

# Section A: Application Information

Section B: Applicant Managerial Capability and Experience

## Section C: Applicant Financial Capability and Experience

## C-2. Financial statements

Provide copies of the applicant's <u>two most recent years</u> of audited financial statements, including a balance sheet, income statement, and cash flow statement. If audited financial statements are not available, provide officer certified financial statements. If the applicant has not been in business long enough to satisfy this requirement, provide audited or officer certified financial statements covering the life of the business. If the applicant does not have a balance sheet, income statement, and cash flow statement, the applicant may provide a copy of its two most recent years of tax returns with **social security numbers and bank account numbers redacted.** 

If the applicant is unable to meet the requirement for two years of financial statements, the Staff reviewer may request additional financial information.

File(s) attached

Section D: Applicant Technical Capacity



# Application Attachments

ling status:	15	ga K Maried Sing party	Married 1	and extractely	lead of household [ ] Qu	majorit accomo	T-	interpretation and
			Last	-			THUT BOX	ial security numb
Chris D						-		
Your standard de	Actio	C Someone can claim you	as a depend	and the latest the lat	born before January 2, 195	Yau		
Faunt return 100	456'8	fest name and initial	Last	name .			Species	BECK SHOWN
Take francisc disclaration   Summore can claim you as a dependent   You were born before January 2, 1954   Take and brist  # paint interface and extent   Engineers can plann you spoon as a dependent   Spoolae was born before January 2, 1954    # Spoolae interface of destruct   Engineers can plann you spool spoolae as a dependent   Spoolae was born before January 2, 1954    ## Spoolae interface of destruct   Engineers can plann you spoolae as a dependent   Spoolae was born before January 2, 1954    ## Spoolae interface of destruct   Engineers can plann you spoolae as a dependent   Spoolae was born before January 2, 1954    ## Spoolae interface of destruction   Engineers can plann you spoolae as a dependent can be or exempt be entitled.  ## Spoolae interface of destruction   Engineers and plann in the spoolae as a straight spoolae and plann in the spoolae and planning in								
		Someone can clean your to	poute as a d			ry 2, 1954	(F 610)	nut (see inst.)
rune address ("	rem	and street, if you have a P.O. bo	a, see instruc	fors.		Aprt. no.		Str. Mar
City broad or both	atto	state and ZP code if you have	a foreign act	tress, etach Schedule	4	-	tront	en tour departments
								-
			2	Seed security named	(5) facilitative (5) for him			
						Chatte	ten c	
_					Daughter	U		-
			-		Son		-	
							-	П
		Company of the later of the lat						or francisco
Sign "	take pe	ration of parties, I declare that I have a	nation! FA 4	turn and accompanying to turn a factor on all others	makes and standards, and to			
Here				Date 1	tour occupation			
		The state of the s		1	Managing Direct	or	are twe tref	
	10	core significant apparent and a	both must so	gn. Date 1	power) (respected		PAPE MET	mu an identify Profest
							as the rel	
	20	guerr's name	Propagate's to	grature .	PTIN	740	ex in	
		CONTROL OF THE PARTY OF THE PAR					_	
	Pi	marane + felf-fre	pared		Phone in	-		[ ] pay-autorian;
	- 19	n's address b				_	_	f 1040
for Stackman. P	*	Act, and Paperwork Fladuation	Act Notes,	ne separata instructi	P4.			194 1040 511
							200	Page
	-	Storms saladas Nos. atc. Atlanti.	Farming Will		A PRIVATE A SEC.	100		10,355
	4				to Tenada Internal			40
Attach Familie	0		10000	1,417	b Ordney distants			1,472
W-15 m 25 mm	-		4.				-	
Appendit and	-	focus would be wife	44				•	
		Total become Add from 1 Princip 1 A	diay sweet	ton Schedule   the 22		The state of the s	1	-29,554
	,	Adjusted proce incurrer. If you have	per tel milita	inwite to Poliste, etc.	of the arrows from the E.	States of		-39,554.
Standard	-			es Schedule III			1	
- Single or married	T.	Condition to prove the contract of the contrac	-	aftern).				0.
112,000	100	Sente bone Sanut has I					9	C.
	NO.		and it has be	a 7. If years or heat, or to		14		
- Martini Reg	**	( Tan yes out ) 0 , pres	and it from by	Diameters 2	Disease a D_			
- Married Strip party in Constitute protection,		( Tan yes out ) 0 , ( text	depter !	Diameters 2	Disset 10_	-0.		
party - Carriery sections - SP-200	1	( Tan yes out ) 0 , ( text	I and should	Diameters 2	Disset 10_	- 8		ę. ę.
party in Continue party in Con	11	the second of the fellowers of the contract of	il one should	D SAME OF STREET	Disset 10_	- 8		-0.
