



PUCO USE ONLY – Version 1.08 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**

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

☐ Retail Natural Gas Aggregator ☒ Retail Natural Gas Broker

**A-2 Applicant information:**

Legal Name Oak Grove Energy Consultants LLC  
Address 7845 Handshy Ln, Edwardsville, IL 62025  
Telephone No. 618-920-9076 Web site Address oakgroveenergyconsultants.com

**A-3 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

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

Oak Grove Energy Consultants LLC

**A-5 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 Fax No. Email Address cperry4@gmail.com

**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 62025  
Telephone No. 618-920-9076 Fax No. Email Address cperry4@gmail.com

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

Customer service address 7845 Handshy Ln, Edwardsville, 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," in accordance with Section 4929.22 of the Ohio Revised Code, by listing name, Ohio office address, telephone number, and Web site address of the designated Ohio Employee**

Name Collin Perry Title Dir of Business Development  
Business address 9435 Waterstone Blvd, Suite 140, Cincinnati, OH 45249  
Telephone No. 618-920-9076 Fax No. Email Address cperry4@gmail.com

**A-9 Applicant's federal employer identification number 45-5448016**

**A-10 Applicant's form of ownership: (Check one)**

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

**A-11 (Check all that apply) Identify each natural gas company service area in which the applicant is currently providing service or intends to provide service, including identification of each customer class that the applicant is currently serving or intends to serve, for example: *residential, small commercial, and/or large commercial/industrial (mercantile) customers*. (A mercantile customer, as defined in Section 4929.01(L)(1) of the Ohio Revised Code, means a customer that consumes, other than for residential use, more than 500,000 cubic feet of natural gas per year at a single location within the state or consumes natural gas, other than for residential use, as part of an undertaking having more than three 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.)**

<input checked="" type="checkbox"/> Columbia Gas of Ohio	<input type="checkbox"/> Residential	<input checked="" type="checkbox"/> Small Commercial	<input checked="" type="checkbox"/> Large Commercial / Industrial
<input checked="" type="checkbox"/> Dominion East Ohio	<input type="checkbox"/> Residential	<input checked="" type="checkbox"/> Small Commercial	<input checked="" type="checkbox"/> Large Commercial / Industrial
<input checked="" type="checkbox"/> Duke Energy Ohio	<input type="checkbox"/> Residential	<input checked="" type="checkbox"/> Small Commercial	<input checked="" type="checkbox"/> Large Commercial / Industrial
<input checked="" type="checkbox"/> Vectren Energy Delivery of Ohio	<input type="checkbox"/> Residential	<input checked="" type="checkbox"/> Small Commercial	<input checked="" type="checkbox"/> Large Commercial / Industrial

**A-12 If applicant or an affiliated interest previously participated in any of Ohio's Natural Gas Choice Programs, for each service area and customer class, provide approximate start date(s) and/or end date(s) that the applicant began delivering and/or ended services.**

☐ Columbia Gas of Ohio

<input type="checkbox"/> Residential	Beginning Date of Service	End Date
<input type="checkbox"/> Small Commercial	Beginning Date of Service	End Date
<input type="checkbox"/> Large Commercial	Beginning Date of Service	End Date
<input type="checkbox"/> Industrial	Beginning Date of Service	End Date

☐ Dominion East Ohio

<input type="checkbox"/> Residential	Beginning Date of Service	End Date
<input type="checkbox"/> Small Commercial	Beginning Date of Service	End Date
<input type="checkbox"/> Large Commercial	Beginning Date of Service	End Date
<input type="checkbox"/> Industrial	Beginning Date of Service	End Date

☐ Duke Energy Ohio

<input type="checkbox"/> Residential	Beginning Date of Service	End Date
<input type="checkbox"/> Small Commercial	Beginning Date of Service	End Date
<input type="checkbox"/> Large Commercial	Beginning Date of Service	End Date
<input type="checkbox"/> Industrial	Beginning Date of Service	End Date

☐ Vectren Energy Delivery of Ohio

<input type="checkbox"/> Residential	Beginning Date of Service	End Date
<input type="checkbox"/> Small Commercial	Beginning Date of Service	End Date
<input type="checkbox"/> Large Commercial	Beginning Date of Service	End Date
<input type="checkbox"/> 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:**



<input checked="" type="checkbox"/>	Columbia Gas of Ohio	Intended Start Date	May 2020
<input checked="" type="checkbox"/>	Dominion East Ohio	Intended Start Date	May 2020
<input checked="" type="checkbox"/>	Duke Energy Ohio	Intended Start Date	May 2020
<input checked="" type="checkbox"/>	Vectren Energy Delivery of Ohio	Intended Start Date	May 2020

PROVIDE THE FOLLOWING AS SEPARATE ATTACHMENTS AND LABEL AS INDICATED.

- A-14 **Exhibit A-14 "Principal Officers, Directors & Partners,"** provide the names, titles, addresses and telephone numbers of the applicant's principal officers, directors, partners, or other similar officials.
- A-15 **Exhibit A-15 "Company History,"** 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 **Exhibit A-17 "Secretary of State,"** 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 **Exhibit B-4 "Disclosure of Liabilities and Investigations,"** 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.

- D-1 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.
- D-3 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

*Adam Davis* / Dir of Business Development

Sworn and subscribed before me this

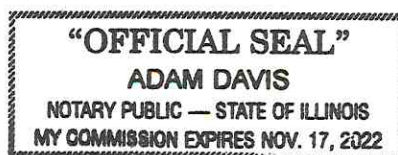
6 day of April Month 2020 Year

Signature of official administering oath

Print Name and Title

Adam Davis Notary Public

My commission expires on 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 )

Oak Grove Energy Consultants LLC )

for a Certificate or Renewal Certificate to Provide )  
Competitive Retail Natural Gas Service in Ohio. )

Case No.  -  -GA-AGG

County of  Madison  
State of  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

*Adrian Davis* / Dir of Business Development

Sworn and subscribed before me this

6

day of

*April*

Month

2020

Year

*Adrian Davis*

Signature of Official Administering Oath

*Adrian Davis* Notary Public

Print Name and Title

"OFFICIAL SEAL"

ADAM DAVIS

NOTARY PUBLIC — STATE OF ILLINOIS  
MY COMMISSION EXPIRES NOV. 17, 2022

My commission expires on

*Nov 17 2022*



## **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



### SEARCH BY BUSINESS NAME

General Information

Business Search

Trademark/Service Mark Search

Help

Business Name:

Oak Grove Energy Consultants

All

Active

Cancelled

Dead

SEARCH

CLEAR

[Name Search Help](#)

### SEARCH RESULTS

Showing 1 to 1 of 1 entries

Entity#	Name	Type	Filing Date	Exp. Date	Status	Location	County	State	View Report
4340842	OAK GROVE ENERGY CONSULTANTS LLC	FOREIGN LIMITED LIABILITY COMPANY	05/24/2019	-	Active	-	-	ILLINOIS	<a href="#">SHOW DETAILS</a>



## **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.**

1065

Form  
Department of the Treasury  
Internal Revenue Service

## U.S. Return of Partnership Income

For calendar year 2017, or tax year beginning \_\_\_\_\_, ending \_\_\_\_\_

OMB No. 1545-0123

2017

A Principal business activity <b>ENERGY CONSULTING</b>	Type or Print	Name of partnership <b>OAK GROVE ENERGY CONSULTANTS, LLC</b>	D Employer identification number <b>45-5448016</b>
		Number, street, and room or suite no. If a P.O. box, see the instructions. <b>5285 MILLENNIUM CT</b>	E Date business started <b>06/13/2012</b>
		City or town, state or province, country, and ZIP or foreign postal code <b>EDWARDSVILLE IL 62025</b>	F Total assets <b>\$ 5,049.</b>
B Principal product or service <b>ENERGY CONSULTING</b>			
C Business code number <b>561900</b>			

G Check applicable boxes: (1) ☐ Initial return (2) ☐ Final return (3) ☐ Name change (4) ☐ Address change (5) ☐ Amended return (6) ☐ Technical termination - also check (1) or (2)

H Check accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶

I Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year ▶ **3**

J Check if Schedules C and M-3 are attached ☐

Caution. Include only trade or business income and expenses on lines 1 through 2 below. See the instructions for more information.

Income	1 a Gross receipts or sales	1a	<b>64,739.</b>	
	b Returns and allowances	1b		
	c Balance. Subtract line 1b from line 1a	1c		<b>64,739.</b>
	2 Cost of goods sold (attach Form 1125-A)	2		
	3 Gross profit. Subtract line 2 from line 1c	3		<b>64,739.</b>
	4 Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)	4		
	5 Net farm profit (loss) (attach Schedule F (Form 1040))	5		
	6 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)	6		
7 Other income (loss) (attach statement)	7			
8 Total income (loss). Combine lines 3 through 7	8		<b>64,739.</b>	
Deductions (see the instructions for limitations)	9 Salaries and wages (other than to partners) (less employment credits)	9		
	10 Guaranteed payments to partners	10		<b>57,972.</b>
	11 Repairs and maintenance	11		
	12 Bad debts	12		
	13 Rent	13		
	14 Taxes and licenses	14	<b>See Statement 1</b>	<b>561.</b>
	15 Interest	15		
	16 a Depreciation (if required, attach Form 4562)	16a		
	b Less depreciation reported on Form 1125-A and elsewhere on return	16b		
	16c			
	17 Depletion (Do not deduct oil and gas depletion.)	17		
	18 Retirement plans, etc.	18		
	19 Employee benefit programs	19		
	20 Other deductions (attach statement)	20	<b>See Statement 2</b>	<b>8,555.</b>
21 Total deductions. Add the amounts shown in the far right column for lines 9 through 20	21		<b>67,088.</b>	
22 Ordinary business income (loss). Subtract line 21 from line 8	22		<b>-2,349.</b>	

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than partner or limited liability company member) is based on all information of which preparer has any knowledge.

Sign Here ▶ Signature of partner or limited liability company member ▶ Date ▶

May the IRS discuss this return with the preparer shown below (see instr.)? ☒ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name <b>LUCAS ROW, CPA</b>	Preparer's signature <i>LR</i>	Date <b>03/04/18</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P01538082</b>
Firm's name ▶ <b>FICK, EGGEMEYER &amp; WILLIAMSON, CPA'S</b>	Firm's EIN ▶ <b>37-1231621</b>			
Firm's address ▶ <b>205 S. MAIN COLUMBIA, IL 62236</b>	Phone no. <b>618-281-4999</b>			

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 1065 (2017)



**Schedule B Other Information**

1 What type of entity is filing this return? Check the applicable box:				Yes	No
a <input type="checkbox"/> Domestic general partnership	b <input type="checkbox"/> Domestic limited partnership				
c <input checked="" type="checkbox"/> Domestic limited liability company	d <input type="checkbox"/> Domestic limited liability partnership				
e <input type="checkbox"/> Foreign partnership	f <input type="checkbox"/> Other				
2 At any time during the tax year, was any partner in the partnership a disregarded entity, a partnership (including an entity treated as a partnership), a trust, an S corporation, an estate (other than an estate of a deceased partner), or a nominee or similar person?					X
3 At the end of the tax year:					
a Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization, or any foreign government own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership					X
b Did any individual or estate own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership				X	
4 At the end of the tax year, did the partnership:					
a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (iv) below					X
(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock		
b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below					X
(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital	
5 Did the partnership file Form 8893, Election of Partnership Level Tax Treatment, or an election statement under section 6231(a)(1)(B)(ii) for partnership-level tax treatment, that is in effect for this tax year? See Form 8893 for more details				Yes	No
6 Does the partnership satisfy all four of the following conditions?					
a The partnership's total receipts for the tax year were less than \$250,000.					
b The partnership's total assets at the end of the tax year were less than \$ 1 million.					
c Schedules K-1 are filed with the return and furnished to the partners on or before the due date (including extensions) for the partnership return.					
d The partnership is not filing and is not required to file Schedule M-3					X
If "Yes," the partnership is not required to complete Schedules L, M-1, and M-2; Item F on page 1 of Form 1065; or Item L on Schedule K-1.					
7 Is this partnership a publicly traded partnership as defined in section 469(k)(2)?					X
8 During the tax year, did the partnership have any debt that was cancelled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?					X
9 Has this partnership filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction?					X
10 At any time during calendar year 2017, did the partnership have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country.					X

**Schedule B Other Information (continued)**

	Yes	No
11 At any time during the tax year, did the partnership receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the partnership may have to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts. See instructions		<input checked="" type="checkbox"/>
12a Is the partnership making, or had it previously made (and not revoked), a section 754 election? See instructions for details regarding a section 754 election.		<input checked="" type="checkbox"/>
b Did the partnership make for this tax year an optional basis adjustment under section 743(b) or 734(b)? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
13 Check this box if, during the current or prior tax year, the partnership distributed any property received in a like-kind exchange or contributed such property to another entity (other than disregarded entities wholly owned by the partnership throughout the tax year) <input type="checkbox"/>		
14 At any time during the tax year, did the partnership distribute to any partner a tenancy-in-common or other undivided interest in partnership property?		<input checked="" type="checkbox"/>
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		
16 Does the partnership have any foreign partners? If "Yes," enter the number of Forms 8805, Foreign Partner's Information Statement of Section 1446 Withholding Tax, filed for this partnership.		<input checked="" type="checkbox"/>
17 Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached to this return.		
18a Did you make any payments in 2017 that would require you to file Form(s) 1099? See instructions	<input checked="" type="checkbox"/>	
b If "Yes," did you or will you file required Form(s) 1099?	<input checked="" type="checkbox"/>	
19 Enter the number of Form(s) 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations, attached to this return.		
20 Enter the number of partners that are foreign governments under section 892.		
21 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)?		<input checked="" type="checkbox"/>
22 Was the partnership a specified domestic entity required to file Form 8938 for the tax year (See the Instructions for Form 8938)?		<input checked="" type="checkbox"/>

**Designation of Tax Matters Partner** (see instructions)

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

Name of designated TMP	<b>JOSHUA KIRBACH</b>	Identifying number of TMP	<b>394-92-1690</b>
If the TMP is an entity, name of TMP representative		Phone number of TMP	
Address of designated TMP	<b>5285 MILLENNIUM CT EDWARDSVILLE, IL 62025</b>		



