attach Form 8990.	Control of the	X				
25	Is the partnership electing out of the centralized partnership audit regime under section 6221(b)? See instructions	Autor					
	If "Yes," the partnership must complete Schedule B-2 (Form 1065). Enter the total from Schedule B-2, Part III,						
	line 3. ►	12.7					
-	If "No," complete Designation of Partnership Representative below.	100000	SHIPSON.				
	nation of Partnership Representative (see instructions)						
Enter b	pelow the information for the partnership representative (PR) for the tax year covered by this return. U.S. taxpayer						
Name o	identification						
PR	JOSHUA KIRBACH number of PR 394-92-1690						
U.S. add	dress of PR 5285 MILLENNIUM CT U.S. phone number of PR						
	EDWARDSVILLE, IL 62025 number of PR						
If the PR	1 to 11 m 12						
entity, na the desig							
individua	designated designated						
the PR	individual						
U.S. add	U.S. phone number of						
designa	Anada ana ana ana ana ana ana ana ana ana						
individu	al individual		v				
26	Is the partnership attaching Form 8996 to certify as a Qualified Opportunity Fund?	(5),(5,3)	X				
	If "Yes," enter the amount from Form 8996, line 13. ▶ \$	TENY LOS	Q110, 11-6				

Form 1065 (2018) OAK GROVE ENERGY CONSULTANTS, LLC

45-5448016 Page 4

Form 1065 (2018)

Analysis of Net	Income (Loss)								
	pine Schedule K, lines 1 thro					nes 12 through 13	d, and 16p		30,901.
2 Analysis by	(i) Corporate	1000	1201 C. 180 C. 100 C. 1	ii) Indivi (passiv		(iv) Partne	rship	(v) Exempt Organization	(vi) Nominee/Other
partner type:	(i) Carparate	(a	ctive)	(passiv	/e)	V-7		Organization	Tromines/Other
a General partners				20	0.01				
b Limited partners				30,	901.				
Schedule L	Balance Sheets	per Bo	ooks						
,	Assets		Beginn	ning of t	ax year			End of t	ax year
		Page	(a)	ar.7.5 (27)	(b)	10 0 0 0 1 10	(c)	(d)
1 Cash				45 g		5,049.	e chine		24,629.
	d accounts receivabl			310					CAME OF THE HEALTH AND THE
	for bad debts	C 1/20	distribution of the section	ES756			S. Selek		
	nt obligations	Type Co. Co.		A S					
	curities ssets (attach statemen			SACE OF					
		55 WEST					20 at 2014 (2014)		
b Mortgage and r	persons related to partners								
	nts (attach statemen	With the second							
	ther depreciable ass	S21000 10000					Conspiration of		
500000 CCTO	ted depreciation			104.025					
	ets								
	ted depletion								
	y amortization)	- 10000000							
	ts (amortizable only)	S002939/89		3.0					Maria Astronomica
b Less accumulat	ted amortization								
13 Other assets (at	ttach statement)						3,678.	s and early	
14 Total assets		100				5,049.	2,641,54		24,629.
	s and Capital	344							
15 Accounts payal	ble		Park San State (
16 Mortgages, notes, bo	onds payable in less than 1	year	40000000000000000000000000000000000000						
17 Other current liab	ilities (attach statement))	ARTOR STATE						
18 All nonrecourse	loans								
19a Loans from partners	(or persons related to partne	ers)		MALE TO SERVICE STATE OF THE S					
b Mortgages, notes, bo	onds payable in 1 year or mo	ore							
20 Other liabilities (Actification of the			F 040			24 620
	l accounts					5,049.	SEA SEASON		24,629.
22 Total liabilities a	ind capital				I VACAL	5,049.	West of the sale	nav Datum	24,629.
Schedule M-1	Reconciliation Note: The partners							per neturn	
Net income (los:	s) per books							is year not included	
	on Schedule K, lines 1,					chedule K, lines		. 5	
	, and 11, not recorded o					xempt interest			
					180 11-30-110	9777-2003 - P.O. M. P. C. S. M. P. S. M. P. S. M. S. C. M. S. C. W. S. C. W			
250 25 050	ments (other than he				7 Dedu	ctions included	on Sched	dule K, lines 1	
insurance)			30,	780.	throu	gh 13d, and 16	p, not ch	arged against	
	books this year not include				book	income this yea	ar (itemize	e):	
Schedule K, lines 1 thr	ough 13d, and 16p (itemize):			a Depre	eciation \$		3	
**	M W W - W								
a Depreciation \$		a							
b Travel and entertain	nment \$	121.				*		t Income (Loss),	
5 Add lines 1 throu	ıgh 4			901.	line 1). Subtract line	8 from lin	ne 5	30,901.
	Analysis of Pa				1 28 1 2 server	w or s			
The state of the s	ning of year				7				
2 Capital contribute	ed: a Cash		19,	580.	7				
	b Property				7 Other	uecreases (iter	mize):		
) per books				0 7-1-1	lines 6 and 7			
	emize):		2.4	620				ne 8 from line 5	24,629.
5 Add lines 1 throu	ıgh 4		44,	047.	9 Baiant	oo at one or year.	Cabi doi III		

Schedule	K	Nondeduct	ible Expense		Statement	6
Descripti	.on				Amount	
Excluded	 meals and ente	ertainment expe	enses		1.	21.
Total to	Schedule K, Li	ne 18c			1.	21.
Schedule	K	Othe	er Items		Statement	7
Descripti	.on				Amount	
Section 1 Section 1	.99A Qualified .99A W-2 Wages .99A Unadjusted .99A REIT Divid .99A PTP Income	lends	ae		30,8	21. 43. 0. 0.
Form 1065	5 E	artners' Capit	al Account Summ	ary	Statement	8
Partner Number	Beginning Capital	Capital Contributed	Schedule M-2 Lns 3, 4 & 7	With- drawals	Ending Capital	
1	2,539.	9,790.	0.		12,3	29.
2	2,506.		0.		2,5	06.
3	4.	9,790.	0.		9,7	94.
Total	5,049.	19,580.	0.		24,6	29.

Exhibit C-4 – Financial Arrangements

Exhibit C-5 – Forecasted Financial Statements

2020

Annual Revenue: \$2,000

Annual Expenses: \$250

Net Profit: \$1,750

<u>2021</u>

Annual Revenue: \$4,000

Annual Expenses: \$250

Net Profit:

\$3,750

Preparer:

Collin Perry

7845 Handshy Ln, Edwardsville, IL 62025

Cperry4@gmail.com

618-920-9076

Exhibit C-6 – Credit Rating

Exhibit C-7 – Credit Report

Exhibit C-8 – Bankruptcy Information

Exhibit C-9 – Merger Information

Exhibit C-10 – Corporate Structure

Oak Grove Energy Consultants LLC is a stand alone entity with no affiliate or subsidiary companies.

Exhibit D-1 – Operations

Oak Grove Energy Consultants LLC provides electric and natural gas consultation services to commercial organizations that have locations operating in deregulated states.

Exhibit D-2 – Operations Expertise

Oak Grove Energy Consultants LLC has 7+ years of experience in developing a client base while focusing on net savings to the client regarding their energy costs.

With our network of suppliers, we are able to provide multiple cost-saving options to our clients and prospects through effective communications channels.

This foregoing document was electronically filed with the Public Utilities

Commission of Ohio Docketing Information System on

4/8/2020 11:47:52 AM

in

Case No(s). 20-0733-GA-AGG

Summary: Application Application for Gas Certification electronically filed by Mr. Collin M Perry on behalf of Oak Grove Energy Consultants