- Married Strip partly in Countries partnerses, \$24,000 remail of fractions \$15,000 and partnerses \$15,000 and partnerses	2 2 2 2	to two two local burn formation and the state of the stat	il one should	D SAME OF STREET	Disset 10_	- B		0.
stanted ling people Combines solutions, 20-220 fraud of fraudation, pre-220 are pre-220 are pre-220 ar	2 2 2 2 2	to you set; 0, then it Apic on answer have farmed as a Child as a substant for the diger. Substant for it for the diger. Other types Abd for the Apic of the Apic	of any team. I and affects there are or less, and	Torrection at the control of the con	Disset 10_	00		0.
- Married Brig good, or Continue, software, 524,000 or mail of tocontent, \$15,000 or gooder Danderd publishment, and controlled and controlled and controlled and controlled and controlled and controlled and controlled	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	(Temper and)  (Appl any advanced hours Sufferdule  (Chief any advanced hours Sufferdule  (Chief any advanced hours Sufferdule  (Chief hours Affailth Sufferdule  (Appl and Appl Sufferdule  (Appl any Appl any Appl any Appl any Appl any Appl any Appl any  (Appl any Appl any Appl any Appl any Appl any Appl any Appl any  (Appl any Appl any Appl any Appl any Appl any  (Appl any Appl any Appl any Appl any Appl any  (Appl any Appl any Appl any Appl any  (Appl any Appl any Appl any Appl any Appl any  (Appl any Appl any Appl any Appl any Appl any Appl any Appl any  (Appl any Appl any  (Appl any Appl any  (Appl any Appl any  (Appl any Appl any A	of any team of any team of any team of	here 0 b Add any or to 40 and 1200.	Description of the last of the	00		0.
- Morrisol Stray party of Country party of Country party of Country Country for Country fo	2 2 2 2 2 2 2 2	a Ten year and)  5. Appli only amount from Schmidtle  5. Appli only amount from Schmidtle  5. Applied Size III from See 11. If an Other Space, About Schmidtle  6. Applied Size III from See  6. Applied Size III from S	of any tree.  I and check there	Torrection at the control of the con	Disset 10_	000		0. 0. 503.
- Married Ring party II Charling soltmann, 201-200 - mail of household, 192-200 - 4 pp. Standard are time charles departed solutions, on contractions.	11.11.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2	a Ton you ent) G. phonic to App on whomat home the collection or will be the dependence of the collection from 10 feet and 10	of one has a condition of the condition	C SAMP of the Control	Description of the last of the	000		50).
- March Top party i Carthing soldware, 22-200 - Insuel of Nazartani, 21-200 - 1 pp. Haubert any time entire Soldware, part and participant, participant, participant,	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	a Ten year end) — G., preside the field only without from Schmidt. And Cold or workform for either the Cold of the	a condition to the cond	Demois Bit 8 fore 0. b Add ary or for -0.  In Sight Mills  In Sight Mills  With 1	oferant 1.	000		0, 0, 501,
- Mounted Ting surface of Country schools, 20-207 (See See See See See See See See See Se	1: 1:1: 1:1:	a Ten year end) G. phonic to the Add any wheater from Schmidt. In Child and the Child	or or other or other or or other or or other or	Formac Bit 6 B   formac Bit 6 B   for 0 B Add any or for -0 B Add	of an extra mapped	000		50).
Refund	200	a Ten you not? By these to the Add by a phone to the Medical County of the Add by the Ad	or or other or other or or other or or other or	Farming Bird B  D & Address or  D & Address or	of year and 1	000		0. 501. 1,503. 1,501
- med of Supplied and State of the State of	**	in Two year and ) — (I want to the Add any shaked from Schmidt Add Control of the Add Con	or or other or other or or other or or other or	Farming Bird B  D & Address or  D & Address or	of year and 1	0000		0. 501. 1,503. 1,501
Refund	200	a Ten year ent) G., preside to the Add on a shared from Schmidt. An olded are without to other departs of the Add on the Add of the Add on the	or or other there are not to the total payment that the total payment that the total payment that the total the page.	In terms (814 2 )  D & AAV ary or	of year and 1	0000		0. 501. 1,503. 1,501
- meet of techniques pre-limit - if you checked you have considered the controlled contr		in Two year and ) — (I want to the Add any shaked from Schmidt Add Control of the Add Con	of property of the control of the co	D SAMP or	of you set ) ]	0000		0. 501. 1,503. 1,501
Check Control of Contr		a Ten you end? — On phen it Add by any should have for following the College of t	of property of the control of the co	D SAMP or	of you set ) ]	000		503. 503. 1,503. 1,503.