Schedule K Partners' Distributive Share Items		Total amount	
Income (Loss)	1 Ordinary business income (loss) (page 1, line 22)	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	
	4 Guaranteed payments	4	57,972.
	5 Interest income	5	
	6 Dividends: a Ordinary dividends	6a	
	b Qualified dividends	6b	
	7 Royalties	7	
	8 Net short-term capital gain (loss) (attach Schedule D (Form 1065))	8	
Deductions	9 a Net long-term capital gain (loss) (attach Schedule D (Form 1065))	9a	
	b Collectibles (28%) gain (loss)	9b	
	c Unrecaptured section 1250 gain (attach statement)	9c	
	10 Net section 1231 gain (loss) (attach Form 4797)	10	
Self-Employment	11 Other income (loss) (see instructions) Type ▶	11	
	12 Section 179 deduction (attach Form 4562)	12	
	13 a Contributions	13a	
	b Investment interest expense	13b	
Credits	c Section 59(e)(2) expenditures: (1) Type ▶ (2) Amount ▶	13c(2)	
	d Other deductions (see instructions) Type ▶	13d	
	14 a Net earnings (loss) from self-employment	14a	55,623.
	b Gross farming or fishing income	14b	
	c Gross nonfarm income	14c	64,739.
	15 a Low-income housing credit (section 42(j)(5))	15a	
Foreign Transactions	b Low-income housing credit (other)	15b	
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	15c	
	d Other rental real estate credits (see instructions) Type ▶	15d	
	e Other rental credits (see instructions) Type ▶	15e	
	f Other credits (see instructions) Type ▶	15f	
	16 a Name of country or U.S. possession ▶		
	b Gross income from all sources	16b	
	c Gross income sourced at partner level	16c	
	d Foreign gross income sourced at partnership level		
	e General category ▶ f Other ▶	16f	
	g Interest expense ▶ h Other ▶	16h	
i Deductions allocated and apportioned at partnership level to foreign source income			
Alternative Minimum Tax (AMT) Items	j General category ▶ k Other ▶	16k	
	l Total foreign taxes (check one): Paid <input type="checkbox"/> Accrued <input type="checkbox"/> k Other ▶	16l	
	m Reduction in taxes available for credit (attach statement)	16m	
	n Other foreign tax information (attach statement)		
	17 a Post-1986 depreciation adjustment	17a	
	b Adjusted gain or loss	17b	
Other Information	c Depletion (other than oil and gas)	17c	
	d Oil, gas, and geothermal properties - gross income	17d	
	e Oil, gas, and geothermal properties - deductions	17e	
	f Other AMT items (attach statement)	17f	
	18 a Tax-exempt interest income	18a	
	b Other tax-exempt income	18b	
	c Nondeductible expenses	18c	
	19 a Distributions of cash and marketable securities	19a	
	b Distributions of other property	19b	
	20 a Investment income	20a	
	b Investment expenses	20b	
	c Other items and amounts (attach statement)		

**Analysis of Net Income (Loss)**

1 Net income (loss). Combine Schedule K, lines 1 through 11. From the result, subtract the sum of Schedule K, lines 12 through 13d, and 16l						1	55,623.
2 Analysis by partner type:	(i) Corporate	(ii) Individual (active)	(iii) Individual (passive)	(iv) Partnership	(v) Exempt Organization	(vi) Nominee/Other	
a General partners							
b Limited partners			55,623.				

**Schedule L Balance Sheets per Books**

Assets	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
1 Cash		7,398.		5,049.
2a Trade notes and accounts receivable				
b Less allowance for bad debts				
3 Inventories				
4 U.S. government obligations				
5 Tax-exempt securities				
6 Other current assets (attach statement)				
7a Loans to partners (or persons related to partners)				
b Mortgage and real estate loans				
8 Other investments (attach statement)				
9a Buildings and other depreciable assets				
b Less accumulated depreciation				
10a Depletable assets				
b Less accumulated depletion				
11 Land (net of any amortization)				
12a Intangible assets (amortizable only)				
b Less accumulated amortization				
13 Other assets (attach statement)				
14 Total assets		7,398.		5,049.
<b>Liabilities and Capital</b>				
15 Accounts payable				
16 Mortgages, notes, bonds payable in less than 1 year				
17 Other current liabilities (attach statement)				
18 All nonrecourse loans				
19a Loans from partners (or persons related to partners)				
b Mortgages, notes, bonds payable in 1 year or more				
20 Other liabilities (attach statement)				
21 Partners' capital accounts		7,398.		5,049.
22 Total liabilities and capital		7,398.		5,049.

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

Note. The partnership may be required to file Schedule M-3 (see instructions).

1 Net income (loss) per books	-2,349.	6 Income recorded on books this year not included on Schedule K, lines 1 through 11 (itemize):	
2 Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11, not recorded on books this year (itemize):		a Tax-exempt interest \$	
3 Guaranteed payments (other than health insurance)	57,972.	7 Deductions included on Schedule K, lines 1 through 13d, and 16l, not charged against book income this year (itemize):	
4 Expenses recorded on books this year not included on Schedule K, lines 1 through 13d, and 16l (itemize):		a Depreciation \$	
a Depreciation \$		8 Add lines 6 and 7	
b Travel and entertainment \$		9 Income (loss) (Analysis of Net Income (Loss), line 1). Subtract line 8 from line 5	55,623.
5 Add lines 1 through 4	55,623.		

**Schedule M-2 Analysis of Partners' Capital Accounts**

1 Balance at beginning of year	7,398.	6 Distributions: a Cash	
2 Capital contributed: a Cash		b Property	
b Property		7 Other decreases (itemize):	
3 Net income (loss) per books	-2,349.	8 Add lines 6 and 7	
4 Other increases (itemize):		9 Balance at end of year. Subtract line 8 from line 5	5,049.
5 Add lines 1 through 4	5,049.		



**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](http://www.irs.gov/Form1065) for the latest information.

OMB No. 1545-0123

Name of partnership

Employer identification number

OAK GROVE ENERGY CONSULTANTS, LLC

45-5448016

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

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

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

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

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

(i) Name of Individual or Estate	(ii) Identifying Number (if any)	(iii) Country of Citizenship (see instructions)	(iv) Maximum Percentage Owned in Profit, Loss, or Capital
JOSHUA KIRBACH	394-92-1690	United States	80.00

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

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

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	Tax Expense	Statement	1
-----------	-------------	-----------	---

Description	Amount
Illinois Taxes - Based on Income	561.
Total to Form 1065, Line 14	561.

Form 1065	Other Deductions	Statement	2
-----------	------------------	-----------	---

Description	Amount
ANNUAL REGISTRATION	250.
BANK FEES	420.
CONTRACT LABOR	2,476.
INSURANCE	425.
OFFICE SUPPLIES	4,734.
PROFESSIONAL FEES	250.
Total to Form 1065, Line 20	8,555.

Form 1065	Partners' Capital Account Summary	Statement	3
-----------	-----------------------------------	-----------	---

Partner Number	Beginning Capital	Capital Contributed	Schedule M-2 Lns 3, 4 & 7	With- drawals	Ending Capital
1	4,418.		-1,879.		2,539.
2	2,741.		-235.		2,506.
3	239.		-235.		4.
Total	7,398.		-2,349.		5,049.

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

2017

For calendar year 2017, or tax year

☐ Final K-1☐ Amended K-1

OMB No. 1545-0123

beginning

ending

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

▶ See separate instructions.

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

<b>Part I Information About the Partnership</b>	
A Partnership's employer identification number <b>45-5448016</b>	
B Partnership's name, address, city, state, and ZIP code <b>OAK GROVE ENERGY CONSULTANTS, LLC 5285 MILLENNIUM CT EDWARDSVILLE, IL 62025</b>	
C IRS Center where partnership filed return <b>Kansas City, MO</b>	
D <input type="checkbox"/> Check if this is a publicly traded partnership (PTP)	
<b>Part II Information About the Partner</b>	
E Partner's identifying number <b>394-92-1690</b>	
F Partner's name, address, city, state, and ZIP code <b>JOSHUA KIRBACH 5285 MILLENNIUM CT EDWARDSVILLE, IL 62025</b>	
G <input checked="" type="checkbox"/> General partner or LLC member-manager <input type="checkbox"/> Limited partner or other LLC member	
H <input checked="" type="checkbox"/> Domestic partner <input type="checkbox"/> Foreign partner	
I1 What type of entity is this partner? <b>Individual</b>	
I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here <input type="checkbox"/>	
J Partner's share of profit, loss, and capital:	
Beginning	Ending
Profit <b>80.0000000%</b>	<b>80.0000000%</b>
Loss <b>80.0000000%</b>	<b>80.0000000%</b>
Capital <b>80.0000000%</b>	<b>80.0000000%</b>
K Partner's share of liabilities at year end:	
Nonrecourse \$	
Qualified nonrecourse financing \$	
Recourse \$ <b>0.</b>	
L Partner's capital account analysis:	
Beginning capital account \$ <b>4,418.</b>	
Capital contributed during the year \$	
Current year increase (decrease) \$ <b>-1,879.</b>	
Withdrawals & distributions \$( )	
Ending capital account \$ <b>2,539.</b>	
<input checked="" type="checkbox"/> Tax basis <input type="checkbox"/> GAAP <input type="checkbox"/> Section 704(b) book	
<input type="checkbox"/> Other (explain)	
M Did the partner contribute property with a built-in gain or loss?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes," attach statement (see instructions)	

1 Ordinary business income (loss) <b>-1,879.</b>	15 Credits
2 Net rental real estate income (loss)	16 Foreign transactions
3 Other net rental income (loss)	
4 Guaranteed payments <b>28,986.</b>	
5 Interest income	
6a Ordinary dividends	17 Alternative min tax (AMT) items
6b Qualified dividends	
7 Royalties	18 Tax-exempt income and nondeductible expenses
8 Net short-term capital gain (loss)	
9a Net long-term capital gain (loss)	
9b Collectibles (28%) gain (loss)	19 Distributions
9c Unrecaptured sec 1250 gain	20 Other information
10 Net section 1231 gain (loss)	
11 Other income (loss)	
12 Section 179 deduction	
13 Other deductions	
14 Self-employment earnings (loss)	
A <b>27,107.</b>	
C <b>51,791.</b>	

\*See attached statement for additional information.

For IRS Use Only

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

2017

For calendar year 2017, or tax year

☐ Final K-1☐ Amended K-1

OMB No. 1545-0123

beginning

ending

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

▶ See separate instructions.

<b>Part I Information About the Partnership</b>													
A Partnership's employer identification number <b>45-5448016</b>													
B Partnership's name, address, city, state, and ZIP code  <b>OAK GROVE ENERGY CONSULTANTS, LLC 5285 MILLENNIUM CT EDWARDSVILLE, IL 62025</b>													
C IRS Center where partnership filed return <b>Kansas City, MO</b>													
D <input type="checkbox"/> Check if this is a publicly traded partnership (PTP)													
<b>Part II Information About the Partner</b>													
E Partner's identifying number <b>337-74-5842</b>													
F Partner's name, address, city, state, and ZIP code  <b>DANA KIRBACH 5285 MILLENNIUM CT EDWARDSVILLE, IL 62025</b>													
G <input checked="" type="checkbox"/> General partner or LLC member-manager <input type="checkbox"/> Limited partner or other LLC member													
H <input checked="" type="checkbox"/> Domestic partner <input type="checkbox"/> Foreign partner													
I1 What type of entity is this partner? <u>Individual</u>													
I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here <input type="checkbox"/>													
J Partner's share of profit, loss, and capital:													
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 35%; text-align: center;">Beginning</th> <th style="width: 35%; text-align: center;">Ending</th> </tr> </thead> <tbody> <tr> <td>Profit</td> <td style="text-align: center;">10.0000000%</td> <td style="text-align: center;">10.0000000%</td> </tr> <tr> <td>Loss</td> <td style="text-align: center;">10.0000000%</td> <td style="text-align: center;">10.0000000%</td> </tr> <tr> <td>Capital</td> <td style="text-align: center;">10.0000000%</td> <td style="text-align: center;">10.0000000%</td> </tr> </tbody> </table>		Beginning	Ending	Profit	10.0000000%	10.0000000%	Loss	10.0000000%	10.0000000%	Capital	10.0000000%	10.0000000%	
	Beginning	Ending											
Profit	10.0000000%	10.0000000%											
Loss	10.0000000%	10.0000000%											
Capital	10.0000000%	10.0000000%											
K Partner's share of liabilities at year end:													
Nonrecourse .....	\$ .....												
Qualified nonrecourse financing .....	\$ .....												
Recourse .....	\$ 0.												
L Partner's capital account analysis:													
Beginning capital account .....	\$ 2,741.												
Capital contributed during the year .....	\$ .....												
Current year increase (decrease) .....	\$ -235.												
Withdrawals & distributions .....	\$( .....												
Ending capital account .....	\$ 2,506.												
<input checked="" type="checkbox"/> Tax basis <input type="checkbox"/> GAAP <input type="checkbox"/> Section 704(b) book <input type="checkbox"/> Other (explain)													
M Did the partner contribute property with a built-in gain or loss?													
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													
If "Yes," attach statement (see instructions)													

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

1 Ordinary business income (loss) <b>-235.</b>	15 Credits
2 Net rental real estate income (loss)	16 Foreign transactions
3 Other net rental income (loss)	
4 Guaranteed payments	
5 Interest income	
6a Ordinary dividends	17 Alternative min tax (AMT) items
6b Qualified dividends	
7 Royalties	18 Tax-exempt income and nondeductible expenses
8 Net short-term capital gain (loss)	
9a Net long-term capital gain (loss)	
9b Collectibles (28%) gain (loss)	19 Distributions
9c Unrecaptured sec 1250 gain	20 Other information
10 Net section 1231 gain (loss)	
11 Other income (loss)	
12 Section 179 deduction	
13 Other deductions	
14 Self-employment earnings (loss)	
A <b>-235.</b>	
C <b>6,474.</b>	

\*See attached statement for additional information.

For IRS Use Only



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

2017

For calendar year 2017, or tax year

☐ Final K-1☐ Amended K-1

OMB No. 1545-0123

beginning

ending

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

▶ See separate instructions.

