

**DIS Case Number: 17-0366-EL-AGG**

## Section A: Application Information

### A-1. Provider type:

☒ Power Broker
 ☐ Aggregator
 ☐ Retail Generation Provider
 ☐ Power Marketer

### A-2. Applicant's legal name and contact information.

**Legal Name:** Inertia Energy Advisors LLC      **Country:** United States  
**Phone:** 248-390-      **Extension (if applicable):**      **Street:** 4700 Gilbert Ste 47  
 2214  
**Website (if any):** inertiaenergyadvisors.net      **City:** Western Springs      **Province/State:** IL  
**Postal Code:** 60558

### A-3. Names and contact information under which the applicant will do business in Ohio

Provide the names and contact information the business entity will use for business in Ohio. This does not have to be an Ohio address and may be the same contact information given in A-2.

Name	Type	Address	Active?	Proof
Inertia Energy Advisors LLC	Official Name	4700 Gilbert Ste 47 Western Springs, IL 60558	Yes	File

### A-4. Names under which the applicant does business in North America

Provide all business names the applicant uses in North America, including the names provided in A-2 and A-3.

Name	Type	Address	Active?	Proof
Inertia Energy Advisors LLC	Official Name	4700 Gilbert Ste 47 Western Springs, IL 60558	Yes	File

### A-5. Contact person for regulatory matters



## Public Utilities Commission

Eric Hutchins  
4700 Gilbert Suite 47  
Western Springs, IL 60558  
US  
eric@inertiaenergyadvisors.net  
2483902214

### A-6. Contact person for PUCO Staff use in investigating consumer complaints

Eric Hutchins  
4700 Gilbert Suite 47  
Western Springs, IL 60558  
US  
eric@inertiaenergyadvisors.net  
2483902214

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

<b>Phone:</b> 888-973-1264	<b>Extension (if applicable):</b>	<b>Country:</b> United States
<b>Fax:</b>	<b>Extension (if applicable):</b>	<b>Street:</b> 4700 Gilbert Ste 47
<b>Email:</b> eric@inertiaenergyadvisors.net		<b>City:</b> Western Springs
		<b>Province/State:</b> IL
		<b>Postal Code:</b> 60558

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

45-2150337

### A-9. Applicant's form of ownership

**Form of ownership:** Limited Liability Company (LLC)

### A-10. Identify current or proposed service areas

Identify each service area in which the applicant is currently providing service or intends to provide service and identify each customer class that the applicant is currently serving or intends to serve.

#### Service area selection

AEP Ohio



## Public Utilities Commission

DP&L

Duke Energy Ohio

FirstEnergy - Cleveland Electric Illuminating

FirstEnergy - Ohio Edison

FirstEnergy - Toledo Edison

### Class of customer selection

Commercial

Industrial

### A-11. Start date

Indicate the approximate start date the applicant began/will begin offering services: 05-03-2021

### A-12. Principal officers, directors, and partners

Please provide all contacts that should be listed as an officer, director or partner.

Name	Email	Title	Address
Eric Hutchins	eric@inertiaenergyadvisors.net		4700 Gilbert Suite 47 Western Springs, IL 60558 US

### A-13. Company history

Inertia Energy Advisors has been providing custom energy solutions for companies since 2011.

### A-14. Secretary of State

Secretary of State Link:

## Section B: Applicant Managerial Capability and Experience

### B-1. Jurisdiction of operations

List all jurisdictions in which the applicant or any affiliated interest of the applicant is certified, licensed, registered or otherwise authorized to provide retail natural gas service or retail/wholesale electric service as of the date of filing the application..

Jurisdiction of Operation: Inertia Energy is licensed to sell electricity in IL, TX, NJ, PA, DE, DC, MD, and CA.

## **B-2. Experience and plans**

Describe the applicant's experience in providing the service(s) for which it is applying (e.g., number and type of customers served, utility service areas, amount of load, etc.). Include the 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 Sections 4928.10 and/or 4929.22 of the Ohio Revised Code.

Application Experience and Plan Description: Inertia Energy has been providing electricity to over 50 companies since 2011. We are licensed in most major markets and serve close to 1,000,000 Mwh annually. All business is through word of mouth and Inertia does no marketing in any state. Customers can contact me via 888 number or directly on my cell (preferred).

## **B-3. Disclosure of liabilities and investigations**

For the applicant, affiliate, predecessor of the applicant, or any principal officer of the applicant, describe all existing, pending or past rulings, judgments, findings, contingent liabilities, revocation of authority, regulatory investigations, judicial actions, or other formal or informal notices of violations, or any other matter related to competitive services in Ohio or equivalent services in another jurisdiction..

Liability and Investigations Disclosures: Inertia Energy nor Eric Hutchins has ever been party to any investigations.

## **B-4. Disclosure of consumer protection violations**

Has the applicant, affiliate, predecessor of the applicant, or any principal officer of the applicant been convicted or held liable for fraud or for violation of any consumer protection or antitrust laws within the past five years?

**No**

## **B-5. Disclosure of certification, denial, curtailment, suspension or revocation**



## Public Utilities Commission

Has the applicant, affiliate, or a predecessor of the applicant had any certification, license, or application to provide retail natural gas or retail/wholesale electric service denied, curtailed, suspended, revoked, or cancelled or been terminated or suspended from any of Ohio's Natural Gas or Electric Utility's Choice programs within the past two years?

**No**

## Section C: Applicant Financial Capability and Experience

### C-1. Financial reporting

Provide a current link to the most recent Form 10-K filed with the Securities and Exchange Commission (SEC) or upload the form. If the applicant does not have a Form 10-K, submit the parent company's Form 10-K. If neither the applicant nor its parent is required to file Form 10-K, state that the applicant is not required to make such filings with the SEC and provide an explanation as to why it is not required.

Does not apply

### C-2. Financial statements

Provide copies of the applicant's two most recent years 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

### C-3. Forecasted financial statements



## Public Utilities Commission

Provide two years of forecasted income statements **based solely on the applicant's anticipated business activities in the state of Ohio.**

Include the following information with the forecast: a list of assumptions used to generate the forecast; a statement indicating that the forecast is based solely on Ohio business activities only; and the name, address, email address, and telephone number of the preparer of the forecast.

The forecast may be in one of two acceptable formats: 1) an annual format that includes the current year and the two years succeeding the current year; or 2) a monthly format showing 24 consecutive months following the month of filing this application broken down into two 12-month periods with totals for revenues, expenses, and projected net incomes for both periods. Please show revenues, expenses, and net income (revenues minus total expenses) that is expected to be earned and incurred in **business activities only in the state of Ohio** for those periods.

If the applicant is filing for both an electric certificate and a natural gas certificate, please provide a separate and distinct forecast for revenues and expenses representing Ohio electric business activities in the application for the electric certificate and another forecast representing Ohio natural gas business activities in the application for the natural gas certificate.

File(s) attached

### **C-4. Credit rating**

Provide a credit opinion disclosing the applicant's credit rating as reported by at least one of the following ratings agencies: Moody's Investors Service, Standard & Poor's Financial Services, Fitch Ratings or the National Association of Insurance Commissioners. If the applicant does not have its own credit ratings, substitute the credit ratings of a parent or an affiliate organization and submit a statement signed by a principal officer of the applicant's parent or affiliate organization that guarantees the obligations of the applicant. If an applicant or its parent does not have such a credit rating, enter 'Not Rated'.

This does not apply

### **C-5. Credit report**

Provide a copy of the applicant's credit report from Experian, Equifax, TransUnion, Dun and Bradstreet or a similar credit reporting organization. If the applicant is a newly formed entity with no credit report, then provide a personal credit report for the principal owner of the entity seeking certification. At a minimum, the credit report must show summary information and an overall credit score. **Bank/credit account numbers and highly sensitive identification**



## Public Utilities Commission

**information must be redacted.** If the applicant provides an acceptable credit rating(s) in response to C-4, then the applicant may select 'This does not apply' and provide a response in the box below stating that a credit rating(s) was provided in response to C-4.

File(s) attached

### **C-6. Bankruptcy information**

Within the previous 24 months, have any of the following filed for reorganization, protection from creditors or any other form of bankruptcy?

- Applicant
- Parent company of the applicant
- Affiliate company that guarantees the financial obligations of the applicant
- Any owner or officer of the applicant

No

### **C-7. Merger information**

Is the applicant currently involved in any dissolution, merger or acquisition activity, or otherwise participated in such activities within the previous 24 months?

No

### **C-8. Corporate structure**

Provide a graphical depiction of the applicant's corporate structure. Do not provide an internal organizational chart. The graphical depiction should include all parent holding companies, subsidiaries and affiliates as well as 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 the applicant may respond by stating that it is a stand-alone entity with no affiliate or subsidiary companies.

Stand-alone entity with no affiliate or subsidiary companies

## **Section D: Applicant Technical Capacity**

### **D-1. Operations**



Power brokers/aggregators: Include details of the applicant's business operations and plans for arranging and/or aggregating for the supply of electricity to retail customers.

Operations Description: Inertia Energy provides customized energy solutions for customers based on needs and risk tolerance. Multiple competing bids are arranged and verified to be the same, or differences specified to customers. Once a program and supplier selected, review of contract and possible redlining is done prior to execution. Inertia Energy monitors market daily to determine best time and term to lock.

**D-2. Operations Expertise & Key Technical Personnel**

Given the operational nature of the applicant's business, provide evidence of the applicant's experience and technical expertise in performing such operations. Include the names, titles, e-mail addresses, and background of key personnel involved in the operations of the applicant's business.

Operations Expertise & Personnel Description: Eric Hutchins has over 15 years experience on the supplier/broker side of energy business. Extensive understanding of operations side allows me to present all specific aspects of energy programs to clients. Eric is only individual within Inertia Energy and customers deal directly from start to finish.