#### SCHEDULE 1 Form 1040)

## Additional Income and Adjustments to Income Go to www.irs.gov/Form t040 for instructions and the latest information.

Attach to Form 1040.

CMI) No. 1545-0074

Name(iii shown on F					BOX SOUN	THE STATE OF THE S
	_	elle T Smith		10.0	1-0b	
Additional		Reserved Taxable refunds, credits, or offsets of state and local inci-			10	0.
Income	10			11		
	11	Almony received			12	-54.648.
	12	Capital gain or floss). Attach Schedule D if required. If not if	13	3,227.		
	13	Capital gain or loss). Attach Schedule of a regulation in hors	advised trace		14	
	14	Other gains or (losses). Attach Form 4797			15b	
	15a	Reserved			16b	
	16a	Reserved	to ate Amark See	white F	17	
	17	Rental real estate, royalties, partnerships, 5 corporations, trus	ita, etc. Attach so		18	
	13	Farm income or (loss). Attach Schedule F			10	
	19	Unemployment compensation		-	206	
	20.	Reserved	21			
	21	Other income. List type and amount				
	22	Combine the amounts in the far right column. If you don't income, enter here and include on Form 1040, line 6, Ott	t have any acqua- verwise, go to line	23	22	-51,421.
Adjustments	23	Educator expenses	23		1	
to Income	24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106.	24			
	25	Health savings account deduction. Attach Form 8669	25		200	
	26	Moving expenses for members of the Armed Forces. Attach Form 3903	26			
	27	Deductible part of self-employment tax. Attach Schedule SE	27			
	28	Self-employed SEP, SIMPLE, and qualified plans	26		200	
	29	Self-employed health insurance deduction	29			
	30	Penalty on early withdrawal of savings	30		200	
	314	Almony paid b Recipient's SSN ▶	31a		3334	
	32	IRA deduction	32			
	33	Student loan interest deduction	33		1000	
	34	Reserved	34		200	
	35	Reserved	35		10000	
	36	Add lines 23 through 35			36	

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule I (Form 1040) 2018

MEN 1291/18 TTO

#### SCHEDULE C (Form 1040)

Department of the Treasury informal forming (M)

## Profit or Loss From Business

> Go to sever its gov/ScheduleC for instructions and the latest information. P Amech to Form 1043, 1040NR, or 1041; performings generally must file Form 1065. DMS No. 1545-0074 Attachment Separce for 00