<b>Part I Information About the Partnership</b>													
A Partnership's employer identification number <b>45-5448016</b>													
B Partnership's name, address, city, state, and ZIP code  <b>OAK GROVE ENERGY CONSULTANTS, LLC 5285 MILLENNIUM CT EDWARDSVILLE, IL 62025</b>													
C IRS Center where partnership filed return <b>Kansas City, MO</b>													
D <input type="checkbox"/> Check if this is a publicly traded partnership (PTP)													
<b>Part II Information About the Partner</b>													
E Partner's identifying number <b>340-64-3981</b>													
F Partner's name, address, city, state, and ZIP code  <b>TROY KIRBACH 143 PEBBLEBROOK TROY, IL 62294</b>													
G <input checked="" type="checkbox"/> General partner or LLC member-manager <input type="checkbox"/> Limited partner or other LLC member													
H <input checked="" type="checkbox"/> Domestic partner <input type="checkbox"/> Foreign partner													
I1 What type of entity is this partner? <u>Individual</u>													
I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here <input type="checkbox"/>													
J Partner's share of profit, loss, and capital:													
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 35%; text-align: center;">Beginning</th> <th style="width: 35%; text-align: center;">Ending</th> </tr> </thead> <tbody> <tr> <td>Profit</td> <td style="text-align: center;">10.0000000%</td> <td style="text-align: center;">10.0000000%</td> </tr> <tr> <td>Loss</td> <td style="text-align: center;">10.0000000%</td> <td style="text-align: center;">10.0000000%</td> </tr> <tr> <td>Capital</td> <td style="text-align: center;">10.0000000%</td> <td style="text-align: center;">10.0000000%</td> </tr> </tbody> </table>		Beginning	Ending	Profit	10.0000000%	10.0000000%	Loss	10.0000000%	10.0000000%	Capital	10.0000000%	10.0000000%	
	Beginning	Ending											
Profit	10.0000000%	10.0000000%											
Loss	10.0000000%	10.0000000%											
Capital	10.0000000%	10.0000000%											
K Partner's share of liabilities at year end:													
Nonrecourse .....	\$ .....												
Qualified nonrecourse financing .....	\$ .....												
Recourse .....	\$ 0.												
L Partner's capital account analysis:													
Beginning capital account .....	\$ 239.												
Capital contributed during the year .....	\$ .....												
Current year increase (decrease) .....	\$ -235.												
Withdrawals & distributions .....	\$( .....												
Ending capital account .....	\$ 4.												
<input checked="" type="checkbox"/> Tax basis <input type="checkbox"/> GAAP <input type="checkbox"/> Section 704(b) book <input type="checkbox"/> Other (explain)													
M Did the partner contribute property with a built-in gain or loss?													
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													
If "Yes," attach statement (see instructions)													

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

1 Ordinary business income (loss) <b>-235.</b>	15 Credits
2 Net rental real estate income (loss)	16 Foreign transactions
3 Other net rental income (loss)	
4 Guaranteed payments <b>28,986.</b>	
5 Interest income	
6a Ordinary dividends	17 Alternative min tax (AMT) items
6b Qualified dividends	
7 Royalties	18 Tax-exempt income and nondeductible expenses
8 Net short-term capital gain (loss)	
9a Net long-term capital gain (loss)	
9b Collectibles (28%) gain (loss)	19 Distributions
9c Unrecaptured sec 1250 gain	20 Other information
10 Net section 1231 gain (loss)	
11 Other income (loss)	
12 Section 179 deduction	
13 Other deductions	
14 Self-employment earnings (loss)	
A <b>28,751.</b>	
C <b>6,474.</b>	

\*See attached statement for additional information.

For IRS Use Only



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.

If this return is not for calendar year 2017, enter your fiscal tax year here.

Tax year beginning month day year, ending month day year

For tax years ending on or after December 31, 2017. For prior years, use the form for that year.

Enter the amount you are paying.

\$ 828.

Step 1: Identify your partnership

A Enter your complete legal business name.

If you have a name change, check this box.

Name: OAK GROVE ENERGY CONSULTANTS, LLC

B Enter your mailing address.

Check this box if either of the following apply:

- this is your first return, or
- you have an address change.

C/O:

Mailing address: 5285 MILLENNIUM CT

City: EDWARDSVILLE

State: IL

ZIP: 62025

C If this is the first or final return, check the applicable box(es).

First return

Final return (Enter the date of termination. mm dd yyyy)

D If this is a final return because you sold this business, enter the date sold (mm dd yyyy), and the new owner's FEIN.

E Apportionment Formulas. Check the appropriate box or boxes and see Apportionment Formula instructions.

Financial organizations

Transportation companies

Federally regulated exchanges

Sales companies

F Check this box if you are:

classified as an investment partnership

classified as a publicly-traded partnership

G Check this box if you made an IRC § 761 election.

H Enter your federal employer identification no. (FEIN).

45-5448016

I Check this box if you are a member of a unitary business group and are included on a Schedule UB, Combined Apportionment for Unitary Business Group. Enter the FEIN of the member who prepared the Schedule UB and attach it to this return.

J Enter your North American Industry Classification System (NAICS) Code. See instructions.

561900

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.)

EDWARDSVILLE IL 62025

City State ZIP

L If you are making the business income election to treat all nonbusiness income as business income, check this box and enter "0" on Lines 36 and 44.

M If you have completed the following, check the box and attach the federal form(s) to this return.

Federal Form 8886 Federal Sch. M-3, Part II, Line 10

N Check this box if you attached Form IL-4562.

O Check this box if you attached Illinois Schedule M (for businesses).

P Check this box if you attached Schedule 80/20.

Q Check this box if you attached Schedule 1299-A.

R Check this box if your business activity is protected under Public Law 86-272.

S Check this box if you attached the Subgroup Sch.

Step 2: Figure your ordinary income or loss

(Whole dollars only)

1 Ordinary income or loss, or equivalent from federal Schedule K.

1 - 2,349 .00

2 Net income or loss from all rental real estate activities.

2 .00

3 Net income or loss from other rental activities.

3 .00

4 Portfolio income or loss.

4 .00

5 Net IRC Section 1231 gain or loss.

5 .00

6 All other items of income or loss that were not included in the computation of income or loss on

Page 1 of U.S. Form 1065 or 1065-B. See instructions. Identify:

6 .00

7 Add Lines 1 through 6. This is your ordinary income or loss.

7 - 2,349 .00

Step 3: Figure your unmodified base income or loss

8 Charitable contributions.

8 .00

9 Expense deduction under IRC Section 179.

9 .00

10 Interest on investment indebtedness.

10 .00

11 All other items of expense that were not deducted in the computation of ordinary income or loss on

Page 1 of U.S. Form 1065 or 1065-B. See instructions. Identify:

11 .00

12 Add Lines 8 through 11.

12 .00

13 Subtract Line 12 from Line 7. This amount is your total unmodified base income or loss.

13 - 2,349 .00

Attach your payment and Form IL-1065-V here.



**Step 4: Figure your income or loss**

14	Enter your unmodified base income or loss from Line 13.	14	<u>-2,349.00</u>
15	State, municipal, and other interest income excluded from Line 14.	15	<u>.00</u>
16	Illinois replacement tax deducted in arriving at Line 14.	16	<u>561.00</u>
17	Illinois Special Depreciation addition. <b>Attach</b> Form IL-4562.	17	<u>.00</u>
18	Related-party expenses addition. <b>Attach</b> Schedule 80/20.	18	<u>.00</u>
19	Distributive share of additions. <b>Attach</b> Schedule(s) K-1-P or K-1-T.	19	<u>.00</u>
20	Guaranteed payments to partners from U.S. Form 1065 or 1065-B.	20	<u>57,972.00</u>
21	The amount of loss distributable to a partner subject to replacement tax. <b>Attach</b> Schedule B.	21	<u>.00</u>
22	Other additions. <b>Attach</b> Illinois Schedule M (for businesses).	22	<u>.00</u>
23	Add Lines 14 through 22. This amount is your income or loss.	23	<u>56,184.00</u>

**Step 5: Figure your base income or loss**

24	Interest income from U.S. Treasury or other exempt federal obligations.	24	<u>.00</u>
25	August 1, 1969, valuation limitation amount. <b>Attach</b> Schedule F.	25	<u>.00</u>
26	Personal service income or reasonable allowance for compensation of partners.	26	<u>.00</u>
27	Share of income distributable to a partner subject to replacement tax. <b>Attach</b> Schedule B.	27	<u>.00</u>
28	River Edge Redevelopment Zone Dividend subtraction. <b>Attach</b> Schedule 1299-A.	28	<u>.00</u>
29	High Impact Business Dividend subtraction. <b>Attach</b> Schedule 1299-A.	29	<u>.00</u>
30	Illinois Special Depreciation subtraction. <b>Attach</b> Form IL-4562.	30	<u>.00</u>
31	Related-party expenses subtraction. <b>Attach</b> Schedule 80/20.	31	<u>.00</u>
32	Distributive share of subtractions. <b>Attach</b> Schedule(s) K-1-P or K-1-T.	32	<u>.00</u>
33	Other subtractions. <b>Attach</b> Schedule M (for businesses).	33	<u>.00</u>
34	Total subtractions. Add Lines 24 through 33.	34	<u>.00</u>
35	Base income or loss. Subtract Line 34 from Line 23.	35	<u>56,184.00</u>

<b>STOP</b>	<b>A</b> If the amount on Line 35 is derived inside Illinois only, check this box and enter the amount from Step 5, Line 35 on Step 7, Line 47. You may not complete Step 6. (You must leave Step 6, Lines 36 through 46 blank.) <input checked="" type="checkbox"/>	
	<b>Note</b> → If you are a unitary filer, do not check this box. Check the box on Line B and complete Step 6.	
	<b>B</b> If any portion of the amount on Line 35 is derived outside Illinois, or you are a unitary filer, check this box and complete <u>all</u> lines of Step 6. (Do not leave Lines 40 through 42 blank.) See instructions. <input type="checkbox"/>	

**Step 6: Figure your income allocable to Illinois** (Complete only if you checked the box on Line B, above.)

36	Nonbusiness income or loss. <b>Attach</b> Schedule NB.	36	<u>.00</u>
37	Business income or loss included in Line 35 from non-unitary partnerships, partnerships included on a Schedule UB, S corporations, trusts, or estates. See Instructions.	37	<u>.00</u>
38	Add Lines 36 and 37.	38	<u>.00</u>
39	Business income or loss. Subtract Line 38 from Line 35.	39	<u>.00</u>
40	Total sales everywhere. This amount cannot be negative.	40	<u>.00</u>
41	Total sales inside Illinois. This amount cannot be negative.	41	<u>.00</u>
42	Apportionment factor. Divide Line 41 by Line 40 (carry to six decimal places).	42	<u>.00</u>
43	Business income or loss apportionable to Illinois. Multiply Line 39 by Line 42.	43	<u>.00</u>
44	Nonbusiness income or loss allocable to Illinois. <b>Attach</b> Schedule NB.	44	<u>.00</u>
45	Business income or loss apportionable to Illinois from non-unitary partnerships, partnerships included on a Schedule UB, S corporations, trusts, or estates. See instructions.	45	<u>.00</u>
46	Base income or loss allocable to Illinois. Add Lines 43 through 45.	46	<u>.00</u>





**Step 7: Figure your net income**

47	Base income or net loss from Step 5, Line 35, or Step 6, Line 46.	47	56,184 .00
48	Illinois net loss deduction. <b>Attach</b> Schedule NLD. If Line 47 is zero or a negative amount, enter "0."	48	.00
49	Income after NLD. Subtract Line 48 from Line 47.	49	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.")	51	1.000000
52	Exemption allowance. See instructions before completing.	52	1,000 .00
53	<b>Net income.</b> Subtract Line 52 from Line 49.	53	55,184 .00

**Step 8: Figure your net replacement tax and pass-through withholding payments you owe**

54	Replacement tax. Multiply Line 53 by 1.5% (.015).	54	828 .00
55	Recapture of investment credits. <b>Attach</b> Schedule 4255.	55	.00
56	Replacement tax before investment credits. Add Lines 54 and 55.	56	828 .00
57	Investment credits. <b>Attach</b> Form IL-477.	57	.00
58	<b>Net replacement tax.</b> 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 Schedule B, Section A, Line 9. See instructions. <b>Attach</b> Schedule B.	59	0 .00
60	<b>Total net replacement tax and pass-through withholding payments you owe.</b> Add Line 58 and Line 59.	60	828 .00

**Step 9: Figure your refund or balance due**

61	Payments. See instructions.		
a	Credit from prior year overpayments.	61a	.00
b	Form IL-505-B (extension) payment.	61b	.00
c	Pass-through withholding payments reported to you on Schedule(s) K-1-P or K-1-T. <b>Attach</b> Schedule(s) K-1-P or K-1-T.	61c	.00
d	Illinois gambling withholding. <b>Attach</b> Form(s) W-2G.	61d	.00
e	Form IL-516-I prepayments.	61e	.00
f	Form IL-516-B prepayments.	61f	.00
62	Total payments. Add Lines 61a through 61f.	62	.00
63	Overpayment. If Line 62 is greater than Line 60, subtract Line 60 from Line 62.	63	.00
64	Amount to be <b>credited forward</b> . See instructions.	64	.00
65	<b>Refund.</b> Subtract Line 64 from Line 63. This is the amount to be refunded.	65	.00

**66 Complete to direct deposit your refund**

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. **67** 828 .00

► If you owe tax on Line 67, complete a payment voucher, Form IL-1065-V. Write your FEIN, tax year ending, and "IL-1065-V" on your check or money order and make it payable to "Illinois Department of Revenue." **Attach** your voucher and payment to the first page of this form.

*Special Note* ➔ Enter the amount of your payment on the top of Page 1 in the space provided.

**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 Here Paid Preparer Use Only	Signature of partner		Date (mm/dd/yyyy)	Member Title	Phone number	<input checked="" type="checkbox"/> Check if the Department may discuss this return with the paid preparer shown in this step. <input type="checkbox"/> Check if self-employed	Paid Preparer's PTIN <b>P01538082</b>
	LUCAS ROW, CPA			<i>LR</i>	03/04/2018		
	Print/Type paid preparer's name		Paid preparer's signature		Date (mm/dd/yyyy)		
	Firm's name ► <b>FICK, EGGEMEYER &amp; WILLIAMSON</b>		Firm's FEIN ► <b>37-1231621</b>		Firm's phone ► <b>618-281-4999</b>		
Firm's address ► <b>205 S. MAIN COLUMBIA, IL 62236</b>							

► 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  
**2017 Schedule B** Partners' or Shareholders' Information  
Attach to your Form IL-1065 or Form IL-1120-ST.



Year ending  
12 17  
Month Year  
IL Attachment no. 1

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**

**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 filing.

**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. 1
- 2 Enter the total of all income and replacement tax credits you reported on Schedule(s) K-1-P for your members. See instructions. 2
- 3 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. 3

**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
- 5 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
- 6 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. 6
- 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
- 8 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
- 9 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. 9

► Attach all pages of Schedule B, Section B behind this page.



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.

45-5448016

Enter your federal employer identification number (FEIN).

Section B: Members' Information (See instructions before completing.)