Public Utilities  
Commission

# Application Attachments

Downloads PDF file

Entity#	Name	Type	Filing Date	Exp. Date	Status	Location	County	State
2102607	INERTIA ENERGY ADVISORS, LLC	FOREIGN LIMITED LIABILITY COMPANY	04/24/2012	-	Active	-	-	MICHIGAN

# Competitive Retail Electric Service Affidavit

County of Cook :

State of Illinois :

Inertia Energy Advisors 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, and that it will amend its application while it is pending if any substantial changes occur regarding the information provided.
2. The applicant will timely file an annual report of its intrastate gross receipts, gross earnings, and sales of kilowatt-hours of electricity pursuant to Sections 4905.10(A), 4911.18(A), and 4928.06(F), Ohio Revised Code.
3. The applicant will timely pay any assessment made pursuant to Sections 4905.10, 4911.18, and 4928.06(F), Ohio Revised Code.
4. The 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. The applicant will cooperate fully with the Public Utilities Commission of Ohio, and its Staff on any utility matter including the investigation of any consumer complaint regarding any service offered or provided by the applicant.
6. The applicant will fully comply with Section 4928.09, Ohio Revised Code regarding consent to the jurisdiction of Ohio Courts and the service of process.
7. The applicant will comply with all state and/or federal rules and regulations concerning consumer protection, the environment, and advertising/promotions.
8. The applicant will use its best efforts to verify that any entity with whom it has a contractual relationship to purchase power is in compliance with all applicable licensing requirements of the Federal Energy Regulatory Commission and the Public Utilities Commission of Ohio.
9. The applicant will cooperate fully with the Public Utilities Commission of Ohio, the electric distribution companies, the regional transmission entities, and other electric suppliers in the event of an emergency condition that may jeopardize the safety and reliability of the electric service in accordance with the emergency plans and other procedures as may be determined appropriate by the Commission.
10. If applicable to the service(s) the applicant will provide, it will adhere to the reliability standards of (1) the North American Electric Reliability Council (NERC), (2) the appropriate regional reliability council(s), and (3) the Public Utilities Commission of Ohio.
11. The Applicant will inform the Public Utilities Commission of Ohio of any material change to the information supplied in the application within 30 days of such material change, including any change in contact person for regulatory purposes or contact person for Staff use in investigating consumer complaints.

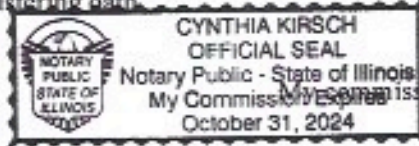
12. The facts set forth above are true and accurate to the best of his/her knowledge, information, and belief and that he/she expects said applicant to be able to prove the same at any hearing hereof.

13. Affiant further sayeth naught.

[Signature] PRESIDENT  
Signature of Affiant & Title

Sworn and subscribed before me this 10<sup>th</sup> day of MAY, 2021  
Month Year

[Signature] Cynthia Kirsch  
Signature of official administering oath Print Name and Title



My Commission expires on 10-31-2024

powered by

experian.

300

580

670

760

850

783

EXCELLENT

[View chart as table >](#)

Next update: May 21, 2021 | based on VantageScore® 3.0

WELCOME BACK

Your score hasn't changed since the last time we checked.

Factors that impact your score

Late payments

0

Great

Oldest account

21 yrs 1 mo

Good

Credit checks

6

Poor

Available Credit

\$63,104

[See all factors](#)

What brings you to Credit Journey?

Tell us about yourself so we can improve your experience.

[Get started](#)

Credit usage

1% since 04/10/2021

6.0%

Less than 30% is good

Month	Credit Usage (%)
Dec	~8%
Jan	~7%
Feb	~9%
Mar	~8%
Apr	~9%
May	~10%

[See chart as table](#) | [See details](#)

Total Balances

\$364,228

6 ACCOUNTS

JPMCB CARD

\$3,533 / \$21,000

NORDSTROM/TD BANK USA

\$359 / \$7,500

JPMCB CARD

\$0 / \$20,496

CITICARDS CBNA

\$0 / \$18,000

BMW FINANCIAL SERVICES

\$32,907

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●

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>

[See all accounts](#)

Looking for something else?

Credit Insider

Learn more about your credit and how to improve it.

[Explore our tools >](#)

Identity restoration

Get back on track if your identity is ever stolen.

[See details >](#)

Score simulator

See how the choices you make can affect your score.

[Try it out >](#)

Credit report

Keep track of your credit and stay on top of your accounts.

[Access your report >](#)

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**Additional Information**

VantageScore® 3.0, with scores ranging from 300 to 850, is a user-friendly credit score model developed by the three major nationwide credit reporting agencies, Experian®, TransUnion®, and Equifax®.

VantageScore 3.0 is used by some but not all lenders. Higher scores represent a greater likelihood that you'll pay back your debts so you are viewed as being a lower credit risk to lenders. A lower score indicates to lenders that you may be a higher credit risk.

There are three different major credit reporting agencies, Experian, TransUnion and Equifax, that maintain a record of your credit history known as your credit file. Credit scores are based on the information in your credit file at the time it is requested. Your credit file information can vary from agency to agency because some lenders report your credit history to only one or two of the agencies; so your credit scores can vary if the information they have on file for you is different. Since the information in your file can change over time, your credit scores also may be different from day to day. Different credit scoring models can also give a different assessment of the credit risk (risk of default) for the same consumer and same credit file.

There are different credit scoring models which may be used by lenders and insurers. Your lender may not use VantageScore 3.0, so don't be surprised if your lender gives you a score that's different from your VantageScore. (And your VantageScore 3.0 may differ from your score under other types of VantageScores). Just remember that your associated risk level is often the same even if the number is not. For some consumers, however, the risk assessment of VantageScore 3.0 could vary, sometimes substantially, from a lender's score. If the lender's score is lower than your VantageScore 3.0, it is possible this difference can lead to higher interest rates and sometimes credit denial.

The credit scores presented in Credit Journey are not so-called FICO scores, and follow the VantageScore 3.0 consumer credit scoring model, which is not affiliated with Fair, Isaac and Company. The credit scores presented in Credit Journey may not be identical in every respect to any consumer credit scores provided by any other company.

The Identity Theft Insurance is underwritten and administered by American Bankers Insurance Company of Florida, an Assurant company under group or blanket policy(ies). The description herein is a summary and intended for informational purposes only and does not include all terms, conditions and exclusions of the policies described. Please refer to the actual policies for terms, conditions, and exclusions of coverage. Coverage may not be available in all jurisdictions. Review the [Summary of Benefits](#).



**SCHEDULE C**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Profit or Loss From Business**  
**(Sole Proprietorship)**

Go to [www.irs.gov/ScheduleC](http://www.irs.gov/ScheduleC) for instructions and the latest information.  
Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

**2020**

Attachment  
Sequence No. **09**

Name of proprietor

**ERIC S HUTCHINS**

Social security number (SSN)

[REDACTED]

**A** Principal business or profession, including product or service (see instructions)

**UTILITIES BROKER**

**B** Enter code from instructions

**541990**

**C** Business name, if no separate business name, leave blank.

**INERTIA ENERGY ADVISORS, LLC**

**D** Employer ID number (EIN) (see instr.)

**45-2150337**

**E** Business address (including suite or room no.)

**1118 PARK LANE**

City, town or post office, state, and ZIP code

**WESTERN SPRINGS**

**IL 60558**

**F** Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify)

**G** Did you "materially participate" in the operation of this business during 2020? If "No," see instructions for limit on losses

☒ Yes ☐ No

**H** If you started or acquired this business during 2020, check here

**I** Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions

☒ Yes ☐ No

**J** If "Yes," did you or will you file required Form(s) 1099?

☒ Yes ☐ No

**Part I Income**

<b>1</b> Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked	<input type="checkbox"/>	<b>1</b>	<b>359,823</b>
<b>2</b> Returns and allowances		<b>2</b>	
<b>3</b> Subtract line 2 from line 1		<b>3</b>	<b>359,823</b>
<b>4</b> Cost of goods sold (from line 42)		<b>4</b>	
<b>5</b> Gross profit. Subtract line 4 from line 3		<b>5</b>	<b>359,823</b>
<b>6</b> Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)		<b>6</b>	
<b>7</b> Gross income. Add lines 5 and 6		<b>7</b>	<b>359,823</b>

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

<b>8</b> Advertising	<b>8</b>	<b>3,323</b>	<b>18</b> Office expense (see instructions)	<b>18</b>	
<b>9</b> Car and truck expenses (see instructions)	<b>9</b>	<b>867</b>	<b>19</b> Pension and profit-sharing plans	<b>19</b>	
<b>10</b> Commissions and fees	<b>10</b>		<b>20</b> Rent or lease (see instructions):		
<b>11</b> Contract labor (see instructions)	<b>11</b>	<b>12,711</b>	<b>a</b> Vehicles, machinery, and equipment	<b>20a</b>	
<b>12</b> Depreciation	<b>12</b>		<b>b</b> Other business property	<b>20b</b>	
<b>13</b> Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	<b>13</b>	<b>1,700</b>	<b>21</b> Repairs and maintenance	<b>21</b>	
<b>14</b> Employee benefit programs (other than on line 19)	<b>14</b>		<b>22</b> Supplies (not included in Part III)	<b>22</b>	<b>519</b>
<b>15</b> Insurance (other than health)	<b>15</b>	<b>720</b>	<b>23</b> Taxes and licenses	<b>23</b>	<b>8,769</b>
<b>16</b> Interest (see instructions):			<b>24</b> Travel and meals:		
<b>a</b> Mortgage (paid to banks, etc.)	<b>16a</b>		<b>a</b> Travel	<b>24a</b>	
<b>b</b> Other	<b>16b</b>		<b>b</b> Deductible meals (see instructions)	<b>24b</b>	<b>80</b>
<b>17</b> Legal and professional services	<b>17</b>	<b>1,500</b>	<b>25</b> Utilities	<b>25</b>	
<b>28</b> Total expenses before expenses for business use of home. Add lines 8 through 27a			<b>26</b> Wages (less employment credits)	<b>26</b>	
<b>29</b> Tentative profit or (loss). Subtract line 28 from line 7			<b>27a</b> Other expenses (from line 48)	<b>27a</b>	<b>4,478</b>
<b>30</b> Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30			<b>b</b> Reserved for future use	<b>27b</b>	
<b>31</b> Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32.			<b>28</b>	<b>28</b>	<b>34,667</b>
<b>32</b> If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 6198. Your loss may be limited.			<b>29</b>	<b>29</b>	<b>325,156</b>
			<b>30</b>	<b>30</b>	<b>3,201</b>
			<b>31</b>	<b>31</b>	<b>321,955</b>
			<b>32a</b>	<input type="checkbox"/> All investment is at risk.	
			<b>32b</b>	<input type="checkbox"/> Some investment is not at risk.	