	of progressor in D Smith				Social sec	urity number (\$5%)
-	Principal business or profess	ion inchesion	nendert or senion i	has instructional	S televisi	de from metractions
^	Principal business or principal	me Effic	inner and E	nergy Rate Optimizatio		15 4 11 6 10 1
c	Business name, if no separat			mergy made optimization		O number (150) has not
	Lighthouse Power					
	Dunness address including		no) •			
	City, town or post office, stat			boro, OH 45066		
	Accounting method [1]					
0				s during 20187 if "No," see instruction	ne for limit on losse	N SYes ON
14	I you started or acquared the					🗆
1				file Form(s) 10997 (see instructions)		Tes SN
,	If "Yes," did you or will you !!					Yes ON
Par	ti income					
-	Gross receipts or sales. See	instructions fo	r ine I and check the	he box if this income was reported to	vou on	
	form W-2 and the Titatutory				<b>+</b> 0 1	65,634
2	Returns and slowances				2	
3	Subtract line 2 from tire 1				3	65,634.
4	Cost of goods sold (from line				4	
5	Gross grafft, Gultract line i				- 5	65,634.
			pasoline or fael tax o	redt or refund (see instructions)		22 524
-	Gross income. Add free 5				. 7	65,634.
100	Espenses, Enter exp			The second secon	eral [10]	608
	Advertising	10	4,511	18 Office expense bee instructi 19 Pension and profit sharing bis	-	440.
	Car and truck expenses (see instructional.		9,960.			
10	Commissions and fees	10	6,226	a Venedes, machinery, and equi	100000	
11	Consisting the network	_	21,550.	B Other business property	205	20,155.
12	Decletion	12		21 fleggers and magnessawa	21	720.
13	Depreciation and section 179			22 Supplies that included in Part	10 22	24,691.
	reperce deduction for reluded in Fart III has			23 Taxes and Kenses	23	621.
	retructured.	13		34 Travel and meals	1000	
14	Emissione benefit programs			a Treat	240	845
	somer than on line 159	14	_	b Deductible meals (see		
15	HOUSE STORY THE PRETTY	15	_	instructions)	745	6,055
-16	PERSONAL (NAME PROPERTY OF THE PERSONAL PROPER	1		25 Utilities 26 Water floor employment con	25	1,929.
	Control and Control of the Control o	160		27a Other expenses from line 48		12.267
17	Coher Lacal and professional services	17	5,909.	b Reserved for future use .	I III	
26	Total expenses before exper				p 26	116,067.
29	Tertative profit or fines), full				29	-50,433.
30	Expenses for business use	of your home.	Do not report these	e expenses elsewhere. Attach Form	8829	The same of the same of
	unless using the simplified m	erod (see inst	fructions).			
	Simplified method filers on	water the las	tal square fectage of	(al your home	_	
	and it is the part of your home			. Use the filmplif		
	Method Worksheed in the Inst			ter or tree 50	30	_
21	Net profit or foss). Submed					
				ISACAPI, line 13) and on Schedule SE. Funts, anter on Form 1941, line 3.	21	-50,411
	+ If a loss, you must go to be		A CHEM PO	CALL COLUMN CALLES	1	30,411
12			THE YOU EVENTON	of the activity the native time.		
1755				1540. Ine 12 for Form 1540NR.	A SHIPPARE	
				fire I see the fire 31 instructions).	32. MA	ruestment is at risk
	Estates and thats, enter on F				325 [] Sor	e knestmert is not
	<ul> <li>If you shacked 32b, you re</li> </ul>	ust attach For	m 8196, Your loss ry	ry be limited.	-	

Par	Cost of Goods Sold (see instructions)		
33	Methodisi used to		
		tach explanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing invent if "Yes," stach explanation.		_ N
36	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36	Purchases less cost of items withdrawn for personal use	36	
37	Cost of labor. Do not include any amounts paid to yourself	37	
38	Materials and supplies	58	
39	Other costs.	39	
40	Add lines 35 through 39	40	
41	Inventory at end of year	41	
42	Cost of goods sold. Subtract line 41 from line 40, Enter the result here and on line 4	42	
43	When did you place your vehicle in service for business purposes? (month, day, year). ▶ 01/30/201.		
44	Of the total number of miles you drove your vehicle during 2018, enter the number of miles you used your vehicle total number of miles you used your vehicle to the property of the property o	ehicle for:	
	Business 18,195 b Commuting (see instructions) c Co	her	4,805
45	Was your vehicle evaluate for personal use during off-duty hours?	🗵 Yes	□ No
46	Do you (or your spouse) have another vehicle available for personal use?.	🗵 Yes	□ No
	Do you have evidence to support your deduction?	🖂 Yes	□ No
211	If "Yos," is the evidence written?	[5] Yes	□ No
	the second of th	30.	
Ap	po/software/web services		145.
Co	nputers		197.
Pu	rniture		623.
Ot	her business expenses		10,861.
Ot	her tools and equipment		
Ph	Orie		113.
100100			328.
-			
48	Total other expenses. Enter here and on line 27a	a i	12.267