A

Name and Address

1 Name JOSHUA KIRBACH

C/O

Addr. 1 5285 MILLENNIUM CT

Addr. 2

City EDWARDSV IL 62025 ZIP

I 394-92-1690 27,556.00 R 0.00 0.00 0.00

2 Name DANA KIRBACH

C/O

Addr. 1 5285 MILLENNIUM CT

Addr. 2

City EDWARDSV IL 62025 ZIP

I 337-74-5842 -179.00 R 0.00 0.00 0.00

3 Name TROY KIRBACH

C/O

Addr. 1 143 PEBBLEBROOK

Addr. 2

City TROY IL 62294 ZIP

I 340-64-3981 28,807.00 R 0.00 0.00 0.00

4

Name

C/O

Addr. 1

Addr. 2

City

State ZIP

5

Name

C/O

Addr. 1

Addr. 2

City

State ZIP

749312  
01-22-18

ID: 2BX Schedule B (R-12/17)

Note

If you have more members than space provided, attach additional copies of this page as necessary.

1065

Form  
Department of the Treasury  
Internal Revenue Service

## U.S. Return of Partnership Income

For calendar year 2017, or tax year beginning \_\_\_\_\_, ending \_\_\_\_\_

OMB No. 1545-0123

2017

A Principal business activity <b>ENERGY CONSULTING</b>	Type or Print	Name of partnership <b>OAK GROVE ENERGY CONSULTANTS, LLC</b>	D Employer identification number <b>45-5448016</b>
		Number, street, and room or suite no. If a P.O. box, see the instructions. <b>5285 MILLENNIUM CT</b>	E Date business started <b>06/13/2012</b>
		City or town, state or province, country, and ZIP or foreign postal code <b>EDWARDSVILLE IL 62025</b>	F Total assets <b>\$ 5,049.</b>
B Principal product or service <b>ENERGY CONSULTING</b>			
C Business code number <b>561900</b>			

G Check applicable boxes: (1) ☐ Initial return (2) ☐ Final return (3) ☐ Name change (4) ☐ Address change (5) ☐ Amended return (6) ☐ Technical termination - also check (1) or (2)

H Check accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶ \_\_\_\_\_

I Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year ▶ **3**

J Check if Schedules C and M-3 are attached ☐

Caution. Include only trade or business income and expenses on lines 1 through 2 below. See the instructions for more information.

Income	1 a Gross receipts or sales	1a	<b>64,739.</b>	
	b Returns and allowances	1b		
	c Balance. Subtract line 1b from line 1a			1c <b>64,739.</b>
	2 Cost of goods sold (attach Form 1125-A)			2
	3 Gross profit. Subtract line 2 from line 1c			3 <b>64,739.</b>
	4 Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)			4
	5 Net farm profit (loss) (attach Schedule F (Form 1040))			5
	6 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)			6
7 Other income (loss) (attach statement)			7	
8 Total income (loss). Combine lines 3 through 7			8 <b>64,739.</b>	
Deductions (see the instructions for limitations)	9 Salaries and wages (other than to partners) (less employment credits)			9
	10 Guaranteed payments to partners			10 <b>57,972.</b>
	11 Repairs and maintenance			11
	12 Bad debts			12
	13 Rent			13
	14 Taxes and licenses		<b>See Statement 4</b>	14 <b>561.</b>
	15 Interest			15
	16 a Depreciation (if required, attach Form 4562)	16a		
	b Less depreciation reported on Form 1125-A and elsewhere on return	16b		16c
	17 Depletion (Do not deduct oil and gas depletion.)			17
	18 Retirement plans, etc.			18
	19 Employee benefit programs			19
	20 Other deductions (attach statement)		<b>See Statement 5</b>	20 <b>8,555.</b>
	21 Total deductions. Add the amounts shown in the far right column for lines 9 through 20			21 <b>67,088.</b>
22 Ordinary business income (loss). Subtract line 21 from line 8			22 <b>-2,349.</b>	

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than partner or limited liability company member) is based on all information of which preparer has any knowledge.

Sign Here ▶ Signature of partner or limited liability company member ▶ Date ▶

May the IRS discuss this return with the preparer shown below (see instr.)? ☒ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name <b>LUCAS ROW, CPA</b>	Preparer's signature 	Date <b>03/04/18</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P01538082</b>
Firm's name ▶ <b>FICK, EGGEMEYER &amp; WILLIAMSON, CPA'S</b>	Firm's EIN ▶ <b>37-1231621</b>			
Firm's address ▶ <b>205 S. MAIN COLUMBIA, IL 62236</b>	Phone no. <b>618-281-4999</b>			

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 1065 (2017)

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Form 1065	Tax Expense	Statement	4
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Description	Amount
Illinois Taxes - Based on Income	561.
Total to Form 1065, Line 14	561.

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Form 1065	Other Deductions	Statement	5
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Description	Amount
ANNUAL REGISTRATION	250.
BANK FEES	420.
CONTRACT LABOR	2,476.
INSURANCE	425.
OFFICE SUPPLIES	4,734.
PROFESSIONAL FEES	250.
Total to Form 1065, Line 20	8,555.

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**Schedule B Other Information**

<b>1</b> What type of entity is filing this return? Check the applicable box:				<b>Yes</b>	<b>No</b>
<b>a</b> <input type="checkbox"/> Domestic general partnership	<b>b</b> <input type="checkbox"/> Domestic limited partnership				
<b>c</b> <input checked="" type="checkbox"/> Domestic limited liability company	<b>d</b> <input type="checkbox"/> Domestic limited liability partnership				
<b>e</b> <input type="checkbox"/> Foreign partnership	<b>f</b> <input type="checkbox"/> Other				
<b>2</b> At any time during the tax year, was any partner in the partnership a disregarded entity, a partnership (including an entity treated as a partnership), a trust, an S corporation, an estate (other than an estate of a deceased partner), or a nominee or similar person? .....					<b>X</b>
<b>3</b> At the end of the tax year:					
<b>a</b> Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization, or any foreign government own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership .....					<b>X</b>
<b>b</b> Did any individual or estate own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership .....				<b>X</b>	
<b>4</b> At the end of the tax year, did the partnership:					
<b>a</b> Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (iv) below .....					<b>X</b>
<b>(i)</b> Name of Corporation		<b>(ii)</b> Employer Identification Number (if any)	<b>(iii)</b> Country of Incorporation	<b>(iv)</b> Percentage Owned in Voting Stock	
<b>b</b> Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below .....					<b>X</b>
<b>(i)</b> Name of Entity		<b>(ii)</b> Employer Identification Number (if any)	<b>(iii)</b> Type of Entity	<b>(iv)</b> Country of Organization	<b>(v)</b> Maximum Percentage Owned in Profit, Loss, or Capital
				<b>Yes</b>	<b>No</b>
<b>5</b> Did the partnership file Form 8893, Election of Partnership Level Tax Treatment, or an election statement under section 6231(a)(1)(B)(ii) for partnership-level tax treatment, that is in effect for this tax year? See Form 8893 for more details .....					<b>X</b>
<b>6</b> Does the partnership satisfy all four of the following conditions?					
<b>a</b> The partnership's total receipts for the tax year were less than \$250,000.					
<b>b</b> The partnership's total assets at the end of the tax year were less than \$ 1 million.					
<b>c</b> Schedules K-1 are filed with the return and furnished to the partners on or before the due date (including extensions) for the partnership return.					
<b>d</b> The partnership is not filing and is not required to file Schedule M-3 .....					<b>X</b>
If "Yes," the partnership is not required to complete Schedules L, M-1, and M-2; Item F on page 1 of Form 1065; or Item L on Schedule K-1.					
<b>7</b> Is this partnership a publicly traded partnership as defined in section 469(k)(2)? .....					<b>X</b>
<b>8</b> During the tax year, did the partnership have any debt that was cancelled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt? .....					<b>X</b>
<b>9</b> Has this partnership filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction? .....					<b>X</b>
<b>10</b> At any time during calendar year 2017, did the partnership have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country.					<b>X</b>



**Schedule B Other Information (continued)**

	Yes	No
11 At any time during the tax year, did the partnership receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the partnership may have to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts. See instructions		<b>X</b>
12a Is the partnership making, or had it previously made (and not revoked), a section 754 election? See instructions for details regarding a section 754 election.		<b>X</b>
b Did the partnership make for this tax year an optional basis adjustment under section 743(b) or 734(b)? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions		<b>X</b>
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		<b>X</b>
13 Check this box if, during the current or prior tax year, the partnership distributed any property received in a like-kind exchange or contributed such property to another entity (other than disregarded entities wholly owned by the partnership throughout the tax year) <input type="checkbox"/>		
14 At any time during the tax year, did the partnership distribute to any partner a tenancy-in-common or other undivided interest in partnership property?		<b>X</b>
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		
16 Does the partnership have any foreign partners? If "Yes," enter the number of Forms 8805, Foreign Partner's Information Statement of Section 1446 Withholding Tax, filed for this partnership.		<b>X</b>
17 Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached to this return.		
18a Did you make any payments in 2017 that would require you to file Form(s) 1099? See instructions	<b>X</b>	
b If "Yes," did you or will you file required Form(s) 1099?	<b>X</b>	
19 Enter the number of Form(s) 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations, attached to this return.		
20 Enter the number of partners that are foreign governments under section 892.		
21 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)?		<b>X</b>
22 Was the partnership a specified domestic entity required to file Form 8938 for the tax year (See the Instructions for Form 8938)?		<b>X</b>

**Designation of Tax Matters Partner** (see instructions)

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

Name of designated TMP	<b>JOSHUA KIRBACH</b>	Identifying number of TMP	<b>394-92-1690</b>
If the TMP is an entity, name of TMP representative		Phone number of TMP	
Address of designated TMP	<b>5285 MILLENNIUM CT EDWARDSVILLE, IL 62025</b>		

Schedule K Partners' Distributive Share Items		Total amount	
Income (Loss)	1 Ordinary business income (loss) (page 1, line 22)	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	
	4 Guaranteed payments	4	57,972.
	5 Interest income	5	
	6 Dividends: a Ordinary dividends	6a	
	b Qualified dividends	6b	
	7 Royalties	7	
	8 Net short-term capital gain (loss) (attach Schedule D (Form 1065))	8	
Income (Loss)	9 a Net long-term capital gain (loss) (attach Schedule D (Form 1065))	9a	
	b Collectibles (28%) gain (loss)	9b	
	c Unrecaptured section 1250 gain (attach statement)	9c	
10 Net section 1231 gain (loss) (attach Form 4797)	10		
11 Other income (loss) (see instructions) Type ▶	11		
Deductions	12 Section 179 deduction (attach Form 4562)	12	
	13 a Contributions	13a	
	b Investment interest expense	13b	
	c Section 59(e)(2) expenditures: (1) Type ▶ (2) Amount ▶	13c(2)	
d Other deductions (see instructions) Type ▶	13d		
Self-Employment	14 a Net earnings (loss) from self-employment	14a	55,623.
	b Gross farming or fishing income	14b	
	c Gross nonfarm income	14c	64,739.
Credits	15 a Low-income housing credit (section 42(j)(5))	15a	
	b Low-income housing credit (other)	15b	
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	15c	
	d Other rental real estate credits (see instructions) Type ▶	15d	
	e Other rental credits (see instructions) Type ▶	15e	
	f Other credits (see instructions) Type ▶	15f	
Foreign Transactions	16 a Name of country or U.S. possession ▶		
	b Gross income from all sources	16b	
	c Gross income sourced at partner level	16c	
	Foreign gross income sourced at partnership level		
	d Passive category ▶ e General category ... ▶ f Other ... ▶	16f	
	Deductions allocated and apportioned at partner level		
	g Interest expense ▶ h Other ... ▶	16h	
	Deductions allocated and apportioned at partnership level to foreign source income		
	i Passive category ▶ j General category ... ▶ k Other ... ▶	16k	
	l Total foreign taxes (check one): ▶ Paid <input type="checkbox"/> Accrued <input type="checkbox"/> ... ▶	16l	
m Reduction in taxes available for credit (attach statement)	16m		
n Other foreign tax information (attach statement)			
Alternative Minimum Tax (AMT) Items	17 a Post-1986 depreciation adjustment	17a	
	b Adjusted gain or loss	17b	
	c Depletion (other than oil and gas)	17c	
	d Oil, gas, and geothermal properties - gross income	17d	
	e Oil, gas, and geothermal properties - deductions	17e	
	f Other AMT items (attach statement)	17f	
Other Information	18 a Tax-exempt interest income	18a	
	b Other tax-exempt income	18b	
	c Nondeductible expenses	18c	
	19 a Distributions of cash and marketable securities	19a	
	b Distributions of other property	19b	
	20 a Investment income	20a	
b Investment expenses	20b		
c Other items and amounts (attach statement)			



**Analysis of Net Income (Loss)**

1 Net income (loss). Combine Schedule K, lines 1 through 11. From the result, subtract the sum of Schedule K, lines 12 through 13d, and 16i						1	55,623.
2 Analysis by partner type:	(i) Corporate	(ii) Individual (active)	(iii) Individual (passive)	(iv) Partnership	(v) Exempt Organization	(vi) Nominee/Other	
a General partners							
b Limited partners			55,623.				

**Schedule L Balance Sheets per Books**

Assets	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
1 Cash		7,398.		5,049.
2a Trade notes and accounts receivable				
b Less allowance for bad debts				
3 Inventories				
4 U.S. government obligations				
5 Tax-exempt securities				
6 Other current assets (attach statement)				
7a Loans to partners (or persons related to partners)				
b Mortgage and real estate loans				
8 Other investments (attach statement)				
9a Buildings and other depreciable assets				
b Less accumulated depreciation				
10a Depletable assets				
b Less accumulated depletion				
11 Land (net of any amortization)				
12a Intangible assets (amortizable only)				
b Less accumulated amortization				
13 Other assets (attach statement)				
14 Total assets		7,398.		5,049.
<b>Liabilities and Capital</b>				
15 Accounts payable				
16 Mortgages, notes, bonds payable in less than 1 year				
17 Other current liabilities (attach statement)				
18 All nonrecourse loans				
19a Loans from partners (or persons related to partners)				
b Mortgages, notes, bonds payable in 1 year or more				
20 Other liabilities (attach statement)				
21 Partners' capital accounts		7,398.		5,049.
22 Total liabilities and capital		7,398.		5,049.

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

Note. The partnership may be required to file Schedule M-3 (see instructions).

1 Net income (loss) per books	-2,349.	6 Income recorded on books this year not included on Schedule K, lines 1 through 11 (itemize):	
2 Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11, not recorded on books this year (itemize):		a Tax-exempt interest \$	
3 Guaranteed payments (other than health insurance)	57,972.	7 Deductions included on Schedule K, lines 1 through 13d, and 16i, not charged against book income this year (itemize):	
4 Expenses recorded on books this year not included on Schedule K, lines 1 through 13d, and 16i (itemize):		a Depreciation \$	
a Depreciation \$		8 Add lines 6 and 7	
b Travel and entertainment \$		9 Income (loss) (Analysis of Net Income (Loss), line 1). Subtract line 8 from line 5	55,623.
5 Add lines 1 through 4	55,623.		