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2020





## INCOME STATEMENT

*Inertia Energy Advisors, LLC*

2021

	2021
<b>Revenue:</b>	<b>20,000.00</b>
Gross Sales	20,000.00
Less: Sales Returns and Allowances	0.00
<b>Cost of Goods Sold:</b>	<b>0.00</b>
Materials	0.00
Other direct expenses	0.00
<b>Gross Profit (Loss)</b>	<b>20,000.00</b>
<b>Other Income:</b>	<b>0.00</b>
Discount received	0.00
Rental income	0.00
Gain (Loss) on Sale of Assets	0.00
Interest received	19.00
<b>Gross Income</b>	<b>20,000.00</b>
<b>Expenses:</b>	
<b>Financial expenses</b>	<b>83.00</b>
Bank Charges and commissions	83.00
Interest	0.00
<b>Personnel expenses</b>	<b>0.00</b>
Wages	0.00
Payroll Taxes	0.00
<b>Other Operational Expenses</b>	<b>6,800.00</b>
Amortization	0.00
Insurance	200.00
Maintenance & Repairs	0.00
Marketing	100.00
Miscellaneous	1,000.00
Office Expenses	0.00
Permits and Licenses	500.00
Rent	0.00
Telephone	0.00
Travel	5,000.00
Utilities	0.00
Vehicle Expenses	0.00
<b>Total Operational Expenses</b>	<b>6,883.00</b>
<b>Net Income (Loss)</b>	<b>13,117.00</b>



# INCOME STATEMENT

*Inertia Energy Advisors, LLC*

2022

	2022
<b>Revenue:</b>	<b>40,000.00</b>
Gross Sales	40,000.00
Less: Sales Returns and Allowances	0.00
<b>Cost of Goods Sold:</b>	<b>0.00</b>
Materials	0.00
Other direct expenses	0.00
<b>Gross Profit (Loss)</b>	<b>40,000.00</b>
<b>Other Income:</b>	<b>0.00</b>
Discount received	0.00
Rental income	0.00
Gain (Loss) on Sale of Assets	0.00
Interest received	0.00
<b>Gross Income</b>	<b>40,000.00</b>
<b>Expenses:</b>	
<b>Financial expenses</b>	<b>100.00</b>
Bank Charges and commissions	100.00
Interest	0.00
<b>Personnel expenses</b>	<b>0.00</b>
Wages	0.00
Payroll Taxes	0.00
<b>Other Operational Expenses</b>	<b>11,000.00</b>
Amortization	0.00
Insurance	200.00
Maintenance & Repairs	0.00
Marketing	300.00
Miscellaneous	2,000.00
Office Expenses	0.00
Permits and Licenses	500.00
Rent	0.00
Telephone	0.00
Travel	8,000.00
Utilities	0.00
Vehicle Expenses	0.00
<b>Total Operational Expenses</b>	<b>11,100.00</b>
<b>Net Income (Loss)</b>	<b>28,900.00</b>

## OH Return Summary

For calendar year 2019, or taxable year beginning , and ending

**INERTIA ENERGY ADVISORS, LLC**

**45-2150337**

COPY

### Form IT 1140

<b>Taxable income</b>		0
<b>Withholding Tax</b>		
Individual tax	0	
Entity tax	0	
<b>Total IT 1140 taxes</b>		0
<b>Payments / Penalties</b>		
Payments	0	
Penalty on underpayment	0	
Penalties and interest	0	
<b>Total payments / penalties</b>		0
<b>Amount due / (overpayment)</b>		0
<b>Overpayment credited to next year</b>		0
<b>Amount of refund</b>		0

### Form IT 1140ES

First quarter	0
Second quarter	0
Third quarter	0
Fourth quarter	0

### Form IT 4708

<b>Composite income</b>	19,299
<b>Composite tax before credits and grants</b>	926
<b>Amount due / (overpayment)</b>	943
<b>Overpayment credited to next year</b>	0
<b>Amount of refund</b>	0

### Form IT 4708ES

First quarter	0
Second quarter	0
Third quarter	0
Fourth quarter	0

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Ohio

Department of  
Taxation  
Rev. 10/192019  
Ohio IT K-1

10211411

Use only black ink and UPPERCASE letters.

Check here if this is an amended K-1.

COPY

For calendar year 20 19 or taxable year beginning \_\_\_\_\_ and ending \_\_\_\_\_

Investor's / beneficiary's SSN / FEIN \*\*\*-\*\*- Entity FEIN 45-2150337 Entity type INDIVIDUAL  
 Investor's / beneficiary's name, address and ZIP code or Foreign address Pass-through entity's name, address and ZIP code or Foreign address and Foreign postal code  
ERIC HUTCHINS INERTIA ENERGY ADVISORS LLC  
1118 PARK LANE 272 4700 GILBERT SUITE 47  
WESTERN SPRINGS IL 60558 WESTERN SPRINGS IL 60558

	Foreign State Code	Country Code	Foreign State Code	Country Code
Investor's percentage of				
Profit-sharing				
Loss-sharing				
Ownership of capital				

Beginning of year      End of year

50.000000%      100.000000%

50.000000%      100.000000%

50.000000%      100.000000%

IT 1140 qualified investor  
☒ IT 4708 composite investor  
 Nonapplicable

**Entity Apportionment Percentage**

	Ohio	Everywhere
Property		
Payroll		
Sales	16638	226987
Total apportionment percentage	0.073298	

**Depreciation Information** ( check box if depreciation adjustment has been waived)

Total current year sections 168K bonus depreciation and 179 expense adjustment \_\_\_\_\_

Prior years add-back (indicate add-back deduction time frame next to amount, i.e., 2/3,5/6,6/6)

	2014	2015	2016	2017	2018
Investor's / Beneficiary's Share of Ohio Taxable Income and Tax Credits					

**Investor's / Beneficiary's Share of Ohio Taxable Income and Tax Credits**

1. a. Ohio taxable income 14,514  
 b. Ohio apportioned guaranteed payments/compensation \_\_\_\_\_  
 c. Ohio apportioned depreciation adjustment \_\_\_\_\_  
**Total Ohio taxable income** ..... 1. 14,514

2. Nonrefundable business credits (include certificate[s]) ..... 2. \_\_\_\_\_

3. Ohio tax paid on behalf of this investor / beneficiary (net of overpayments) (credit for Ohio taxes paid by this entity) ..... 3. 696

4. Total indirect pass-through entity credit, W2 withholding or 1099 withholding (**attach W2/1099 when applicable**) .. 4. \_\_\_\_\_

FEIN(s) of pass-through entity (payors) \_\_\_\_\_

5. Job creation credit and job retention credit (include certificate) – percent of credit claimed \_\_\_\_\_ % ..... 5. \_\_\_\_\_

6. Ohio historic preservation credit (include certificate) – percent of credit claimed \_\_\_\_\_ % ..... 6. \_\_\_\_\_

7. Losses on loans made to Ohio venture capital program ..... 7. \_\_\_\_\_

8. Motion picture / Broadway production credit (include certificate) – percent of credit claimed \_\_\_\_\_ % ..... 8. \_\_\_\_\_

9. Financial Institutions Tax (FIT) credit ..... 9. \_\_\_\_\_

FEIN of the entity that paid the FIT \_\_\_\_\_

**Supplemental Information**

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Ohio

Department of  
Taxation  
Rev. 10/192019  
Ohio IT K-1

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Check here if this is an amended K-1.

COPY

For calendar year 20 19 or taxable year beginning \_\_\_\_\_ and ending \_\_\_\_\_

Investor's / beneficiary's SSN / FEIN \*\*\*-\*\*- Entity FEIN 45-2150337 Entity type INDIVIDUAL  
 Investor's / beneficiary's name, address and ZIP code or Foreign address and Foreign postal code  
HENRY P. MERKEL INERTIA ENERGY ADVISORS LLC  
509 ISLE OF PINES 272 4700 GILBERT SUITE 47  
MOORESVILLE NC 28117 WESTERN SPRINGS IL 60558

	Foreign State Code	Country Code	Foreign State Code	Country Code
Investor's percentage of				
Profit-sharing		<u>25.000000</u> %	<u>0.000000</u> %	
Loss-sharing		<u>25.000000</u> %	<u>0.000000</u> %	
Ownership of capital		<u>25.000000</u> %	<u>0.000000</u> %	
			IT 1140 qualified investor	
			<input checked="" type="checkbox"/> IT 4708 composite investor	
			Nonapplicable	

Entity Apportionment Percentage	Ohio	Everywhere
Property		
Payroll		
Sales	<u>2742</u>	<u>37417</u>
Total apportionment percentage	<u>0.073298</u>	

**Depreciation Information** ( check box if depreciation adjustment has been waived)

Total current year sections 168K bonus depreciation and 179 expense adjustment \_\_\_\_\_

Prior years add-back (indicate add-back deduction time frame next to amount, i.e., 2/3,5/6,6/6)

	20 <u>14</u>	20 <u>15</u>	20 <u>16</u>	20 <u>17</u>	20 <u>18</u>
--	--------------	--------------	--------------	--------------	--------------

**Investor's / Beneficiary's Share of Ohio Taxable Income and Tax Credits**

1. a. Ohio taxable income 2,392  
 b. Ohio apportioned guaranteed payments/compensation \_\_\_\_\_  
 c. Ohio apportioned depreciation adjustment \_\_\_\_\_  
**Total Ohio taxable income** ..... 1. 2,392

2. Nonrefundable business credits (include certificate[s]) ..... 2. \_\_\_\_\_

3. Ohio tax paid on behalf of this investor / beneficiary (net of overpayments) (credit for Ohio taxes paid by this entity) ..... 3. 115

4. Total indirect pass-through entity credit, W2 withholding or 1099 withholding (**attach W2/1099 when applicable**) .. 4. \_\_\_\_\_

FEIN(s) of pass-through entity (payors) \_\_\_\_\_

5. Job creation credit and job retention credit (include certificate) – percent of credit claimed \_\_\_\_\_ % ..... 5. \_\_\_\_\_

6. Ohio historic preservation credit (include certificate) – percent of credit claimed \_\_\_\_\_ % ..... 6. \_\_\_\_\_

7. Losses on loans made to Ohio venture capital program ..... 7. \_\_\_\_\_

8. Motion picture / Broadway production credit (include certificate) – percent of credit claimed \_\_\_\_\_ % ..... 8. \_\_\_\_\_

9. Financial Institutions Tax (FIT) credit ..... 9. \_\_\_\_\_

FEIN of the entity that paid the FIT \_\_\_\_\_

**Supplemental Information**

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Ohio

Department of  
Taxation  
Rev. 10/192019  
Ohio IT K-1

10211411

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Check here if this is an amended K-1.