Filing Status Dwcs crep medica	I tingle Si Manus ting purity If you checked the MFS box, order if a child had not your dependent. In				the continue o	enon it
Your first name	and richte intel	Lastnare			Your social s	activity number
Chris D	Control of the last of the las	Smith				_
Plant return, to	presse's first name and reads initial	Lastraine			Server's ser	ad an orthy morden
City, town or p	Provider and street, Provider a P.O.: onto the stope and JP stote Fyrante or O.C. 65066-6312		date species (militar (san o	Art. no.	Daster fyn	de el mi despera
Foreign country	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW	Foreign province	wisterstownity	foregriphical code		or departments
Standard Deduction Age Mindress Decemberts	Someone can claim:   You as in   You	numer you was a district or	man Wastons	ature cancery II. 1995	in blend	intration)
(1) First name	Latrone			Dartes		the other departments
_			Daughter	0		18
	_		■ Son	(%)		
				D		
1000				()		0
	1 Wages, salaries, Igos, etc. Atta	ch fumee with				8,190
	in fearment three	10	to Taxable Inter	et Anna ten it i rega	m1 A	
welet	In Quifful Subsets	. Se 50	4. a Ordinaridat	rate Attach fich it disease	m   m	504
	to FM Serbution	4	9 Taxable servi	et		
large or Married larg separately	o foregree and amplies	. 4	d Taxable and	et	- 4	
\$12,316	In found security benefits	. 10	it Terationares	P4	2	
started fling party or Guathery.	6 Cautal gain or Breek Attach S	checkin Diff required. If not requ	ared, check here		0	15,059
entriwieri, Lis etti	To Other income from Schedule:				70	-29,034
result of	D AMERICA 1, 25, 26, 40, 46, 56	f, and fa. This is year botal to			- 7	-5,241
PRINCE	to Abstracts to recover from 5	Street de la Stree 22				
on Center	B Samut im faitumine %	Don't your influenced proces trees		11 4 1 1 1 1 1		-5,261
	personal distribution of the second	and deductions from Schedule		9 24,40		
		Author, Attach Form 8005, or Eu-	m BYK-A	10	0.	
ary few under Standard Sederitors,	13 Opifer toures roome de					
Switzer	tta Addines i and 10	a 11g from love 8th. If years or loss			110	24,400

om 1043 (2019)									Fage	
	120	Tax (see incl.) Deck fary from	Fumic 1   ear	14 2 3 497	2 3 🗆	12a	0.	EEE		
		Add Schedule 1, line 3, and line	12s and enter the	etotal				125	0.	
	130	Child his credit or credit for city	er digerdents .			. tia	0.		10 7 2 40	
		Assisted & S. ker I, and ire	134 and other the	total		The second second		120	0.	
	14	Subtract live 13b from live 12b	Farm or less, err	ter-0				14	0.	
	15	Other tores, including self-emp	Asyment tax, from	Schedule 2, In	-10			15	0.	
	10	Add lives 14 and 15. This is you	r total ten					16	0.	
	17	Federal income tax withheid to	on Forms W-2 and	1099				17		
Printers 1	18	Other payments and refundable	credits							
DAMENT LAND		Earned income credit (SIG)				- 18a				
ranton (in the	b	Additional child has credit. After	ch Schedule Mitz			160		100		
referebie		American suportunity credit in	en Form 6663, <b>bre</b>			180	1,000.			
remarkers.	4	Schwale 3, live 16				184		100	39.944	
-		Add from 16s through 16d. The	ne en your total o	ther payment	and refundable	eredts		184	1,000.	
	19	Add fines 17 and 16s. These or	w your total payor	ards				19	1,000.	
Refund	20	If the 19 is more than line 16, a			a the arrespond year	everged		20	1,000.	
	214	Amount of line 20 you want not						214	1,000.	
Dead deposit?	**	Routing humber				Mount	- Savings			
fam butta fire.	+4	Accountmenter								
	22	Amount of line 20 you want ap-	piled to your 2020	estimated tax		D 20			-19 369	
Amount	23	Amount you own, Subtract to				strations		23		
You Own	24	Estimated tox ponully been one				D 20			7 - 1 - 1	
Third Party Designee	D	you want to allow another perso	n litter than your	pod preparet	to discuss this ret	un with the SIGT	les instructions.		You. Complete below.	
Emerten pel perent		miym's		Perm			wound intertifica			
				- m. P			arter (Fife)	•		
Sign	-	other perceives of persons, I declare that erect, and complete. Contempor of pre-	ton narred the		desired states	and statements, and	to the best of my to	-	a and ballet, they are than	
Here		Ting signature		Date	Vac susgestion			a Bid sand you an identity		
		The state of the s		1.44		_		tection FEN, enter I here		
Course burn		and the said the said			Managin	g Director	(see a	(Je	超 製 選 音 音 麗 麗	
See instructions. Keep a copy for	A	count's signature. If a port return	both must sign	Date	Spouse's occ	upotices.	Frei	PES ME	d your spouse an	
year records.								(see out)		
		hone no.		Englastes						
Paid		repairer's name	frequer's my	eners .		Dete	PTIME		Oma :	
						- 1	Dad Party Designation			
Preparer Use Only	-	irrianame is Self-Pr	repared			Phone no.	-		Distance .	
Ose Only	-	err's athress is					Firm's	fire a		
Cottowwas;	poviřu	en 1940 for manualities and the lat	and indication.		CAA	REVIOUS			Furn 1040 com	
					-		200			