**Schedule M-2 Analysis of Partners' Capital Accounts**

1 Balance at beginning of year	7,398.	6 Distributions: a Cash	
2 Capital contributed: a Cash		b Property	
b Property		7 Other decreases (itemize):	
3 Net income (loss) per books	-2,349.	8 Add lines 6 and 7	
4 Other increases (itemize):		9 Balance at end of year. Subtract line 8 from line 5	5,049.
5 Add lines 1 through 4	5,049.		

Form 1065

## Partners' Capital Account Summary

Statement 6

Partner Number	Beginning Capital	Capital Contributed	Schedule M-2 Lns 3, 4 & 7	With- drawals	Ending Capital
1	4,418.		-1,879.		2,539.
2	2,741.		-235.		2,506.
3	239.		-235.		4.
Total	7,398.		-2,349.		5,049.



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

OMB No. 1545-0123

For calendar year 2018, or tax year beginning \_\_\_\_\_, ending \_\_\_\_\_

**Extension Granted to 09/16/19****2018**

<b>A</b> Principal business activity <b>ENERGY CONSULTING</b>	<b>Type or Print</b>	Name of partnership <b>OAK GROVE ENERGY CONSULTANTS, LLC</b>	<b>D</b> Employer identification number <b>45-5448016</b>
<b>B</b> Principal product or service <b>ENERGY CONSULTING</b>		Number, street, and room or suite no. If a P.O. box, see instructions. <b>5285 MILLENNIUM CT</b>	<b>E</b> Date business started <b>06/13/2012</b>
<b>C</b> Business code number <b>561900</b>		City or town, state or province, country, and ZIP or foreign postal code <b>EDWARDSVILLE IL 62025</b>	<b>F</b> Total assets <b>\$ 24,629.</b>

**G** Check applicable boxes: (1) ☐ Initial return (2) ☐ Final return (3) ☐ Name change (4) ☐ Address change (5) ☐ Amended return

**H** Check accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶ \_\_\_\_\_

**I** Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year ▶ **3**

**J** Check if Schedules C and M-3 are attached ▶ ☐

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

<b>Income</b>	<b>1 a</b> Gross receipts or sales	<b>1a</b>	<b>82,082.</b>	
	<b>b</b> Returns and allowances	<b>1b</b>	<b>9,588.</b>	
	<b>c</b> Balance. Subtract line 1b from line 1a			<b>1c</b> <b>72,494.</b>
	<b>2</b> Cost of goods sold (attach Form 1125-A)			<b>2</b>
	<b>3</b> Gross profit. Subtract line 2 from line 1c			<b>3</b> <b>72,494.</b>
	<b>4</b> Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)			<b>4</b>
	<b>5</b> Net farm profit (loss) (attach Schedule F (Form 1040))			<b>5</b>
	<b>6</b> Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)			<b>6</b>
<b>7</b> Other income (loss) (attach statement)			<b>7</b>	
<b>8</b> <b>Total income (loss).</b> Combine lines 3 through 7			<b>8</b> <b>72,494.</b>	
<b>Deductions (see instructions for limitations)</b>	<b>9</b> Salaries and wages (other than to partners) (less employment credits)			<b>9</b> <b>30,843.</b>
	<b>10</b> Guaranteed payments to partners			<b>10</b> <b>30,780.</b>
	<b>11</b> Repairs and maintenance			<b>11</b>
	<b>12</b> Bad debts			<b>12</b>
	<b>13</b> Rent			<b>13</b>
	<b>14</b> Taxes and licenses		<b>See Statement 1</b>	<b>14</b> <b>4,047.</b>
	<b>15</b> Interest (see instructions)			<b>15</b>
	<b>16 a</b> Depreciation (if required, attach Form 4562)	<b>16a</b>		
	<b>b</b> Less depreciation reported on Form 1125-A and elsewhere on return	<b>16b</b>		<b>16c</b>
	<b>17</b> Depletion (Do not deduct oil and gas depletion.)			<b>17</b>
	<b>18</b> Retirement plans, etc.			<b>18</b>
<b>19</b> Employee benefit programs			<b>19</b>	
<b>20</b> Other deductions (attach statement)		<b>See Statement 2</b>	<b>20</b> <b>6,703.</b>	
<b>21</b> <b>Total deductions.</b> Add the amounts shown in the far right column for lines 9 through 20			<b>21</b> <b>72,373.</b>	
<b>22</b> <b>Ordinary business income (loss).</b> Subtract line 21 from line 8			<b>22</b> <b>121.</b>	
<b>Tax and Payments</b>	<b>23</b> Interest due under the look-back method-completed long-term contracts (attach Form 8697)			<b>23</b>
	<b>24</b> Interest due under the look-back method-income forecast method (attach Form 8866)			<b>24</b>
	<b>25</b> BBA AAR imputed underpayment (see instructions)			<b>25</b>
	<b>26</b> Other taxes (see instructions)			<b>26</b>
	<b>27</b> <b>Total balance due.</b> Add lines 23 through 27			<b>27</b>
	<b>28</b> Payment (see instructions)			<b>28</b>
	<b>29</b> <b>Amount owed.</b> If line 28 is smaller than line 27, enter amount owed			<b>29</b>
	<b>30</b> <b>Overpayment.</b> If line 28 is larger than line 27, enter overpayment			<b>30</b>

**Sign Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than partner or limited liability company member) is based on all information of which preparer has any knowledge.

Signature of partner or limited liability company member

Date

May the IRS discuss this return with the preparer shown below (see instr.)?

☒ Yes ☐ No**Paid Preparer Use Only**

Print/Type preparer's name <b>JAMES LUNK, CPA</b>	Preparer's signature <i>J Lunk</i>	Date <b>04/01/19</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P01817927</b>
Firm's name ▶ <b>FICK, EGGEMEYER &amp; WILLIAMSON, CPA'S</b>	Firm's EIN ▶ <b>37-1231621</b>			
Firm's address ▶ <b>205 S. MAIN COLUMBIA, IL 62236</b>	Phone no. <b>618-281-4999</b>			

**Schedule B Other Information**

<b>1</b> What type of entity is filing this return? Check the applicable box:	<b>Yes</b>	<b>No</b>
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>a</b> <input type="checkbox"/> Domestic general partnership  <b>c</b> <input checked="" type="checkbox"/> Domestic limited liability company  <b>e</b> <input type="checkbox"/> Foreign partnership         </div> <div style="width: 48%;"> <b>b</b> <input type="checkbox"/> Domestic limited partnership  <b>d</b> <input type="checkbox"/> Domestic limited liability partnership  <b>f</b> <input type="checkbox"/> Other ►         </div> </div>		
<b>2</b> At the end of the tax year:		
<b>a</b> Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization, or any foreign government own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership		X
<b>b</b> Did any individual or estate own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership	X	
<b>3</b> At the end of the tax year, did the partnership:		
<b>a</b> Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (iv) below		X
(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation
<b>b</b> Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below		X
(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity
(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital	
<b>4</b> Does the partnership satisfy <b>all four</b> of the following conditions?	<b>Yes</b>	<b>No</b>
<b>a</b> The partnership's total receipts for the tax year were less than \$250,000.		
<b>b</b> The partnership's total assets at the end of the tax year were less than \$ 1 million.		
<b>c</b> Schedules K-1 are filed with the return and furnished to the partners on or before the due date (including extensions) for the partnership return.		
<b>d</b> The partnership is not filing and is not required to file Schedule M-3 If "Yes," the partnership is not required to complete Schedules L, M-1, and M-2; item F on page 1 of Form 1065; or item L on Schedule K-1.		X
<b>5</b> Is this partnership a publicly traded partnership, as defined in section 469(k)(2)?		X
<b>6</b> During the tax year, did the partnership have any debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?		X
<b>7</b> Has this partnership filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction?		X
<b>8</b> At any time during calendar year 2018, did the partnership have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country. ►		X
<b>9</b> At any time during the tax year, did the partnership receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the partnership may have to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts. See instructions		X
<b>10 a</b> Is the partnership making, or had it previously made (and not revoked), a section 754 election? See instructions for details regarding a section 754 election.		X
<b>b</b> Did the partnership make for this tax year an optional basis adjustment under section 743(b) or 734(b)? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions		X

**Schedule B Other Information (continued)**

	Yes	No
<b>c</b> 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		<b>X</b>
<b>11</b> Check this box if, during the current or prior tax year, the partnership distributed any property received in a like-kind exchange or contributed such property to another entity (other than disregarded entities wholly owned by the partnership throughout the tax year)	<input type="checkbox"/>	
<b>12</b> At any time during the tax year, did the partnership distribute to any partner a tenancy-in-common or other undivided interest in partnership property?		<b>X</b>
<b>13</b> If the partnership is required to file Form 8858, Information Return of U.S. Persons With Respect To Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), enter the number of Forms 8858 attached. See instructions		
<b>14</b> 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		<b>X</b>
<b>15</b> Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached to this return.		
<b>16 a</b> Did you make any payments in 2018 that would require you to file Form(s) 1099? See instructions	<b>X</b>	
<b>b</b> If "Yes," did you or will you file required Form(s) 1099?	<b>X</b>	
<b>17</b> Enter the number of Form(s) 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations, attached to this return.		
<b>18</b> Enter the number of partners that are foreign governments under section 892.		
<b>19</b> 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)?		<b>X</b>
<b>20</b> Was the partnership a specified domestic entity required to file Form 8938 for the tax year? See the instructions for Form 8938		<b>X</b>
<b>21</b> Is the partnership a section 721(c) partnership, as defined in Treasury Regulations section 1.721(c)-1T(b)(14)?		<b>X</b>
<b>22</b> During the tax year, did the partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions. If "Yes," enter the total amount of the disallowed deductions. \$		<b>X</b>
<b>23</b> Did the partnership have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions		<b>X</b>
<b>24</b> Does the partnership satisfy one of the following conditions and the partnership does not own a pass-through entity with current year, or prior year, carryover excess business interest expense? See instructions	<b>X</b>	
<b>a</b> The partnership's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year do not exceed \$25 million, and the partnership is not a tax shelter, or		
<b>b</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.		
<b>25</b> Is the partnership electing out of the centralized partnership audit regime under section 6221(b)? See instructions If "Yes," the partnership must complete Schedule B-2 (Form 1065). Enter the total from Schedule B-2, Part III, line 3. If "No," complete Designation of Partnership Representative below.		<b>X</b>

**Designation of Partnership Representative** (see instructions)

Enter below the information for the partnership representative (PR) for the tax year covered by this return.

Name of PR	<b>JOSHUA KIRBACH</b>	U.S. taxpayer identification number of PR	<b>394-92-1690</b>
U.S. address of PR	<b>5285 MILLENNIUM CT EDWARDSVILLE, IL 62025</b>	U.S. phone number of PR	
If the PR is an entity, name of the designated individual for the PR		U.S. taxpayer identification number of the designated individual	
U.S. address of designated individual		U.S. phone number of designated individual	

<b>26</b> Is the partnership attaching Form 8996 to certify as a Qualified Opportunity Fund? If "Yes," enter the amount from Form 8996, line 13. \$		<b>X</b>
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**Schedule K Partners' Distributive Share Items**

		Total amount
Income (Loss)	1 Ordinary business income (loss) (page 1, line 22)	1 121.
	2 Net rental real estate income (loss) (attach Form 8825)	2
	3 a Other gross rental income (loss)	3a
	b Expenses from other rental activities (attach statement)	3b
	c Other net rental income (loss). Subtract line 3b from line 3a	3c
	4 Guaranteed payments	4 30,780.
	5 Interest income	5
	6 Dividends and dividend equivalents: a Ordinary dividends	6a
	b Qualified dividends	6b
	c Dividend equivalents	6c
	7 Royalties	7
8 Net short-term capital gain (loss) (attach Schedule D (Form 1065))	8	
9 a Net long-term capital gain (loss) (attach Schedule D (Form 1065))	9a	
b Collectibles (28%) gain (loss)	9b	
c Unrecaptured section 1250 gain (attach statement)	9c	
10 Net section 1231 gain (loss) (attach Form 4797)	10	
11 Other income (loss) (see instructions) Type ▶	11	
Deductions	12 Section 179 deduction (attach Form 4562)	12
	13 a Contributions	13a
	b Investment interest expense	13b
	c Section 59(e)(2) expenditures: (1) Type ▶ (2) Amount ▶	13c(2)
d Other deductions (see instructions) Type ▶	13d	
Self-Employment	14 a Net earnings (loss) from self-employment	14a 30,901.
	b Gross farming or fishing income	14b
	c Gross nonfarm income	14c 72,494.
Credits	15 a Low-income housing credit (section 42(j)(5))	15a
	b Low-income housing credit (other)	15b
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	15c
	d Other rental real estate credits (see instructions) Type ▶	15d
	e Other rental credits (see instructions) Type ▶	15e
	f Other credits (see instructions) Type ▶	15f
Foreign Transactions	16 a Name of country or U.S. possession ▶	
	b Gross income from all sources	16b
	c Gross income sourced at partner level	16c
	Foreign gross income sourced at partnership level	
	d Section 951A category ▶ e Foreign branch category ▶	16e
	f Passive category ▶ g General category ▶ h Other ... ▶	16h
	Deductions allocated and apportioned at partner level	
	i Interest expense ▶ j Other ▶	16j
	Deductions allocated and apportioned at partnership level to foreign source income	
	k Section 951A category ▶ l Foreign branch category ▶	16l
	m Passive category ▶ n General category ▶ o Other ... ▶	16o
	p Total foreign taxes (check one): Paid <input type="checkbox"/> Accrued <input type="checkbox"/>	16p
q Reduction in taxes available for credit (attach statement)	16q	
r Other foreign tax information (attach statement)		
Alternative Minimum Tax (AMT) Items	17 a Post-1986 depreciation adjustment	17a
	b Adjusted gain or loss	17b
	c Depletion (other than oil and gas)	17c
	d Oil, gas, and geothermal properties - gross income	17d
	e Oil, gas, and geothermal properties - deductions	17e
	f Other AMT items (attach statement)	17f
Other Information	18 a Tax-exempt interest income	18a
	b Other tax-exempt income	18b
	c Nondeductible expenses See Statement 3	18c 121.
	19 a Distributions of cash and marketable securities	19a
	b Distributions of other property	19b
	20 a Investment income	20a
b Investment expenses	20b	
c Other items and amounts (attach statement) Stmt 4		



**Analysis of Net Income (Loss)**

1 Net income (loss). Combine Schedule K, lines 1 through 11. From the result, subtract the sum of Schedule K, lines 12 through 13d, and 16p						1	30,901.
2 Analysis by partner type:	(i) Corporate	(ii) Individual (active)	(iii) Individual (passive)	(iv) Partnership	(v) Exempt Organization	(vi) Nominee/Other	
a General partners							
b Limited partners			30,901.				