COPY

For calendar year 20 19 or taxable year beginning \_\_\_\_\_ and ending \_\_\_\_\_

Investor's / beneficiary's SSN / FEIN \*\*\*-\*\*- Entity FEIN 45-2150337 Entity type INDIVIDUAL  
 Investor's / beneficiary's name, address and ZIP code or Foreign address and Foreign postal code  
CYNTHIA L. MERKEL INERTIA ENERGY ADVISORS LLC  
509 ISLE OF PINES 272 4700 GILBERT SUITE 47  
MOORESVILLE NC 28117 WESTERN SPRINGS IL 60558

	Foreign State Code	Country Code	Foreign State Code	Country Code
Investor's percentage of				
Profit-sharing		<u>25.000000</u> %	<u>0.000000</u> %	
Loss-sharing		<u>25.000000</u> %	<u>0.000000</u> %	
Ownership of capital		<u>25.000000</u> %	<u>0.000000</u> %	
			IT 1140 qualified investor	
			<input checked="" type="checkbox"/> IT 4708 composite investor	
			Nonapplicable	

Entity Apportionment Percentage	Ohio	Everywhere
Property		
Payroll		
Sales	<u>2743</u>	<u>37418</u>
Total apportionment percentage	<u>0.073298</u>	

**Depreciation Information** ( check box if depreciation adjustment has been waived)

Total current year sections 168K bonus depreciation and 179 expense adjustment \_\_\_\_\_

Prior years add-back (indicate add-back deduction time frame next to amount, i.e., 2/3,5/6,6/6)

	20 <u>14</u>	20 <u>15</u>	20 <u>16</u>	20 <u>17</u>	20 <u>18</u>
<b>Investor's / Beneficiary's Share of Ohio Taxable Income and Tax Credits</b>					

1. a. Ohio taxable income 2,393  
 b. Ohio apportioned guaranteed payments/compensation \_\_\_\_\_  
 c. Ohio apportioned depreciation adjustment \_\_\_\_\_  
**Total Ohio taxable income** ..... 1. 2,393

2. Nonrefundable business credits (include certificate[s]) ..... 2. \_\_\_\_\_

3. Ohio tax paid on behalf of this investor / beneficiary (net of overpayments) (credit for Ohio taxes **paid by this entity**) ..... 3. 115

4. Total indirect pass-through entity credit, W2 withholding or 1099 withholding (**attach W2/1099 when applicable**) .. 4. \_\_\_\_\_

FEIN(s) of pass-through entity (payors) \_\_\_\_\_

5. Job creation credit and job retention credit (include certificate) – percent of credit claimed \_\_\_\_\_ % ..... 5. \_\_\_\_\_

6. Ohio historic preservation credit (include certificate) – percent of credit claimed \_\_\_\_\_ % ..... 6. \_\_\_\_\_

7. Losses on loans made to Ohio venture capital program ..... 7. \_\_\_\_\_

8. Motion picture / Broadway production credit (include certificate) – percent of credit claimed \_\_\_\_\_ % ..... 8. \_\_\_\_\_

9. Financial Institutions Tax (FIT) credit ..... 9. \_\_\_\_\_

FEIN of the entity that paid the FIT \_\_\_\_\_

**Supplemental Information**

# UPC for Pass-Through Entity/Fiduciary Income Tax

## 2019 INCOME TAX PAYMENT VOUCHER

(on bottom of page)

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### Ohio Universal Payment Coupon (UPC)

Pass-Through Entity/Fiduciary Income Tax

Rev. 7/19

Form Name IT 4708P

Form Code (841)

Entity Type 02

Reporting Period Start Date: 01/01/2019

Reporting Period End Date: 12/31/2019

FEIN: XXXXX0337

Key ID: 04521503371219

INERTIA ENERGY ADVISORS LLC  
272 4700 GILBERT SUITE 47  
WESTERN SPRINGS IL 60558

Do **NOT** fold check or voucher.

VRN  
18

- Do **NOT** staple or paper clip.
- Do **NOT** send cash.
- Make payment payable to: Ohio Treasurer of State
- Mail this voucher and payment to: Ohio Department of Taxation, P.O. Box 181140, Columbus, OH 43218-1140

Amount of Payment — \$ 943.00

841 3 08 04521503371219 2 000000 0 555

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**Ohio**Department of  
Taxation

Rev. 11/04/19

# 2019 Ohio IT 4708

## Pass-Through Entity

### Composite Income Tax Return



\*\*\*\*\*

Use only black ink and UPPERCASE letters. Amount fields use only whole dollar amounts, no cents.

Check here if amended return      ☒ Check here if final return  
 Check here if the federal extension was granted

Reporting Period Start Date

01/01/19

FEIN

45 2150337

Entity Type:

(check only one)

☒

S corporation

Limited liability company

Partnership

Other

Reporting Period End Date

12/31/19

Name of pass-through entity

INERTIA ENERGY ADVISORS LLC

Address (if address change, check box)

272 4700 GILBERT SUITE 47

City

WESTERN SPRINGS

State

IL

ZIP code

60558

Foreign State Code

Country Code

Foreign country (if the mailing address is outside the U.S.)

Foreign postal code

Total number of investors	Number of investors included on return	Ownership percentage of investors on return	Apportionment ratio, line 6	Ohio charter or license no. (if S corp)
3	3	1.0000	0.073298	

**Questionnaire**

Yes No N/A

A. If the pass-through entity is an S corporation, did the pass-through entity pay any compensation or remuneration to any nonresident investors or nonresident members of the investor's family? If yes, include a list of those individuals (include SSNs) who received such compensation or remuneration and the amount(s) .....

X

B. If the pass-through entity is, or is treated as, a partnership for federal income tax purposes, did the pass-through entity make any guaranteed payments to any of its partners or equity investors? If yes, include a list of those partners or equity investors (include SSNs and FEINs) who received such guaranteed payments and the amount(s) .....

X

**Schedule I – Taxable Income, Tax, Payments and Net Amount Due Calculations**

1. Total income (loss) (from Schedule II, line 33) .....	1.	263292
2. Total deductions (from Schedule III, line 38) .....	2.	
3. Income (loss) to be allocated and apportioned (line 1 minus line 2) .....	3.	263292
4. Net allocable nonbusiness income (loss) everywhere, if any, and gain (loss) described in Ohio Revised Code (R.C.) section 5747.212. (Include explanation and supporting schedules) .....	4.	
5. Apportionable income (loss) (line 3 minus line 4) .....	5.	263292
6. Ohio apportionment ratio (from Schedule IV, line 42) .....	6.	0.073298
7. Income (loss) apportioned to Ohio (line 5 times line 6) .....	7.	19299
8. Net nonbusiness income (loss) allocated to Ohio and gain (loss) apportioned to Ohio per R.C. section 5747.212. (Include explanation and supporting schedules.) .....	8.	
9. Ohio taxable income (add lines 7 and 8, if less than zero, enter zero) .....	9.	19299



Department of  
Taxation

Rev. 11/04/19

# 2019 Ohio IT 4708

## Pass-Through Entity

### Composite Income Tax Return



19160218

FEIN

45 2150337

**Schedule I – Taxable Income, Tax, Payments and Net Amount Due Calculations...cont.**

COPY

10. Tax before credits (tax rate change, see instructions) .....	10.	926
11. Nonrefundable business credits (include Schedule E) .....	11.	
12. Tax due after nonrefundable business credits. Line 10 minus line 11. (If less than zero, enter zero) .....	12.	926
13. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210) .....	13.	17
14. Ohio IT 4708 UPC payments for the taxable year .....	14.	
15. Ohio IT 1140 UPC payments transferred to this form and any payments made with previously filed return(s) for this taxable year .....	15.	
16. Ohio IT 4708 UPC payments transferred to Ohio IT 1140 and overpayments, if any, previously claimed for this taxable year .....	16.	
17. Total net Ohio estimated tax payments for 2019 (sum of lines 14 and 15 minus line 16) .....	17.	
18. Total refundable business credits (from Schedule V, line 49) .....	18.	
19. Total of lines 17 and 18 .....	19.	
20. Overpayment, if any (line 19 minus the sum of lines 12 and 13, if less than zero, enter zero) .....	20.	
21. Net amount due, if any (sum of lines 12 and 13 minus line 19, if less than zero, enter zero) .....	21.	943
22. Interest and penalty due on late-paid tax and/or late-filed return, if any .....	22.	
23. Total amount due, if any (add lines 21 and 22). Make check payable to Ohio Treasurer of State, include Ohio UPC and place FEIN on check .....	23.	943

If your refund is \$1.00 or less, no refund will be issued. If you owe \$1.00 or less, no payment is necessary.