#### SCHEDULE 1

21

Form 1040 or 1040,100

## Additional Income and Adjustments to Income

Attach to Form 1040 or 1040-58

CMB No. 1545-0074

Copportment of the Treasury Internal Ference Service > Go to www.irs.gov/Form1060 for instructions and the latest information. Attectment. Snith At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Tres 10 No Part I Additional Income Taxable refunds, credits, or offsets of state and local income taxes . . . 0. • 2. Date of original divorce or separation agreement (see instructions) 3 -29,034 Other gains or fosses). Attach Form 4797 . 5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 5 Farm income or flost). Attach Schedule F . . Other income. List type and amount in Combine lines 1 through 8. Enter here and on Form 1640 or 1640-SR, line 7a 29,034 Part II Adjustments to Income Educator expenses 10 11 Certain business exponses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 11 12 Health savings account deduction, Attach Form 6889 12 13 Moving expenses for members of the Armed Forces, Attach Form 3903 13 14 14 Self-employed SEP, SIMPLE, and qualified plans 15 15 16 16 Penalty on early withdrawal of savings 17 17 18a Almony paid Recipient's SSN Date of original divorce or separation agreement (see instructions) 19 FRA deduction . 10 20 Shudent loan interest deduction

Add lines 10 through 21. These are your adjustments to income. Enter here and on Form 1040 or

For Paperwork Reduction Act Notice, see your tax return instructions.

Tution and fees. Attach Form 8917

1040-5R, Ine 8a

REV ON WIR TITO

Schedule 1 Form 1940 or 1949-575 2019

20

21

#### SCHEDULE C Form 1040 or 1040-5R) Department of the Treasury

#### Profit or Loss From Business

Figure Tennes Inches (1) America to Form 1040, 1040-SR, 1040-SR, or 1041; partnerships generally must file Form 1065.

**Sole Preprietorship!** 

Go to www.ins.gov/ScheduleC for instructions and the latest information.