**Schedule L Balance Sheets per Books**

Assets	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
1 Cash		5,049.		24,629.
2a Trade notes and accounts receivable				
b Less allowance for bad debts				
3 Inventories				
4 U.S. government obligations				
5 Tax-exempt securities				
6 Other current assets (attach statement)				
7a Loans to partners (or persons related to partners)				
b Mortgage and real estate loans				
8 Other investments (attach statement)				
9a Buildings and other depreciable assets				
b Less accumulated depreciation				
10a Depletable assets				
b Less accumulated depletion				
11 Land (net of any amortization)				
12a Intangible assets (amortizable only)				
b Less accumulated amortization				
13 Other assets (attach statement)				
14 Total assets		5,049.		24,629.
<b>Liabilities and Capital</b>				
15 Accounts payable				
16 Mortgages, notes, bonds payable in less than 1 year				
17 Other current liabilities (attach statement)				
18 All nonrecourse loans				
19a Loans from partners (or persons related to partners)				
b Mortgages, notes, bonds payable in 1 year or more				
20 Other liabilities (attach statement)				
21 Partners' capital accounts		5,049.		24,629.
22 Total liabilities and capital		5,049.		24,629.

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

Note: The partnership may be required to file Schedule M-3. See instructions.

1 Net income (loss) per books	0.	6 Income recorded on books this year not included on Schedule K, lines 1 through 11 (itemize):	
2 Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11, not recorded on books this year (itemize):		a Tax-exempt interest \$	
3 Guaranteed payments (other than health insurance)	30,780.	7 Deductions included on Schedule K, lines 1 through 13d, and 16p, not charged against book income this year (itemize):	
4 Expenses recorded on books this year not included on Schedule K, lines 1 through 13d, and 16p (itemize):		a Depreciation \$	
a Depreciation \$		8 Add lines 6 and 7	
b Travel and entertainment \$ 121.	121.	9 Income (loss) (Analysis of Net Income (Loss), line 1). Subtract line 8 from line 5	30,901.
5 Add lines 1 through 4	30,901.		

**Schedule M-2 Analysis of Partners' Capital Accounts**

1 Balance at beginning of year	5,049.	6 Distributions: a Cash	
2 Capital contributed: a Cash	19,580.	b Property	
b Property		7 Other decreases (itemize):	
3 Net income (loss) per books		8 Add lines 6 and 7	
4 Other increases (itemize):		9 Balance at end of year. Subtract line 8 from line 5	24,629.
5 Add lines 1 through 4	24,629.		

**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](http://www.irs.gov/Form1065) for the latest information.

OMB No. 1545-0123

Name of partnership

Employer identification number

**OAK GROVE ENERGY CONSULTANTS, LLC****45-5448016****Part I Entities Owning 50% or More of the Partnership** (Form 1065, Schedule B, Question 3a)

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

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

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

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

(i) Name of Individual or Estate	(ii) Identifying Number (if any)	(iii) Country of Citizenship (see instructions)	(iv) Maximum Percentage Owned in Profit, Loss, or Capital
JOSHUA KIRBACH	394-92-1690	United States	80.00

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

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

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
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Description	Amount
Illinois Taxes - Based on Income	828.
PAYROLL TAXES	3,219.
Total to Form 1065, Line 14	4,047.

Form 1065	Other Deductions	Statement	2
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Description	Amount
ANNUAL REGISTRATION	100.
BANK FEES	520.
CONTRACT LABOR	2,241.
INSURANCE	425.
Meals	122.
OFFICE SUPPLIES	3,095.
SPONSORSHIPS	200.
Total to Form 1065, Line 20	6,703.

Schedule K	Nondeductible Expense	Statement	3
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Description	Amount
Excluded meals and entertainment expenses	121.
Total to Schedule K, Line 18c	121.

Schedule K	Other Items	Statement	4
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Description	Amount
Section 199A Qualified Business Income	121.
Section 199A W-2 Wages	30,843.
Section 199A Unadjusted Basis	0.
Section 199A REIT Dividends	0.
Section 199A PTP Income	0.

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Form 1065	Partners' Capital Account Summary	Statement	5
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Partner Number	Beginning Capital	Capital Contributed	Schedule M-2 Lns 3, 4 & 7	With- drawals	Ending Capital
1	2,539.	9,790.	0.		12,329.
2	2,506.		0.		2,506.
3	4.	9,790.	0.		9,794.
Total	5,049.	19,580.	0.		24,629.

Schedule K-1  
(Form 1065)Department of the Treasury  
Internal Revenue Service**2018**

For calendar year 2018, or tax year

☐ Final K-1☐ Amended K-1

OMB No. 1545-0123

beginning

ending

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

▶ See separate instructions.

**Part I Information About the Partnership**

A Partnership's employer identification number

45-5448016

B Partnership's name, address, city, state, and ZIP code

OAK GROVE ENERGY CONSULTANTS, LLC  
5285 MILLENNIUM CT  
EDWARDSVILLE, IL 62025

C IRS Center where partnership filed return

Kansas City, MO

D ☐ Check if this is a publicly traded partnership (PTP)**Part II Information About the Partner**

E Partner's identifying number

394-92-1690

F Partner's name, address, city, state, and ZIP code

JOSHUA KIRBACH  
5285 MILLENNIUM CT  
EDWARDSVILLE, IL 62025G ☒ General partner or LLC☐ Limited partner or other LLC

member-manager

member

H ☒ Domestic partner☐ Foreign partnerI1 What type of entity is this partner? IndividualI2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here ☐

J Partner's share of profit, loss, and capital:

	Beginning	Ending
Profit	80.0000000%	80.0000000%
Loss	80.0000000%	80.0000000%
Capital	80.0000000%	80.0000000%

K Partner's share of liabilities:

	Beginning	Ending
Nonrecourse	\$	\$
Qualified nonrecourse		
financing	\$	\$
Recourse	\$	0. \$

L Partner's capital account analysis:

Beginning capital account	\$	2,539.
Capital contributed during the year	\$	9,790.
Current year increase (decrease)	\$	0.
Withdrawals & distributions	\$	( )
Ending capital account	\$	12,329.

☒ Tax basis☐ GAAP☐ Section 704(b) book☐ Other (explain)

M Did the partner contribute property with a built-in gain or loss?

☐ Yes☒ No

If "Yes," attach statement (see instructions)

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

1 Ordinary business income (loss)	15 Credits
97.	
2 Net rental real estate income (loss)	16 Foreign transactions
3 Other net rental income (loss)	
4 Guaranteed payments	
15,390.	
5 Interest income	
6a Ordinary dividends	17 Alternative min tax (AMT) items
6b Qualified dividends	
6c Dividend equivalents	18 Tax-exempt income and nondeductible expenses
	C* 97.
7 Royalties	
8 Net short-term capital gain (loss)	
9a Net long-term capital gain (loss)	19 Distributions
9b Collectibles (28%) gain (loss)	20 Other information
	Z * 97.
9c Unrecaptured sec 1250 gain	AA * 24,674.
	AB * 0.
10 Net section 1231 gain (loss)	AC * 0.
	AD * 0.
11 Other income (loss)	
12 Section 179 deduction	
13 Other deductions	
14 Self-employment earnings (loss)	
A 15,487.	
C 57,995.	

\*See attached statement for additional information.

For IRS Use Only



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Schedule K-1                      Nondeductible Expenses, Box 18, Code C

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Description	Partner Filing Instructions	Amount
Excluded meals and entertainment expenses	Nondeductible portion	97.
Total to Schedule K-1, Box 18, Code C		97.

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Schedule K-1                      Section 199A Items, Box 20  
   Codes Z through AD

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Code	Description	Amount
	Trade or Business -	
Z	Section 199A qualified business income	97.
AA	Section 199A W-2 wages	24,674.
AB	Section 199A unadjusted basis	0.
AC	Section 199A REIT dividends	0.
AD	Section 199A PTP Income	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)

Department of the Treasury  
Internal Revenue Service**2018**

For calendar year 2018, or tax year

☐ Final K-1☐ Amended K-1

OMB No. 1545-0123

beginning

ending

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

▶ See separate instructions.

**Part I Information About the Partnership**

A Partnership's employer identification number

45-5448016

B Partnership's name, address, city, state, and ZIP code

OAK GROVE ENERGY CONSULTANTS, LLC  
5285 MILLENNIUM CT  
EDWARDSVILLE, IL 62025

C IRS Center where partnership filed return

Kansas City, MO

D ☐ Check if this is a publicly traded partnership (PTP)**Part II Information About the Partner**

E Partner's identifying number

337-74-5842

F Partner's name, address, city, state, and ZIP code

DANA KIRBACH  
5285 MILLENNIUM CT  
EDWARDSVILLE, IL 62025G ☒ General partner or LLC☐ Limited partner or other LLC

member-manager

member

H ☒ Domestic partner☐ Foreign partnerI1 What type of entity is this partner? IndividualI2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here ☐

J Partner's share of profit, loss, and capital:

	Beginning	Ending
Profit	10.0000000%	10.0000000%
Loss	10.0000000%	10.0000000%
Capital	10.0000000%	10.0000000%

K Partner's share of liabilities:

	Beginning	Ending
Nonrecourse	\$	\$
Qualified nonrecourse financing	\$	\$
Recourse	\$	0. \$

L Partner's capital account analysis:

Beginning capital account	\$	2,506.
Capital contributed during the year	\$	
Current year increase (decrease)	\$	0.
Withdrawals & distributions	\$	( )
Ending capital account	\$	2,506.

☒ Tax basis☐ GAAP☐ Section 704(b) book☐ Other (explain)

M Did the partner contribute property with a built-in gain or loss?

☐ Yes☒ No

If "Yes," attach statement (see instructions)

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

1 Ordinary business income (loss)	12.	15 Credits
2 Net rental real estate income (loss)		16 Foreign transactions
3 Other net rental income (loss)		
4 Guaranteed payments		
5 Interest income		
6a Ordinary dividends		17 Alternative min tax (AMT) items
6b Qualified dividends		
6c Dividend equivalents		
7 Royalties		18 Tax-exempt income and nondeductible expenses
8 Net short-term capital gain (loss)		C* 12.
9a Net long-term capital gain (loss)		19 Distributions
9b Collectibles (28%) gain (loss)		20 Other information
9c Unrecaptured sec 1250 gain		Z * 12.
10 Net section 1231 gain (loss)		AA * 3,085.
11 Other income (loss)		AB * 0.
		AC * 0.
		AD * 0.
12 Section 179 deduction		
13 Other deductions		
14 Self-employment earnings (loss)		
A 12.		
C 7,250.		

\*See attached statement for additional information.

For IRS Use Only



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Schedule K-1                      Nondeductible Expenses, Box 18, Code C

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Description	Partner Filing Instructions	Amount
Excluded meals and entertainment expenses	Nondeductible portion	12.
Total to Schedule K-1, Box 18, Code C		12.

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Schedule K-1                      Section 199A Items, Box 20  
Codes Z through AD

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Code	Description	Amount
	Trade or Business -	
Z	Section 199A qualified business income	12.
AA	Section 199A W-2 wages	3,085.
AB	Section 199A unadjusted basis	0.
AC	Section 199A REIT dividends	0.
AD	Section 199A PTP Income	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)  
Department of the Treasury  
Internal Revenue Service

2018

For calendar year 2018, or tax year

beginning

ending

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

▶ See separate instructions.

☐ Final K-1☐ Amended K-1

OMB No. 1545-0123

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

<b>1</b> Ordinary business income (loss)	<b>15</b> Credits
12.	
<b>2</b> Net rental real estate income (loss)	<b>16</b> Foreign transactions
<b>3</b> Other net rental income (loss)	
<b>4</b> Guaranteed payments	
15,390.	
<b>5</b> Interest income	
<b>6a</b> Ordinary dividends	<b>17</b> Alternative min tax (AMT) items
<b>6b</b> Qualified dividends	
<b>6c</b> Dividend equivalents	<b>18</b> Tax-exempt income and nondeductible expenses
	C* 12.
<b>7</b> Royalties	
<b>8</b> Net short-term capital gain (loss)	
<b>9a</b> Net long-term capital gain (loss)	<b>19</b> Distributions
<b>9b</b> Collectibles (28%) gain (loss)	<b>20</b> Other information
	Z * 12.
<b>9c</b> Unrecaptured sec 1250 gain	AA * 3,084.
	AB * 0.
<b>10</b> Net section 1231 gain (loss)	AC * 0.
	AD * 0.
<b>11</b> Other income (loss)	
<b>12</b> Section 179 deduction	
<b>13</b> Other deductions	
<b>14</b> Self-employment earnings (loss)	
A 15,402.	
C 7,249.	

\*See attached statement for additional information.

For IRS Use Only

**Part I Information About the Partnership**

A Partnership's employer identification number

45-5448016

B Partnership's name, address, city, state, and ZIP code

OAK GROVE ENERGY CONSULTANTS, LLC  
5285 MILLENNIUM CT  
EDWARDSVILLE, IL 62025

C IRS Center where partnership filed return

Kansas City, MO

D ☐ Check if this is a publicly traded partnership (PTP)

**Part II Information About the Partner**

E Partner's identifying number

340-64-3981

F Partner's name, address, city, state, and ZIP code

TROY KIRBACH  
143 PEBBLEBROOK  
TROY, IL 62294

G ☒ General partner or LLC ☐ Limited partner or other LLC  
member-manager member

H ☒ Domestic partner ☐ Foreign partner

I1 What type of entity is this partner? IndividualI2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here ☐

J Partner's share of profit, loss, and capital:

	Beginning	Ending
Profit	10.00000000%	10.00000000%
Loss	10.00000000%	10.00000000%
Capital	10.00000000%	10.00000000%

K Partner's share of liabilities:

	Beginning	Ending
Nonrecourse	\$	\$
Qualified nonrecourse financing	\$	\$
Recourse	\$	0. \$

L Partner's capital account analysis:

Beginning capital account	\$	4.
Capital contributed during the year	\$	9,790.
Current year increase (decrease)	\$	0.
Withdrawals & distributions	\$	( )
Ending capital account	\$	9,794.

☒ Tax basis ☐ GAAP ☐ Section 704(b) book  
☐ Other (explain)

M Did the partner contribute property with a built-in gain or loss?

☐ Yes ☒ No

If "Yes," attach statement (see instructions)



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Schedule K-1                      Nondeductible Expenses, Box 18, Code C

---

Description	Partner Filing Instructions	Amount
Excluded meals and entertainment expenses	Nondeductible portion	12.
Total to Schedule K-1, Box 18, Code C		12.