**Sign Here (required):** I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge and belief, the return and all enclosures are true, correct and complete.**ERIC HUTCHINS**

Pass-through entity officer or agent (print)

**MANAGER**

Title of officer or agent (print)

Phone number

Signature of pass-through entity officer or agent

**BARBARA G. MCCALL**

Date (MM/DD/YY)

**704 896 2870**

Preparer's name (print)

**BARBARA@LADDMCCALL.COM**

Phone number

**P00182461**

Preparer's e-mail address

PTIN

Do you authorize your preparer to contact us regarding this return? Yes ☒ NoDo not staple or paper clip.  
Place any supporting documents, including  
OH IT K-1(s), after the last page of this return.

**Mail to:**  
**Ohio Dept. of Taxation**  
**P.O. Box 181140**  
**Columbus, OH 43218-1140**

Instructions for this form are on  
our website at [tax.ohio.gov](http://tax.ohio.gov).



Department of  
Taxation

Rev. 11/04/19

# 2019 Ohio IT 4708

## Pass-Through Entity

### Composite Income Tax Return



19160318

FEIN

45 2150337

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**Schedule II – Income and Adjustments**

Amounts reflected in Schedule II & Schedule III are the combined amounts from the federal Schedule K-1(s) for the taxable year for only those investors who are participating in the filing of this return. **Include with this return a copy of the applicable federal 1120S or 1065 and K-1(s) of participating investors.**

24. Ordinary business income (loss) .....	24.	263292
25. The investors' shares of expenses and losses incurred in connection with all direct and indirect transactions between the pass-through entity and its related members, including certain investors' family members .....	25.	
26. Guaranteed payments that the pass-through entity made to each investor participating in the filing of this return if such investor directly or indirectly owns at least 20% of the pass-through entity .....	26.	
27. Compensation that the pass-through entity paid to each investor participating in the filing of this return if such investor directly or indirectly owns at least 20% of the pass-through entity. Reciprocity agreements do not apply .....	27.	
28. Net income or (loss) from rental activities other than amount shown on line 24 .....	28.	
29. Portfolio income (loss). See note below.		
a. Interest income .....	29a.	
b. Dividends .....	29b.	
c. Royalties .....	29c.	
d. Net short-term capital gain (loss) .....	29d.	
e. Net long-term capital gain (loss). Exclude from this line any capital loss carryforward amount. <b>Note:</b> If adding lines 29d and 29e results in a net loss, the net allowable loss for the sum of these two lines cannot exceed the product of \$3,000 and the number of participating investors included in this return .....	29e.	
f. Other portfolio income (loss) .....	29f.	
30. Net gain (loss) under Internal Revenue Code (I.R.C.) section 1231 .....	30.	
31. Adjustment for I.R.C. sections 168(k) and 179 depreciation expense and any applicable federal conformity adjustments. Complete Schedule VI .....	31.	
2/3          5/6          6/6 (check applicable box)		
32. Other income (loss) (include explanation and supporting schedule) .....	32.	
33. Total income (loss)(add lines 24-32; enter here and on Schedule I, line 1) .....	33.	263292



Department of  
Taxation

Rev. 11/04/19

# 2019 Ohio IT 4708

## Pass-Through Entity

### Composite Income Tax Return



19160418

FEIN

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**Schedule III – Deductions**

List only those deductions that have not already been used to reduce any income items set forth in Schedule II.

34. I.R.C. section 179 expense not deducted in calculating line 24 ..... 34.
35. Adjustment for I.R.C. sections 168(k) and 179 depreciation expense added back in applicable previous years and federal conformity adjustments. Complete Schedule VI ..... 35.
36. Net federal interest and dividends exempt from state taxation ..... 36.
37. Exempt gains from the sale of Ohio state or local government bonds ..... 37.
38. Total deductions (add lines 34-37; enter here and on Schedule I, line 2) ..... 38.

**Schedule IV – Apportionment Worksheet**Use this schedule to calculate the apportionment ratio for a pass-through entity that is not a financial institution as defined in R.C. section 5725.01. If the pass-through entity is a financial institution, refer to the instructions. **Note:** All ratios are to be carried to six decimal places.

39. Property	Within Ohio		Total Everywhere
a) Owned (average cost)			
	Within Ohio		Total Everywhere
b) Rented (annual rental X 8)			
	Within Ohio		Total Everywhere
c) Total (lines 40a and 40b)		÷	
	Ratio	Weight	Weighted Ratio
	= 0.000000	X	=
	Within Ohio		Total Everywhere
40. Payroll		÷	
	Ratio	Weight	Weighted Ratio
	= 0.000000	X	=
	Within Ohio		Total Everywhere
41. Sales	22123	÷	301822
	Ratio	Weight	Weighted Ratio
	= 0.073298	X 1.00	= 0.073298
			Weighted Ratio
42. Total weighted apportionment ratio (add lines 39c, 40 and 41). Enter ratio here and on Schedule I, line 6 ...			0.073298

**Note:** If the denominator of any factor is zero, the weight given to the other factors must be proportionately increased so that the total weight given to the combined number of factors used is 100%, i.e., if no property/payroll, use 25% and 75%; if no sales, use 50% property/payroll; if only one factor, use 100%.



Department of  
Taxation

Rev. 11/04/19

# 2019 Ohio IT 4708

## Pass-Through Entity

### Composite Income Tax Return



19160518

FEIN

45 2150337

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**Schedule V – Refundable Business Credits****Note:** Certificates from the Ohio Development Services Agency and/or Ohio IT K-1(s) must be included to verify each refundable credit claimed.

43. Historic preservation credit (include a copy of the credit certificate) ..... 43.
44. Job creation credit and job retention credit (include a copy of the credit certificate) ..... 44.
45. Pass-through entity credit (include a copy of the Ohio IT K-1) ..... 45.
46. Venture capital credit (include a copy of the credit certificate) ..... 46.
47. Motion picture / Broadway production credit (include a copy of the credit certificate) ..... 47.
48. Financial Institutions Tax (FIT) credit (include a copy of the Ohio IT K-1) ..... 48.
49. Total refundable business credits (add lines 43-48; enter here and on Schedule I, line 18) ..... 49.

**Schedule VI – 168K Bonus Depreciation and 179 Expense Add-back Schedule**

Check the box if the depreciation adjustment has been waived

50. Total current year sections 168K bonus depreciation and 179 expense add-back ..... 50.
51. Prior years add-back amount and applicable add-back ratio

	Column (A) – Amount	Column (B) – Ratio		
51a. Year Prior .....		2/3	5/6	6/6
51b. 2 Years Prior .....		2/3	5/6	6/6
51c. 3 Years Prior .....		2/3	5/6	6/6
51d. 4 Years Prior .....		2/3	5/6	6/6
51e. 5 Years Prior .....		2/3	5/6	6/6

**Schedule VII – Investor Information**Provide investor information for all (resident and nonresident) investors in the pass-through entity. List investors by highest to lowest ownership percentage. Use an additional sheet, if necessary.☒ Check the box if the investor is included on the return.

SSN	FEIN	Percent of ownership	Amount of PTE tax credit
*****2983		1.0000	696
First name/entity	M.I.	Last name	
ERIC		HUTCHINS	
Address			
1118 PARK LANE			
City	State	ZIP code	
WESTERN SPRINGS	IL	60558	



Department of  
Taxation

Rev. 11/04/19

# 2019 Ohio IT 4708

## Pass-Through Entity

### Composite Income Tax Return



19160618

FEIN

45 2150337

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**Schedule VII – Investor Information...cont.**

Provide investor information for all (resident and nonresident) investors in the pass-through entity. List investors by highest to lowest ownership percentage. Use an additional sheet, if necessary.

**X** Check the box if the investor is included on the return.

SSN	FEIN	Percent of ownership	Amount of PTE tax credit
*****			115

First name/entity	M.I.	Last name
HENRY	P	MERKEL

Address

509 ISLE OF PINES

City

MOORESVILLE

State

NC

ZIP code

28117

**X** Check the box if the investor is included on the return.

SSN	FEIN	Percent of ownership	Amount of PTE tax credit
*****			115

First name/entity	M.I.	Last name
CYNTHIA	L	MERKEL

Address

509 ISLE OF PINES

City

MOORESVILLE

State

NC

ZIP code

28117

Check the box if the investor is included on the return.

SSN	FEIN	Percent of ownership	Amount of PTE tax credit
-----	------	----------------------	--------------------------

First name/entity	M.I.	Last name
-------------------	------	-----------

Address

City

State

ZIP code



Department of  
Taxation

Rev. 11/04/19

# 2019 Ohio IT 4708

## Pass-Through Entity

### Composite Income Tax Return



19160718

FEIN

45 2150337

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**Schedule VII – Investor Information...cont.**

Provide investor information for all (resident and nonresident) investors in the pass-through entity. List investors by highest to lowest ownership percentage. Use an additional sheet, if necessary.

Check the box if the investor is included on the return.

SSN	FEIN	Percent of ownership	Amount of PTE tax credit
-----	------	----------------------	--------------------------

First name/entity	M.I.	Last name
-------------------	------	-----------

Address

City	State	ZIP code
------	-------	----------

Check the box if the investor is included on the return.

SSN	FEIN	Percent of ownership	Amount of PTE tax credit
-----	------	----------------------	--------------------------

First name/entity	M.I.	Last name
-------------------	------	-----------

Address

City	State	ZIP code
------	-------	----------

Check the box if the investor is included on the return.

SSN	FEIN	Percent of ownership	Amount of PTE tax credit
-----	------	----------------------	--------------------------

First name/entity	M.I.	Last name
-------------------	------	-----------

Address

City	State	ZIP code
------	-------	----------



**Ohio****Department of  
Taxation**IT/SD 2210  
Rev. 11/19

**2019 Ohio IT/SD 2210**  
**Interest Penalty on Underpayment of Ohio Individual Income,**  
**School District Income and Pass-Through Entity Tax**

Include with your 2019 Ohio tax return.