OMB No. 1545-0074

After furnish Sequence No. 09

Social security number (SSA) Name of proprietor Chris D Smith Principal business or profession, including product or service (see instructions) D. Enter code from instructions P 5 4 1 6 0 Solar Power, Energy Efficiency, and Energy Rate Optimization D Employer ID number (EIN) time (1977) Business name. If no separate business name, leave blank. Lighthouse Power Partners Business address (including suite or room no.) > City, town or post office, state, and ZIP code Springboro, OH 45066-8312 Accounting method: (1) (Cash (2) Accruel □ Other (specify) > n Did you "materially participate" in the operation of this business during 20197 # "No." see instructions for limit on issues. (x) Yes | No If you started or acquired this business during 2019, check here ... . . . D Did you make any payments in 2019 that would require you to file Form(s) 10997 (see instructions) Tes Se No Yes No If "Yes," did you or will you file required Forms 1099? Pert I Income Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked 49.161. .▶□ Returns and allowences . 2 Subtract line 2 from line 1 49,161. 3 Cost of goods sold from line 425 4 Gross profit. Subtract line 4 from line 3 49,161. 5 Other income, including federal and state gasoline or fuel tax credit or refund (see instructional . Gross income. Add lines 5 and 6 7 49,161 Part II Expenses, Enter expenses for business use of your home only on line 30. Advertising . . 5.861 Office expense (see instructions) \*\* 18 255 Car and truck expenses (see •• Person and profit sharing plans 19 instructions). . . . ٠ 9.721 20 Piert or lease (see instructions): 15 1,580 Commissions and fees 10 Vehicles, machiners, and equipment 20. 11 Contract labor (see instructions) 11 0 . Other business property 20% 18.538. 12 Decision 12 21 Report and martenance 21 670 Depreciation and section 179 20 Supplies (not included in Part III) 22 11,678 expense deduction incr. 23 included in Part 83 (see Taxes and licenses 23 0 13 instructions). 24 Travel and mesis: Employee benefit programs Travel 244 95 (other than on line 10). Contactible made has insurance (other than health). 15 refrictional 245 2,744 4.6 interest (see instructional) 25 Utilities 25 5,600 Martgage (paid to banks, etc.) 164 26 Wages (ess employment credits) 26 . China 166 27a Other expenses from line 48. 27. 9,364 47 Legal and professional sensions 17 9,000. b Reserved for future use 270 Tetal expenses before expenses for business use of home. Add lines if through 27a . . . . . 29 26 75.115 29 Tentative profit or Sossi. Subtract line 28 from line 7. 29 30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 6829 25,954 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: and by the part of your home used for business: Method Worksheet in the instructions to figure the amount to enter on line 30 . Use the Simplified Net profit or flows. Subtract the 30 from the 29. 30 21 If a profit, enter on both Schedule 1 (Form 1040 or 1040-5R), line 3 (or Form 1040-NR, line (3) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and 31 trusts, enter on Form 1041, line 3. -25,954 · If a loss, you must go to line 32. If you have a loss, check the box that describes your investment in this activity (see instructions). If you checked 32s, enter the loss on both Schedule 1 (Form 1040 or 1040-SR), line 3 (or Form 1040-NR, line 13) and on Schedule SE, line 2, (if you shecked the box on line 1, see the line 32a X All investment is at risk. 31 instructional Estates and trusts, enter on Form 1041, line 3. 325 Some investment is not E you checked 32b, you must attach Form \$196. Your loss may be limite. at risk.

	G Form 1943 or 1949-979 2019		Page
Part	Cost of Goods Sold (see instructions)		
33	Methodisi used to value closing therefore: a Gost b Glover of cost or market c Glother late.	ach explanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing invento If "Yes," attach explanation	77	□ No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36	Purchases less cost of heres withdrawn for personal use	36	
37	Cost of labor. Do not include any amounts paid to yourself	37	
38	Materials and supplies	38	
39	Other costs	39	
40	Add lines 35 through 39	40	
41	Invertory at end of year	41	
42	Cost of goods sold. Subtract line 41 from line 40. Either the result here and on line 4	42	
982	and are not required to file Form 4562 for this business. See the instructions for file Form 4562.		ii you mus
43	When did you place your vehicle in service for business purposes? (morth, day, year) ► 01/30/201		
44	Of the total number of miles you drave your vehicle during 2019, enter the number of miles you used your		
	Business 16,121 b Commuting (see instructions) q C	Mer	0
45	Was your vehicle available for personal use during off-duty hours?	Yes 🛮 Yes	□ No
46	Do you (or your spouse) have another vehicle available for personal use?.	Yes	□ No
47.	Do you have evidence to support your deduction?	Yes	⊠ No
_	If "Yes," is the evidence written?	Yes 🗆 Yes	□ No.
Par	Other Expenses. List below business expenses not included on lines 8-26 or lines.	ne 30.	
01	her ITems needed to complete projects		9,364
*******			
-			
	Total other expenses. Enter how and on Ira 27s	40	9.364.

This foregoing document was electronically filed with the Public Utilities

**Commission of Ohio Docketing Information System on** 

7/22/2020 10:09:45 PM

in

Case No(s). 16-0661-EL-AGG

Summary: In the Matter of the Application of Lighthouse Power Partners, LLC