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Schedule K-1                      Section 199A Items, Box 20  
   Codes Z through AD

---

Code	Description	Amount
	Trade or Business -	
Z	Section 199A qualified business income	12.
AA	Section 199A W-2 wages	3,084.
AB	Section 199A unadjusted basis	0.
AC	Section 199A REIT dividends	0.
AD	Section 199A PTP Income	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 this return is not for calendar year 2018, enter your fiscal tax year here.

Tax year beginning month day year, ending month day year

This form is for tax years ending on or after December 31, 2018, and before December 31, 2019. For tax years ending in 2018 but before December 31, 2018, use the 2017 form. For prior years, use the form for that year.

Enter the amount you are paying.

\$ \_\_\_\_\_

**Step 1: Identify your partnership**

**A** Enter your complete legal business name.

If you have a name change, check this box. ☐

Name: OAK GROVE ENERGY CONSULTANTS, LLC

**B** Enter your mailing address.

Check this box if either of the following apply: ☐

- this is your **first** return, or
- you have an **address change**.

C/O: \_\_\_\_\_

Mailing address: 5285 MILLENNIUM CT

City: EDWARDSVILLE State: IL ZIP: 62025

**C** If this is the first or final return, check the applicable box(es).

☐ First return

☐ Final return (Enter the date of termination. mm dd yyyy)

**D** If this is a final return because you sold this business, enter the date sold (mm dd yyyy) \_\_\_\_\_, and the new owner's FEIN. \_\_\_\_\_

**E** **Apportionment Formulas.** Check the appropriate box or boxes and see Apportionment Formula instructions.

- |  |   |
|--|---|
| <input type="checkbox"/> Financial organizations       | <input type="checkbox"/> Transportation companies |
| <input type="checkbox"/> Federally regulated exchanges | <input type="checkbox"/> Sales companies          |

**F** Check this box if you are:

- ☐ classified as an investment partnership
- ☐ classified as a publicly-traded partnership

**G** Check this box if you made an IRC § 761 election. ☐

**H** Enter your federal employer identification no. (FEIN).

45-5448016

**I** ☐ Check this box if you are a member of a unitary business group and are included on a Schedule UB, Combined Apportionment for Unitary Business Group. Enter the FEIN of the member who prepared the Schedule UB and **attach** it to this return.

**J** Enter your North American Industry Classification System (NAICS) Code. See instructions.

561900

**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.)

EDWARDSVILLE IL 62025  
City State ZIP

**L** If you are making the business income election to treat all nonbusiness income as business income, check this box and enter "0" on Lines 36 and 44. ☐

**M** If you have completed the following, check the box and **attach** the federal form(s) to this return.

- ☐ Federal Form 8886 ☐ Federal Sch. M-3, Part II, Line 10

**N** Check this box if you attached Form IL-4562. ☐

**O** Check this box if you attached Illinois Schedule M (for businesses). ☐

**P** Check this box if you attached Schedule 80/20. ☐

**Q** Check this box if you attached Schedule 1299-A. ☐

**R** Check this box if your business activity is protected under Public Law 86-272. ☐

**S** Check this box if you attached the Subgroup Sch. ☐

**Step 2: Figure your ordinary income or loss**

(Whole dollars only)

▼ 1 Ordinary income or loss, or equivalent from federal Schedule K.	1 <u>121</u> .00
2 Net income or loss from all rental real estate activities.	2 _____ .00
3 Net income or loss from other rental activities.	3 _____ .00
4 Portfolio income or loss.	4 _____ .00
5 Net IRC Section 1231 gain or loss.	5 _____ .00
6 All other items of income or loss that were not included in the computation of income or loss on Page 1 of U.S. Form 1065 or 1065-B. See instructions. Identify: _____	6 _____ .00
7 Add Lines 1 through 6. This is your ordinary income or loss.	7 <u>121</u> .00

**Step 3: Figure your unmodified base income or loss**

8 Charitable contributions.	8 _____ .00
9 Expense deduction under IRC Section 179.	9 _____ .00
10 Interest on investment indebtedness.	10 _____ .00
11 All other items of expense that were not deducted in the computation of ordinary income or loss on Page 1 of U.S. Form 1065 or 1065-B. See instructions. Identify: _____	11 _____ .00
12 Add Lines 8 through 11.	12 _____ .00
▲ 13 Subtract Line 12 from Line 7. This amount is your total unmodified base income or loss.	13 <u>121</u> .00

Attach your payment and Form IL-1065-V here.

**Step 4: Figure your income or loss**

14	Enter your unmodified base income or loss from Line 13.	14	121 .00
15	State, municipal, and other interest income excluded from Line 14.	15	.00
16	Illinois replacement tax deducted in arriving at Line 14.	16	828 .00
17	Illinois Special Depreciation addition. <b>Attach</b> Form IL-4562.	17	.00
18	Related-party expenses addition. <b>Attach</b> Schedule 80/20.	18	.00
19	Distributive share of additions. <b>Attach</b> 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	30,780 .00
21	The amount of loss distributable to a partner subject to replacement tax. <b>Attach</b> Schedule B.	21	.00
22	Other additions. <b>Attach</b> Illinois Schedule M (for businesses).	22	.00
23	Add Lines 14 through 22. This amount is your income or loss.	23	31,729 .00

**Step 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. <b>Attach</b> Schedule F.	25	.00
26	Personal service income or reasonable allowance for compensation of partners.	26	32,000 .00
27	Share of income distributable to a partner subject to replacement tax. <b>Attach</b> Schedule B.	27	.00
28	River Edge Redevelopment Zone Dividend subtraction. <b>Attach</b> Schedule 1299-A.	28	.00
29	High Impact Business Dividend subtraction. <b>Attach</b> Schedule 1299-A.	29	.00
30	Illinois Special Depreciation subtraction. <b>Attach</b> Form IL-4562.	30	.00
31	Related-party expenses subtraction. <b>Attach</b> Schedule 80/20.	31	.00
32	Distributive share of subtractions. <b>Attach</b> Schedule(s) K-1-P or K-1-T.	32	.00
33	Other subtractions. <b>Attach</b> Schedule M (for businesses).	33	.00
34	Total subtractions. Add Lines 24 through 33.	34	32,000 .00
35	Base income or loss. Subtract Line 34 from Line 23.	35	-271 .00

**STOP**

**A** If the amount on Line 35 is derived inside Illinois only, check this box and enter the amount from Step 5, Line 35 on Step 7, Line 47. You may not complete Step 6. (You must leave Step 6, Lines 36 through 46 blank.) ☒

**Note:** If you are a unitary filer, do not check this box. Check the box on Line B and complete Step 6.

**B** If any portion of the amount on Line 35 is derived outside Illinois, or you are a unitary filer, check this box and complete all lines of Step 6. (Do not leave Lines 40 through 42 blank.) See instructions. ☐

**Step 6: Figure your income allocable to Illinois** (Complete only if you checked the box on Line B, above.)

36	Nonbusiness income or loss. <b>Attach</b> Schedule NB.	36	.00
37	Business income or loss included in Line 35 from non-unitary partnerships, partnerships 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	.00
41	Total sales inside Illinois. This amount cannot be negative.	41	.00
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	Nonbusiness income or loss allocable to Illinois. <b>Attach</b> Schedule NB.	44	.00
45	Business income or loss apportionable to Illinois from non-unitary partnerships, partnerships 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

ID: 2BX





**Step 7: Figure your net income**

47	Base income or net loss from Step 5, Line 35, or Step 6, Line 46.	47	-271 .00
48	Illinois net loss deduction. <b>Attach</b> Schedule NLD. If Line 47 is zero or a negative 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	<b>Net income.</b> Subtract Line 52 from Line 49.	53	-271 .00

**Step 8: Figure your net replacement tax and pass-through withholding you owe**

54	Replacement tax. Multiply Line 53 by 1.5% (.015).	54	0 .00
55	Recapture of investment credits. <b>Attach</b> Schedule 4255.	55	.00
56	Replacement tax before investment credits. Add Lines 54 and 55.	56	.00
57	Investment credits. <b>Attach</b> Form IL-477.	57	.00
58	<b>Net replacement tax.</b> Subtract Line 57 from Line 56. If the amount is negative, enter "0."	58	.00
59	Pass-through withholding you owe on behalf of your members. Enter the amount from Schedule B, Section A, Line 9. See Instructions. <b>Attach</b> Schedule B.	59	0 .00
60	<b>Total net replacement tax and pass-through withholding you owe.</b> Add Line 58 and Line 59.	60	.00

**Step 9: Figure your refund or balance due**

61	Payments. See instructions.		
a	Credits and payments made before the original tax due date.	61a	.00
b	Pass-through withholding reported to you on Schedule(s) K-1-P or K-1-T. <b>Attach</b> Schedule(s) K-1-P or K-1-T.	61b	.00
c	Illinois gambling withholding. <b>Attach</b> Form(s) W-2G.	61c	.00
62	Total payments. Add Lines 61a through 61c.	62	.00
63	Overpayment. If Line 62 is greater than Line 60, subtract Line 60 from Line 62.	63	.00
64	Amount to be <b>credited forward</b> . See instructions.	64	.00
65	<b>Refund.</b> Subtract Line 64 from Line 63. This is the amount to be refunded.	65	.00

**66 Complete to direct deposit your refund**

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. 67 0 .00

► If you owe tax on Line 67, complete a payment voucher, Form IL-1065-V. Write your FEIN, tax year ending, and "IL-1065-V" on your check or money order and make it payable to "Illinois Department of Revenue." Attach your voucher and payment to the first page of this form.

*Special Note* → Enter the amount of your payment on the top of Page 1 in the space provided.

**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 Here Paid Preparer Use Only	Signature of partner		Date (mm/dd/yyyy)	Member Title	Phone	<input checked="" type="checkbox"/> Check if the Department may discuss this return with the paid preparer shown in this step. <input type="checkbox"/> Check if self-employed Paid Preparer's PTIN	
	JAMES LUNK, CPA			<i>J Lunk</i>	04/01/2019		P01817927
	Print/Type paid preparer's name		Paid preparer's signature		Date (mm/dd/yyyy)		
	Firm's name		Firm's FEIN				
	Firm's address		Firm's phone				
	FICK, EGGEMEYER & WILLIAMSON		37-1231621				
	205 S. MAIN COLUMBIA, IL 62236		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.



Year ending  
**12** **18**  
Month Year

IL Attachment no. **1**

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**

**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 filing.

**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. **1**
- 2 Enter the total of all income and replacement tax credits you reported on Schedule(s) K-1-P for your members. See instructions. **2**
- 3 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. **3**

**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**
- 5 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**
- 6 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. **6**
- 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**
- 8 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**
- 9 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. **9**

► Attach all pages of Schedule B, Section B behind this page.

Illinois Department of Revenue  
2018 Schedule B

OAK GROVE ENERGY CONSULTANTS, LLC

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



45-5448016

Enter your federal employer identification number (FEIN).

Section B: Members' Information (See instructions before completing.)

A	B	C	D	E	F	G	H	I	J
Name and Address	Partner or Shareholder type	SSN or FEIN	Subject to Illinois replacement tax or an ESOP	Member's distributable amount of base income or loss	Excluded from pass-through withholding	Share of Illinois income subject to pass-through withholding	Pass-through withholding before credits	Distributable share of credits	Pass-through withholding amount
1 Name JOSHUA KIRBACH									
C/O									
Addr. 1 5285 MILLENNIUM CT									
Addr. 2									
City EDWARDSV IL 62025	I	394-92-1690		16,149.00	R	0.00	0.00	0.00	0.00
State ZIP									
2 Name DANA KIRBACH									
C/O									
Addr. 1 5285 MILLENNIUM CT									
Addr. 2									
City EDWARDSV IL 62025	I	337-74-5842		95.00	R	0.00	0.00	0.00	0.00
State ZIP									
3 Name TROY KIRBACH									
C/O									
Addr. 1 143 PEBBLEBROOK									
Addr. 2									
City TROY IL 62294	I	340-64-3981		15,485.00	R	0.00	0.00	0.00	0.00
State ZIP									
4 Name									
C/O									
Addr. 1									
Addr. 2									
City									
State ZIP									
5 Name									
C/O									
Addr. 1									
Addr. 2									
City									
State ZIP									

1065

Form  
Department of the Treasury  
Internal Revenue Service

## U.S. Return of Partnership Income

OMB No. 1545-0123

2018

For calendar year 2018, or tax year beginning \_\_\_\_\_, ending \_\_\_\_\_  
**Extension Granted to 09/16/19**

<b>A</b> Principal business activity <b>ENERGY CONSULTING</b>	<b>Type or Print</b>	Name of partnership <b>OAK GROVE ENERGY CONSULTANTS, LLC</b>	<b>D</b> Employer identification number <b>45-5448016</b>
<b>B</b> Principal product or service <b>ENERGY CONSULTING</b>		Number, street, and room or suite no. If a P.O. box, see instructions. <b>5285 MILLENNIUM CT</b>	<b>E</b> Date business started <b>06/13/2012</b>
<b>C</b> Business code number <b>561900</b>		City or town, state or province, country, and ZIP or foreign postal code <b>EDWARDSVILLE IL 62025</b>	<b>F</b> Total assets <b>\$ 24,629.</b>

**G** Check applicable boxes: (1) ☐ Initial return (2) ☐ Final return (3) ☐ Name change (4) ☐ Address change (5) ☐ Amended return

**H** Check accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) \_\_\_\_\_

**I** Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year **3**

**J** Check if Schedules C and M-3 are attached ☐

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

<b>Income</b>	1 a Gross receipts or sales	1a	82,082.	
	b Returns and allowances	1b	9,588.	
	c Balance. Subtract line 1b from line 1a	1c		72,494.
	2 Cost of goods sold (attach Form 1125-A)	2		
	3 Gross profit. Subtract line 2 from line 1c	3		72,494.
	4 Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)	4		
	5 Net farm profit (loss) (attach Schedule F (Form 1040))	5		
	6 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)	6		
<b>Deductions (see instructions for limitations)</b>	7 Other income (loss) (attach statement)	7		
	8 <b>Total income (loss).</b> Combine lines 3 through 7	8		72,494.
	9 Salaries and wages (other than to partners) (less employment credits)	9		30,843.
	10 Guaranteed payments to partners	10		30,780.
	11 Repairs and maintenance	11		
	12 Bad debts	12		
	13 Rent	13		
	14 Taxes and licenses	14	See Statement 4	4,047.
	15 Interest (see instructions)	15		
	16 a Depreciation (if required, attach Form 4562)	16a		
	b Less depreciation reported on Form 1125-A and elsewhere on return	16b		16c
<b>Tax and Payments</b>	17 Depletion (Do not deduct oil and gas depletion.)	17		
	18 Retirement plans, etc.	18		
	19 Employee benefit programs	19		
	20 Other deductions (attach statement)	20	See Statement 5	6,703.
	21 <b>Total deductions.</b> Add the amounts shown in the far right column for lines 9 through 20	21		72,373.
	22 <b>Ordinary business income (loss).</b> Subtract line 21 from line 8	22		121.
	23 Interest due under the look-back method-completed long-term contracts (attach Form 8697)	23		
	24 Interest due under the look-back method-income forecast method (attach Form 8866)	24		
	25 BBA AAR imputed underpayment (see instructions)	25		
	26 Other taxes (see instructions)	26		
	27 <b>Total balance due.</b> Add lines 23 through 27	27		
	28 Payment (see instructions)	28		
	29 <b>Amount owed.</b> If line 28 is smaller than line 27, enter amount owed	29		
	30 <b>Overpayment.</b> If line 28 is larger than line 27, enter overpayment	30		

**Sign Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than partner or limited liability company member) is based on all information of which preparer has any knowledge.