**Use UPPERCASE letters.**

**Section 1:** Complete this section if you are filing **Ohio IT 1040** or **SD 100**.

Taxpayer's SSN (required)                      Spouse's SSN (only if married filing jointly)

Taxpayer's first name                                      M.I.      Last name

Spouse's first name (only if married filing jointly)                      M.I.      Last name

**Section 2:** Complete this section if you are filing **Ohio IT 4708, IT 1140, IT 1041, or SD 100E**.

FEIN                                      Decedent's SSN (estates)

**45-2150337**

Name of pass-through entity, trust or estate

Additional line, if necessary, for name of pass-through entity, trust or estate

**INERTIA ENERGY ADVISORS, LLC**

**Section 3:**

**Total interest penalty due (from page 2, line 8 or page 3, line 6)** .....

**17 0 0**

Include pages 1 and 2 when you file your Ohio IT 1040, SD 100, SD 100E, IT 1041 or IT 4708 tax return.

Include pages 1 and 3 when you file your Ohio IT 1140 tax return.

**Federal Privacy Act Notice**

Because we require you to provide us with a Social Security number, the *Federal Privacy Act of 1974* requires us to inform you that providing us with your Social Security number is mandatory. Ohio Revised Code sections 5703.05, 5703.057 and 5747.08 authorize us to request this information. We need your Social Security number in order to administer this tax.



10211411

Taxpayer's name **INERTIA ENERGY ADVISORS, LLC** Taxpayer's FEIN/SSN **45-2150337****2019****COPY**

### Part I – Calculating the Required Annual Payment When Filing the Ohio IT 1040, SD 100, SD 100E, IT 1041 or IT 4708

Use this form to calculate interest penalty on underpayment of taxes and to show the exceptions where no interest penalty is due.  
See page 4 for definitions and line references.

☐ Check here if you engage in farming or fishing activities and refer to Ohio Administrative Code Rule 5703-7-04 for options.

1. <b>2019</b> Ohio income taxes paid ( <u>timely paid</u> * <b>2019</b> estimated payments plus withholding plus <b>2018</b> credit carryforward) .....	1.		00
2. <b>2019</b> Ohio income tax liability (total tax minus total credits) .....	2.	<b>926</b>	00
3. <b>2018</b> Ohio income tax liability (total tax minus total credits) .....	3.	<b>507</b>	00
4. Multiply line 2 by 90% (.90) .....	4.	<b>833</b>	00
5a. Is line 1 greater than or equal to line 4? If yes, STOP, you have no interest penalty. If no, continue to line 5b .....			
	5a.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
5b. Did you file a 2018 Ohio income tax return? If yes, continue to line 5c. If no, skip to line 5d .....			
	5b.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
5c. Is line 1 greater than or equal to line 3? If yes, STOP, you have no interest penalty. If no, continue to line 5d .....			
	5c.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
5d. Is line 2 less any withholding \$500 or less? If yes, STOP, you have no interest penalty. If no, continue to line 6 .....			
	5d.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
6. If you answered "Yes" on line 5b, enter the lesser of line 3 or line 4. If you answered "No", enter the amount from line 4. Then continue to Part II .....	6.	<b>507</b>	00

\*Do not include any estimated payments that were made after their respective due date.

### Part II – Calculating the Interest Penalty Due

Payment Due Dates (see note below)				
	A 4/15/19 – 25%	B 6/17/19 – 50%	C 9/16/19 – 75%	D 1/15/20 – 100%
1. Multiply the amount on Part I, line 6 by the percentage indicated at the top of each column at right .....	<b>127</b>	<b>254</b>	<b>380</b>	<b>507</b>
2. Multiply the total tax withheld from compensation by the percentage indicated at the top of each column at right .....				
3. Total estimated tax paid by the dates shown at the top of each column at right .....				
4. Add lines 2 and 3 .....				
5. Underpayment subject to interest penalty (line 1 minus line 4; if less than zero, enter zero) .....	<b>127</b>	<b>254</b>	<b>380</b>	<b>507</b>
6. Ratio (if full or partial payment was made see instructions on page 4) .....	0.008624	0.012457	0.016564	0.012457
7. Interest penalty for the period: Multiply line 5 by line 6 for each column at right .....	<b>SEE WORKSHEET</b>			
8. Total interest penalty due (sum of line 7, columns A through D). Enter here and on Section 3 of page 1 .....	<b>17</b>			

**Note:** Payment due dates – the associated dates and the rates on line 6 are for calendar year taxpayers. Fiscal year taxpayers must adjust the payment due dates and the line 6 ratios accordingly.

Form	<b>IT 2210</b> <b>IT 4708</b>	<b>OH Underpayment of Estimated Composite Tax Worksheet</b>	<b>2019</b>
For calendar year 2019, or taxable year beginning _____, and ending _____			

Name

Federal Identification Number

**INERTIA ENERGY ADVISORS, LLC****45-2150337**

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Due date of estimated payment	<u><b>04/15/19</b></u>	<u><b>06/17/19</b></u>	<u><b>09/16/19</b></u>	<u><b>01/15/20</b></u>
Amount of underpayment	<u><b>127</b></u>	<u><b>254</b></u>	<u><b>380</b></u>	<u><b>507</b></u>

	1st Payment	2nd Payment	3rd Payment	4th Payment	5th Payment
Date of payment	_____	_____	_____	_____	_____
Amount of payment	_____	_____	_____	_____	_____

QTR	FROM	TO	UNDERPAYMENT	#DAYS	RATE %	PENALTY
1	4/15/19	6/15/19	127	61	5.00	1
2	6/15/19	9/15/19	254	92	5.00	3
3	9/15/19	12/31/19	380	107	5.00	6
3	12/31/19	1/15/20	380	15	5.00	1
4	1/15/20	4/15/20	507	91	5.00	6
<b>TOTAL PENALTY</b>						<b>17</b>

=====



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Ohio IT K-1

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COPY

For calendar year 2019 or taxable year beginning \_\_\_\_\_ and ending \_\_\_\_\_

Investor's / beneficiary's SSN / FEIN \*\*\*-\*\*-\_\_\_\_ Entity FEIN 45-2150337 Entity type INDIVIDUAL  
 Investor's / beneficiary's name, address and ZIP code or Foreign address Pass-through entity's name, address and ZIP code or Foreign address and Foreign postal code  
ERIC HUTCHINS INERTIA ENERGY ADVISORS LLC  
1118 PARK LANE 272 4700 GILBERT SUITE 47  
WESTERN SPRINGS IL 60558 WESTERN SPRINGS IL 60558

	Foreign State Code	Country Code	Foreign State Code	Country Code
Investor's percentage of				
Profit-sharing		50.000000 %	100.000000 %	
Loss-sharing		50.000000 %	100.000000 %	
Ownership of capital		50.000000 %	100.000000 %	

IT 1140 qualified investor  
☒ IT 4708 composite investor  
 Nonapplicable

Entity Apportionment Percentage	Ohio	Everywhere
Property		
Payroll		
Sales	16638	226987
Total apportionment percentage	0.073298	

**Depreciation Information** ( check box if depreciation adjustment has been waived)

Total current year sections 168K bonus depreciation and 179 expense adjustment \_\_\_\_\_

Prior years add-back (indicate add-back deduction time frame next to amount, i.e., 2/3,5/6,6/6)

	2014	2015	2016	2017	2018
Investor's / Beneficiary's Share of Ohio Taxable Income and Tax Credits					

1. a. Ohio taxable income 14,514  
 b. Ohio apportioned guaranteed payments/compensation \_\_\_\_\_  
 c. Ohio apportioned depreciation adjustment \_\_\_\_\_  
**Total Ohio taxable income** 1. 14,514

2. Nonrefundable business credits (include certificate[s]) 2. \_\_\_\_\_

3. Ohio tax paid on behalf of this investor / beneficiary (net of overpayments) (credit for Ohio taxes paid by this entity) 3. 696

4. Total indirect pass-through entity credit, W2 withholding or 1099 withholding (attach W2/1099 when applicable) 4. \_\_\_\_\_

FEIN(s) of pass-through entity (payors) \_\_\_\_\_

5. Job creation credit and job retention credit (include certificate) – percent of credit claimed \_\_\_\_\_ % 5. \_\_\_\_\_

6. Ohio historic preservation credit (include certificate) – percent of credit claimed \_\_\_\_\_ % 6. \_\_\_\_\_

7. Losses on loans made to Ohio venture capital program 7. \_\_\_\_\_

8. Motion picture / Broadway production credit (include certificate) – percent of credit claimed \_\_\_\_\_ % 8. \_\_\_\_\_

9. Financial Institutions Tax (FIT) credit 9. \_\_\_\_\_

FEIN of the entity that paid the FIT \_\_\_\_\_

**Supplemental Information**

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Rev. 10/192019  
Ohio IT K-1

10211411

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For calendar year 20 19 or taxable year beginning \_\_\_\_\_ and ending \_\_\_\_\_

Investor's / beneficiary's SSN / FEIN \*\*\*-\*\*- Entity FEIN 45-2150337 Entity type INDIVIDUAL  
 Investor's / beneficiary's name, address and ZIP code or Foreign address and Foreign postal code  
HENRY P. MERKEL INERTIA ENERGY ADVISORS LLC  
509 ISLE OF PINES 272 4700 GILBERT SUITE 47  
MOORESVILLE NC 28117 WESTERN SPRINGS IL 60558

	Foreign State Code	Country Code	Foreign State Code	Country Code
Investor's percentage of				
Profit-sharing				
Loss-sharing				
Ownership of capital				

Beginning of year      End of year

25.000000%      0.000000%

25.000000%      0.000000%

25.000000%      0.000000%

IT 1140 qualified investor

☒ IT 4708 composite investor

Nonapplicable

**Entity Apportionment Percentage**

	Ohio	Everywhere
Property		
Payroll		
Sales	2742	37417
Total apportionment percentage	0.073298	

**Depreciation Information** ( check box if depreciation adjustment has been waived)

Total current year sections 168K bonus depreciation and 179 expense adjustment \_\_\_\_\_

Prior years add-back (indicate add-back deduction time frame next to amount, i.e., 2/3,5/6,6/6)

2014      2015      2016      2017      2018

**Investor's / Beneficiary's Share of Ohio Taxable Income and Tax Credits**

1. a. Ohio taxable income 2,392

b. Ohio apportioned guaranteed payments/compensation \_\_\_\_\_

c. Ohio apportioned depreciation adjustment \_\_\_\_\_

**Total Ohio taxable income** ..... 1. 2,392

2. Nonrefundable business credits (include certificate[s]) ..... 2. \_\_\_\_\_

3. Ohio tax paid on behalf of this investor / beneficiary (net of overpayments) (credit for Ohio taxes paid by this entity) ..... 3. 115

4. Total indirect pass-through entity credit, W2 withholding or 1099 withholding (**attach W2/1099 when applicable**) .. 4. \_\_\_\_\_

FEIN(s) of pass-through entity (payors) \_\_\_\_\_

5. Job creation credit and job retention credit (include certificate) – percent of credit claimed \_\_\_\_\_ % ..... 5. \_\_\_\_\_

6. Ohio historic preservation credit (include certificate) – percent of credit claimed \_\_\_\_\_ % ..... 6. \_\_\_\_\_

7. Losses on loans made to Ohio venture capital program ..... 7. \_\_\_\_\_

8. Motion picture / Broadway production credit (include certificate) – percent of credit claimed \_\_\_\_\_ % ..... 8. \_\_\_\_\_

9. Financial Institutions Tax (FIT) credit ..... 9. \_\_\_\_\_

FEIN of the entity that paid the FIT \_\_\_\_\_

**Supplemental Information**

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Ohio IT K-1

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Check here if this is an amended K-1.

COPY

For calendar year 20 19 or taxable year beginning \_\_\_\_\_ and ending \_\_\_\_\_

Investor's / beneficiary's SSN / FEIN \*\*\*-\*\*- Entity FEIN 45-2150337 Entity type INDIVIDUAL  
 Investor's / beneficiary's name, address and ZIP code or Foreign address and Foreign postal code  
CYNTHIA L. MERKEL INERTIA ENERGY ADVISORS LLC  
509 ISLE OF PINES 272 4700 GILBERT SUITE 47  
MOORESVILLE NC 28117 WESTERN SPRINGS IL 60558

	Foreign State Code	Country Code	Foreign State Code	Country Code
Investor's percentage of				
Profit-sharing		<u>25.000000</u> %	<u>0.000000</u> %	
Loss-sharing		<u>25.000000</u> %	<u>0.000000</u> %	
Ownership of capital		<u>25.000000</u> %	<u>0.000000</u> %	
			IT 1140 qualified investor	
			<input checked="" type="checkbox"/> IT 4708 composite investor	
			Nonapplicable	

**Entity Apportionment Percentage**

	Ohio	Everywhere
Property		
Payroll		
Sales	<u>2743</u>	<u>37418</u>
Total apportionment percentage	<u>0.073298</u>	

**Depreciation Information** ( check box if depreciation adjustment has been waived)  
 Total current year sections 168K bonus depreciation and 179 expense adjustment \_\_\_\_\_  
 Prior years add-back (indicate add-back deduction time frame next to amount, i.e., 2/3,5/6,6/6) \_\_\_\_\_

	20 <u>14</u>	20 <u>15</u>	20 <u>16</u>	20 <u>17</u>	20 <u>18</u>
--	--------------	--------------	--------------	--------------	--------------

**Investor's / Beneficiary's Share of Ohio Taxable Income and Tax Credits**

1. a. Ohio taxable income 2,393  
 b. Ohio apportioned guaranteed payments/compensation \_\_\_\_\_  
 c. Ohio apportioned depreciation adjustment \_\_\_\_\_  
**Total Ohio taxable income** ..... 1. 2,393

2. Nonrefundable business credits (include certificate[s]) ..... 2. \_\_\_\_\_

3. Ohio tax paid on behalf of this investor / beneficiary (net of overpayments) (credit for Ohio taxes paid by this entity) ..... 3. 115

4. Total indirect pass-through entity credit, W2 withholding or 1099 withholding (**attach W2/1099 when applicable**) .. 4. \_\_\_\_\_

FEIN(s) of pass-through entity (payors) \_\_\_\_\_

5. Job creation credit and job retention credit (include certificate) – percent of credit claimed \_\_\_\_\_ % ..... 5. \_\_\_\_\_

6. Ohio historic preservation credit (include certificate) – percent of credit claimed \_\_\_\_\_ % ..... 6. \_\_\_\_\_

7. Losses on loans made to Ohio venture capital program ..... 7. \_\_\_\_\_

8. Motion picture / Broadway production credit (include certificate) – percent of credit claimed \_\_\_\_\_ % ..... 8. \_\_\_\_\_

9. Financial Institutions Tax (FIT) credit ..... 9. \_\_\_\_\_

FEIN of the entity that paid the FIT \_\_\_\_\_

**Supplemental Information**

<b>Form 1065</b> Department of the Treasury Internal Revenue Service		<b>U.S. Return of Partnership Income</b> For calendar year 2019, or tax year beginning _____, ending _____ Go to <a href="http://www.irs.gov/Form1065">www.irs.gov/Form1065</a> for instructions and the latest information.		OMB No. 1545-0123 <b>2019</b>	
<b>A</b> Principal business activity  <b>CONSULTING</b>	<b>Type or Print</b>	Name of partnership  <b>INERTIA ENERGY ADVISORS, LLC</b>	<b>D</b> Employer identification number  <b>45-2150337</b>	COPY	
<b>B</b> Principal product or service  <b>SERVICE</b>		Number, street, and room or suite no. If a P.O. box, see the instructions. <b>#272 4700 GILBERT, SUITE 47</b>	<b>E</b> Date business started  <b>05/06/2011</b>		
<b>C</b> Business code number  <b>541990</b>		City or town, state or province, country, and ZIP or foreign postal code <b>WESTERN SPRINGS IL 60558</b>	<b>F</b> Total assets (see instructions) \$ <b>66,977</b>		
<b>G</b> Check applicable boxes: (1) <input type="checkbox"/> Initial return (2) <input checked="" type="checkbox"/> Final return (3) <input type="checkbox"/> Name change (4) <input type="checkbox"/> Address change (5) <input type="checkbox"/> Amended return					
<b>H</b> Check accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) _____					
<b>I</b> Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year <span style="float: right;">3</span>					
<b>J</b> Check if Schedules C and M-3 are attached <input type="checkbox"/>					
<b>K</b> Check if partnership: (1) <input type="checkbox"/> Aggregated activities for section 465 at-risk purposes (2) <input type="checkbox"/> Grouped activities for section 469 passive activity purposes					
<b>Caution:</b> Include <b>only</b> trade or business income and expenses on lines 1a through 22 below. See instructions for more information.					
Income	<b>1a</b> Gross receipts or sales		<b>1a</b> <b>301,823</b>		
	<b>b</b> Returns and allowances		<b>1b</b>		
	<b>c</b> Balance. Subtract line 1b from line 1a				<b>1c</b> <b>301,823</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>301,823</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 or 1040-SR))				<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>301,823</b>	
Deductions (see instructions for limitations)	<b>9</b> Salaries and wages (other than to partners) (less employment credits)				<b>9</b>
	<b>10</b> Guaranteed payments to partners				<b>10</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>14</b> <b>9,017</b>
	<b>15</b> Interest (see instructions)				<b>15</b>
	<b>16a</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 ( <b>Do not deduct oil and gas depletion.</b> )				<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 1</b>				<b>20</b> <b>29,514</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>38,531</b>	
<b>22</b> <b>Ordinary business income (loss).</b> Subtract line 21 from line 8				<b>22</b> <b>263,292</b>	
Tax and Payment	<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 26				<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 _____				
Paid	Print/Type preparer's name <b>BARBARA G. MCCALL</b>		Preparer's signature <b>BARBARA G. MCCALL</b>		Date <b>04/20/20</b>
	Check <input type="checkbox"/> if self-employed		PTIN <b>*****</b>		
Preparer Use Only	Firm's name <b>LADD, MCCALL &amp; ASSOCIATES, CPAS, PA</b>			Firm's EIN <b>56-2226954</b>	
	Firm's address <b>P.O. BOX 2430 CORNELIUS, NC 28031</b>			Phone no. <b>704-896-2870</b>	

For Paperwork Reduction Act Notice, see separate instructions.

Form **1065** (2019)

**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>c</b> <input checked="" type="checkbox"/> Domestic limited liability company		
<b>e</b> <input type="checkbox"/> Foreign partnership		
<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		

<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 .....		<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>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 .....		<b>X</b>

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) 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>
--	--	----------

(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 .....	<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>5</b> Is this partnership a publicly traded partnership as defined in section 469(k)(2)? .....		<b>X</b>
---	--	----------

<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? .....		<b>X</b>
--	--	----------

<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? .....		<b>X</b>
---	--	----------

<b>8</b> At any time during calendar year 2019, 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. ....		<b>X</b>
--	--	----------

<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 .....		<b>X</b>
---	--	----------

<b>10a</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. ....		<b>X</b>
<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 .....		<b>X</b>

**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) <span style="float: right;">▶ <input type="checkbox"/></span>		
<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 <span style="float: right;">▶</span>		
<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. <span style="float: right;">▶</span>		<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 <span style="float: right;">▶ 0</span>		
<b>16a</b> Did you make any payments in 2019 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 <span style="float: right;">▶ 0</span>		
<b>18</b> Enter the number of partners that are foreign governments under section 892 <span style="float: right;">▶ 0</span>		
<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 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 <span style="float: right;">▶ \$</span>		<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 or more of the following? See instructions		<b>X</b>
<b>a</b> The partnership owns a pass-through entity with current, or prior year carryover, excess business interest expense.		
<b>b</b> The partnership's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than \$26 million and the partnership has business interest.		
<b>c</b> The partnership is a tax shelter (see instructions) and the partnership has business interest expense. If "Yes" to any, 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 <span style="float: right;">▶</span>		<b>X</b>
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 <span style="float: right;">▶</span> <b>ERIC HUTCHINS</b>	
U.S. address of PR <span style="float: right;">▶</span> <b>1118 PARK LANE</b> <b>WESTERN SPRINGS IL 60558</b>	U.S. phone number of PR <span style="float: right;">▶</span> <b>248-390-2214</b>