Signature of partner or limited liability company member \_\_\_\_\_ Date \_\_\_\_\_

May the IRS discuss this return with the preparer shown below (see instr.)? ☒ Yes ☐ No

**Paid Preparer Use Only**

Print/Type preparer's name **JAMES LUNK, CPA** Preparer's signature *J Lunk* Date **04/01/19** Check ☐ if self-employed PTIN **P01817927**

Firm's name **FICK, EGGEMEYER & WILLIAMSON, CPA'S** Firm's EIN **37-1231621**

Firm's address **205 S. MAIN COLUMBIA, IL 62236** Phone no. **618-281-4999**



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Form 1065	Tax Expense	Statement	4
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Description	Amount
Illinois Taxes - Based on Income	828.
PAYROLL TAXES	3,219.
Total to Form 1065, Line 14	4,047.

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Form 1065	Other Deductions	Statement	5
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Description	Amount
ANNUAL REGISTRATION	100.
BANK FEES	520.
CONTRACT LABOR	2,241.
INSURANCE	425.
Meals	122.
OFFICE SUPPLIES	3,095.
SPONSORSHIPS	200.
Total to Form 1065, Line 20	6,703.

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**1** What type of entity is filing this return? Check the applicable box:

b ☐ Domestic limited partnership

d ☐ Domestic limited liability partnership

f. ☐ Other 

2 At the end of the tax year:

**a** Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization, or any foreign government own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership .....

**b** Did any individual or estate own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership .....

**3** At the end of the tax year, did the partnership:

a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation? For rules of constructive ownership, see instructions.

If "Yes," complete (i) through (iv) below

(i) Name of Corporation

(ii) Employer Identification Number (if any)

(iii) Country of Incorporation

(iv) Percentage Owned in Voting Stock

**b** Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below . . .

(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**

4 Does the partnership satisfy **all four** of the following conditions?

**a** The partnership's total receipts for the tax year were less than \$250,000.

**b** The partnership's total assets at the end of the tax year were less than \$ 1 million.

c Schedules K-1 are filed with the return and furnished to the partners on or before the due date (including extensions) for the partnership return.

**d** The partnership is not filing and is not required to file Schedule M-3

If "Yes," the partnership is not required to complete Schedules L, M-1, and M-2; item F on page 1 of Form 1065; or item L on Schedule K-1.

5 Is this partnership a publicly traded partnership, as defined in section 469(k)(2)?

6 During the tax year, did the partnership have any debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt? .....

7 Has this partnership filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction? .....

8 At any time during calendar year 2018, did the partnership have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country. ►

9 At any time during the tax year, did the partnership receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the partnership may have to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts. See instructions .....

**10 a** Is the partnership making, or had it previously made (and not revoked), a section 754 election?

See instructions for details regarding a section 754 election.

b Did the partnership make for this tax year an optional basis adjustment under section 743(b) or 734(b)? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions

**Schedule B Other Information (continued)**

	Yes	No
<b>c</b> 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		<b>X</b>
<b>11</b> Check this box if, during the current or prior tax year, the partnership distributed any property received in a like-kind exchange or contributed such property to another entity (other than disregarded entities wholly owned by the partnership throughout the tax year)	<input type="checkbox"/>	
<b>12</b> At any time during the tax year, did the partnership distribute to any partner a tenancy-in-common or other undivided interest in partnership property?		<b>X</b>
<b>13</b> If the partnership is required to file Form 8858, Information Return of U.S. Persons With Respect To Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), enter the number of Forms 8858 attached. See instructions		
<b>14</b> 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		<b>X</b>
<b>15</b> Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached to this return.		
<b>16 a</b> Did you make any payments in 2018 that would require you to file Form(s) 1099? See instructions	<b>X</b>	
<b>b</b> If "Yes," did you or will you file required Form(s) 1099?	<b>X</b>	
<b>17</b> Enter the number of Form(s) 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations, attached to this return.		
<b>18</b> Enter the number of partners that are foreign governments under section 892.		
<b>19</b> 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)?		<b>X</b>
<b>20</b> Was the partnership a specified domestic entity required to file Form 8938 for the tax year? See the Instructions for Form 8938		<b>X</b>
<b>21</b> Is the partnership a section 721(c) partnership, as defined in Treasury Regulations section 1.721(c)-1T(b)(14)?		<b>X</b>
<b>22</b> During the tax year, did the partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions. If "Yes," enter the total amount of the disallowed deductions. \$		<b>X</b>
<b>23</b> Did the partnership have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions		<b>X</b>
<b>24</b> Does the partnership satisfy one of the following conditions and the partnership does not own a pass-through entity with current year, or prior year, carryover excess business interest expense? See instructions	<b>X</b>	
<b>a</b> The partnership's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year do not exceed \$25 million, and the partnership is not a tax shelter, or		
<b>b</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.		
<b>25</b> Is the partnership electing out of the centralized partnership audit regime under section 6221(b)? See instructions		<b>X</b>
If "Yes," the partnership must complete Schedule B-2 (Form 1065). Enter the total from Schedule B-2, Part III, line 3.		
If "No," complete Designation of Partnership Representative below.		

**Designation of Partnership Representative (see instructions)**

Enter below the information for the partnership representative (PR) for the tax year covered by this return.

Name of PR	JOSHUA KIRBACH	U.S. taxpayer identification number of PR	394-92-1690
U.S. address of PR	5285 MILLENNIUM CT EDWARDSVILLE, IL 62025	U.S. phone number of PR	
If the PR is an entity, name of the designated individual for the PR		U.S. taxpayer identification number of the designated individual	
U.S. address of designated individual		U.S. phone number of designated individual	

<b>26</b> Is the partnership attaching Form 8996 to certify as a Qualified Opportunity Fund?		<b>X</b>
If "Yes," enter the amount from Form 8996, line 13. \$		

Schedule K-1 Partners' Distributive Share Items		Total amount	
Income (Loss)	1 Ordinary business income (loss) (page 1, line 22)	1	121.
	2 Net rental real estate income (loss) (attach Form 8825)	2	
	3 a Other gross rental income (loss)	3a	
	b Expenses from other rental activities (attach statement)	3b	
	c Other net rental income (loss). Subtract line 3b from line 3a	3c	
	4 Guaranteed payments	4	30,780.
	5 Interest income	5	
	6 Dividends and dividend equivalents: a Ordinary dividends	6a	
	b Qualified dividends	6b	
	c Dividend equivalents	6c	
	7 Royalties	7	
8 Net short-term capital gain (loss) (attach Schedule D (Form 1065))	8		
9 a Net long-term capital gain (loss) (attach Schedule D (Form 1065))	9a		
b Collectibles (28%) gain (loss)	9b		
c Unrecaptured section 1250 gain (attach statement)	9c		
10 Net section 1231 gain (loss) (attach Form 4797)	10		
11 Other income (loss) (see instructions) Type ▶	11		
Deductions	12 Section 179 deduction (attach Form 4562)	12	
	13 a Contributions	13a	
	b Investment interest expense	13b	
	c Section 59(e)(2) expenditures: (1) Type ▶ (2) Amount ▶	13c(2)	
d Other deductions (see instructions) Type ▶	13d		
Self-Employment	14 a Net earnings (loss) from self-employment	14a	30,901.
	b Gross farming or fishing income	14b	
	c Gross nonfarm income	14c	72,494.
Credits	15 a Low-income housing credit (section 42(j)(5))	15a	
	b Low-income housing credit (other)	15b	
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	15c	
	d Other rental real estate credits (see instructions) Type ▶	15d	
	e Other rental credits (see instructions) Type ▶	15e	
	f Other credits (see instructions) Type ▶	15f	
Foreign Transactions	16 a Name of country or U.S. possession ▶		
	b Gross income from all sources	16b	
	c Gross income sourced at partner level	16c	
	Foreign gross income sourced at partnership level		
	d Section 951A category ▶ e Foreign branch category ▶	16e	
	f Passive category ▶ g General category ▶ h Other ... ▶	16h	
	Deductions allocated and apportioned at partner level		
	i Interest expense ▶ j Other ... ▶	16j	
	Deductions allocated and apportioned at partnership level to foreign source income		
	k Section 951A category ▶ l Foreign branch category ▶	16l	
	m Passive category ▶ n General category ▶ o Other ... ▶	16o	
	p Total foreign taxes (check one): Paid <input type="checkbox"/> Accrued <input type="checkbox"/>	16p	
q Reduction in taxes available for credit (attach statement)	16q		
r Other foreign tax information (attach statement)			
Alternative Minimum Tax (AMT) Items	17 a Post-1986 depreciation adjustment	17a	
	b Adjusted gain or loss	17b	
	c Depletion (other than oil and gas)	17c	
	d Oil, gas, and geothermal properties - gross income	17d	
	e Oil, gas, and geothermal properties - deductions	17e	
	f Other AMT items (attach statement)	17f	
Other Information	18 a Tax-exempt interest income	18a	
	b Other tax-exempt income	18b	
	c Nondeductible expenses	18c	See Statement 6 121.
	19 a Distributions of cash and marketable securities	19a	
	b Distributions of other property	19b	
	20 a Investment income	20a	
b Investment expenses	20b		
c Other items and amounts (attach statement)	20c	Stmt. 7	



**Analysis of Net Income (Loss)**

1 Net income (loss). Combine Schedule K, lines 1 through 11. From the result, subtract the sum of Schedule K, lines 12 through 13d, and 16p						1	30,901.
2 Analysis by partner type:	(i) Corporate	(ii) Individual (active)	(iii) Individual (passive)	(iv) Partnership	(v) Exempt Organization	(vi) Nominee/Other	
a General partners							
b Limited partners			30,901.				

**Schedule L Balance Sheets per Books**

Assets	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
1 Cash		5,049.		24,629.
2a Trade notes and accounts receivable				
b Less allowance for bad debts				
3 Inventories				
4 U.S. government obligations				
5 Tax-exempt securities				
6 Other current assets (attach statement)				
7a Loans to partners (or persons related to partners)				
b Mortgage and real estate loans				
8 Other investments (attach statement)				
9a Buildings and other depreciable assets				
b Less accumulated depreciation				
10a Depletable assets				
b Less accumulated depletion				
11 Land (net of any amortization)				
12a Intangible assets (amortizable only)				
b Less accumulated amortization				
13 Other assets (attach statement)				
14 Total assets		5,049.		24,629.
<b>Liabilities and Capital</b>				
15 Accounts payable				
16 Mortgages, notes, bonds payable in less than 1 year				
17 Other current liabilities (attach statement)				
18 All nonrecourse loans				
19a Loans from partners (or persons related to partners)				
b Mortgages, notes, bonds payable in 1 year or more				
20 Other liabilities (attach statement)				
21 Partners' capital accounts		5,049.		24,629.
22 Total liabilities and capital		5,049.		24,629.

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

Note: The partnership may be required to file Schedule M-3. See instructions.

1 Net income (loss) per books	0.	6 Income recorded on books this year not included on Schedule K, lines 1 through 11 (itemize):	
2 Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11, not recorded on books this year (itemize):		a Tax-exempt interest \$	
3 Guaranteed payments (other than health insurance)	30,780.	7 Deductions included on Schedule K, lines 1 through 13d, and 16p, not charged against book income this year (itemize):	
4 Expenses recorded on books this year not included on Schedule K, lines 1 through 13d, and 16p (itemize):		a Depreciation \$	
a Depreciation \$		8 Add lines 6 and 7	
b Travel and entertainment \$ 121.	121.	9 Income (loss) (Analysis of Net Income (Loss), line 1). Subtract line 8 from line 5	30,901.
5 Add lines 1 through 4	30,901.		

**Schedule M-2 Analysis of Partners' Capital Accounts**

1 Balance at beginning of year	5,049.	6 Distributions: a Cash	
2 Capital contributed: a Cash	19,580.	b Property	
b Property		7 Other decreases (itemize):	
3 Net income (loss) per books		8 Add lines 6 and 7	
4 Other increases (itemize):		9 Balance at end of year. Subtract line 8 from line 5	24,629.
5 Add lines 1 through 4	24,629.		

Schedule K	Nondeductible Expense	Statement	6
Description		Amount	
Excluded meals and entertainment expenses		121.	
Total to Schedule K, Line 18c		121.	

Schedule K	Other Items	Statement	7
Description		Amount	
Section 199A Qualified Business Income		121.	
Section 199A W-2 Wages		30,843.	
Section 199A Unadjusted Basis		0.	
Section 199A REIT Dividends		0.	
Section 199A PTP Income		0.	

Form 1065	Partners' Capital Account Summary				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.		12,329.	
2	2,506.		0.		2,506.	
3	4.	9,790.	0.		9,794.	
Total	5,049.	19,580.	0.		24,629.	

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

**N/A**

## **Exhibit C-5 – Forecasted Financial Statements**

### **2020**

**Annual Revenue: \$2,000**

**Annual Expenses: \$250**

**Net Profit: \$1,750**

### **2021**

**Annual Revenue: \$4,000**

**Annual Expenses: \$250**

**Net Profit: \$3,750**

### **Preparer:**

**Collin Perry**

**7845 Handshy Ln, Edwardsville, IL 62025**

**[Cperry4@gmail.com](mailto:Cperry4@gmail.com)**

**618-920-9076**



## **Exhibit C-6 – Credit Rating**

N/A

## **Exhibit C-7 – Credit Report**

**N/A**

## **Exhibit C-8 – Bankruptcy Information**

**N/A**

## **Exhibit C-9 – Merger Information**

**N/A**



## **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