If the PR is an entity, name of the designated individual for the PR ▶

U.S. address of designated individual <span style="float: right;">▶</span>	U.S. phone number of designated individual <span style="float: right;">▶</span>
--	---

<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 14 <span style="float: right;">▶ \$</span>		<b>X</b>
<b>27</b> Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership <span style="float: right;">▶ 0</span>		
<b>28</b> At any time during the tax year, were there any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8?		<b>X</b>



<b>Schedule K Partners' Distributive Share Items</b>				<b>Total amount</b>	
<b>Income (Loss)</b>	<b>1</b>	Ordinary business income (loss) (page 1, line 22)	<b>1</b>	<b>263,292</b>	
	<b>2</b>	Net rental real estate income (loss) (attach Form 8825)	<b>2</b>		
	<b>3a</b>	Other gross rental income (loss)	<b>3a</b>		
	<b>b</b>	Expenses from other rental activities (attach statement)	<b>3b</b>		
	<b>c</b>	Other net rental income (loss). Subtract line 3b from line 3a	<b>3c</b>		
	<b>4</b>	Guaranteed payments: <b>a</b> Services <b>4a</b> <b>b</b> Capital <b>4b</b>	<b>4c</b>		
	<b>c</b>	Total. Add lines 4a and 4b	<b>4c</b>		
	<b>5</b>	Interest income	<b>5</b>		
	<b>6</b>	Dividends and dividend equivalents: <b>a</b> Ordinary dividends <b>6a</b> <b>b</b> Qualified dividends <b>6b</b> <b>c</b> Dividend equivalents <b>6c</b>	<b>6a</b>		
	<b>7</b>	Royalties	<b>7</b>		
	<b>8</b>	Net short-term capital gain (loss) (attach Schedule D (Form 1065))	<b>8</b>		
<b>Deductions</b>	<b>9a</b>	Net long-term capital gain (loss) (attach Schedule D (Form 1065))	<b>9a</b>		
	<b>b</b>	Collectibles (28%) gain (loss)	<b>9b</b>		
	<b>c</b>	Unrecaptured section 1250 gain (attach statement)	<b>9c</b>		
	<b>10</b>	Net section 1231 gain (loss) (attach Form 4797)	<b>10</b>		
	<b>11</b>	Other income (loss) (see instructions) Type	<b>11</b>		
	<b>12</b>	Section 179 deduction (attach Form 4562)	<b>12</b>		
	<b>13a</b>	Contributions	<b>13a</b>		
	<b>b</b>	Investment interest expense	<b>13b</b>		
	<b>c</b>	Section 59(e)(2) expenditures: <b>(1)</b> Type <b>(2)</b> Amount	<b>13c(2)</b>		
	<b>d</b>	Other deductions (see instructions) Type	<b>13d</b>		
	<b>Self-Employment</b>	<b>14a</b>	Net earnings (loss) from self-employment	<b>14a</b>	<b>263,292</b>
<b>b</b>		Gross farming or fishing income	<b>14b</b>		
<b>c</b>		Gross nonfarm income	<b>14c</b>	<b>301,823</b>	
<b>Credits</b>	<b>15a</b>	Low-income housing credit (section 42(j)(5))	<b>15a</b>		
	<b>b</b>	Low-income housing credit (other)	<b>15b</b>		
	<b>c</b>	Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	<b>15c</b>		
	<b>d</b>	Other rental real estate credits (see instructions) Type	<b>15d</b>		
	<b>e</b>	Other rental credits (see instructions) Type	<b>15e</b>		
	<b>f</b>	Other credits (see instructions) Type	<b>15f</b>		
<b>Foreign Transactions</b>	<b>16a</b>	Name of country or U.S. possession	<b>16a</b>		
	<b>b</b>	Gross income from all sources	<b>16b</b>		
	<b>c</b>	Gross income sourced at partner level	<b>16c</b>		
	<b>d</b>	Reserved for future use <b>e</b> Foreign branch category	<b>16e</b>		
	<b>f</b>	Passive category <b>g</b> General category <b>h</b> Other	<b>16h</b>		
	<b>i</b>	Deductions allocated and apportioned at partner level			
	<b>j</b>	Interest expense <b>k</b> Other	<b>16j</b>		
	<b>l</b>	Deductions allocated and apportioned at partnership level to foreign source income			
	<b>m</b>	Reserved for future use <b>n</b> Foreign branch category	<b>16l</b>		
	<b>o</b>	Passive category <b>p</b> General category <b>q</b> Other	<b>16o</b>		
	<b>r</b>	Total foreign taxes (check one): Paid <input type="checkbox"/> Accrued <input type="checkbox"/>	<b>16p</b>		
	<b>s</b>	Reduction in taxes available for credit (attach statement)	<b>16q</b>		
<b>Alternative Minimum Tax (AMT) Items</b>	<b>17a</b>	Other foreign tax information (attach statement)			
	<b>17a</b>	Post-1986 depreciation adjustment	<b>17a</b>		
	<b>b</b>	Adjusted gain or loss	<b>17b</b>		
	<b>c</b>	Depletion (other than oil and gas)	<b>17c</b>		
	<b>d</b>	Oil, gas, and geothermal properties – gross income	<b>17d</b>		
	<b>e</b>	Oil, gas, and geothermal properties – deductions	<b>17e</b>		
	<b>f</b>	Other AMT items (attach statement)	<b>17f</b>		
<b>Other Information</b>	<b>18a</b>	Tax-exempt interest income	<b>18a</b>		
	<b>b</b>	Other tax-exempt income	<b>18b</b>		
	<b>c</b>	Nondeductible expenses <b>SEE STATEMENT 2</b>	<b>18c</b>	<b>1,118</b>	
	<b>19a</b>	Distributions of cash and marketable securities	<b>19a</b>	<b>269,156</b>	
	<b>b</b>	Distributions of other property	<b>19b</b>		
	<b>20a</b>	Investment income	<b>20a</b>		
<b>b</b>	Investment expenses	<b>20b</b>			
<b>c</b>	Other items and amounts (attach statement) <b>SEE STATEMENT 3</b>				

**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	263,292
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		230,651	32,641			

<b>Schedule L Balance Sheets per Books</b>		Beginning of tax year		End of tax year	
<b>Assets</b>		(a)	(b)	(c)	(d)
1	Cash		<b>73,911</b>		<b>66,977</b>
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		<b>73,911</b>		<b>66,977</b>
<b>Liabilities and Capital</b>					
15	Accounts payable				
16	Mortgages, notes, bonds payable in less than 1 year				
17	Other current liabilities (attach statement) <b>SEE STMT 4</b>		<b>5,274</b>		<b>5,322</b>
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		<b>68,637</b>		<b>61,655</b>
22	Total liabilities and capital		<b>73,911</b>		<b>66,977</b>

**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	<b>262,174</b>	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)		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 \$ <b>1,118</b>		9	Income (loss) (Analysis of Net Income (Loss), line 1). Subtract line 8 from line 5	<b>263,292</b>
<b>SEE STATEMENT 5</b>		<b>1,118</b>			
5	Add lines 1 through 4	<b>263,292</b>			

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

1	Balance at beginning of year	<b>68,637</b>	6	Distributions: a Cash	<b>269,156</b>
2	Capital contributed: a Cash		b	Property	
	b Property		7	Other decreases (itemize):	
3	Net income (loss) per books	<b>262,174</b>	8	Add lines 6 and 7	<b>269,156</b>
4	Other increases (itemize):		9	Balance at end of year. Subtract line 8 from line 5	<b>61,655</b>
5	Add lines 1 through 4	<b>330,811</b>			



PARTNER# 1

2019

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

For calendar year 2019, or tax year

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

See back of form and separate instructions.

Part I Information About the Partnership	
A Partnership's employer identification number <b>45-2150337</b>	
B Partnership's name, address, city, state, and ZIP code <b>INERTIA ENERGY ADVISORS, LLC</b>  <b>#272 4700 GILBERT, SUITE 47</b> <b>WESTERN SPRINGS IL 60558</b>	
C IRS Center where partnership filed return <b>E-FILE</b>	
D <input type="checkbox"/> Check if this is a publicly traded partnership (PTP)	
Part II Information About the Partner	
E Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instr.) <b>***-**-****</b>	
F Name, address, city, state, and ZIP code for partner entered in E. See instructions. <b>ERIC HUTCHINS</b>  <b>1118 PARK LANE</b> <b>WESTERN SPRINGS IL 60558</b>	
G <input type="checkbox"/> General partner or LLC member-manager <input checked="" type="checkbox"/> Limited partner or other LLC member	
H1 <input checked="" type="checkbox"/> Domestic partner <input type="checkbox"/> Foreign partner	
H2 <input type="checkbox"/> If the partner is a disregarded entity (DE), enter the partner's: TIN _____ Name _____	
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 (see instructions):	
Beginning	Ending
Profit <b>50.000000 %</b>	<b>100.000000 %</b>
Loss <b>50.000000 %</b>	<b>100.000000 %</b>
Capital <b>50.000000 %</b>	<b>100.000000 %</b>
Check if decrease is due to sale or exchange of partnership interest <input type="checkbox"/>	
K Partner's share of liabilities:	
Beginning	Ending
Nonrecourse \$	\$
Qualified nonrecourse financing \$	\$
Recourse \$ <b>3,966</b>	\$ <b>5,322</b>
<input type="checkbox"/> Check this box if Item K includes liability amounts from lower tier partnerships.	
L STMT Partner's Capital Account Analysis	
Beginning capital account	<b>26,896</b>
Capital contributed during the year	
Current year net income (loss)	<b>197,169</b>
Other increase (decrease) (attach explanation)	
Withdrawals & distributions	<b>(203,262)</b>
Ending capital account	<b>20,803</b>
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.	
N Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)	
Beginning	
Ending	

☒ Final K-1☐ Amended K-1651119  
OMB No. 1545-0123

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items			
1	Ordinary business income (loss) <b>198,010</b>	15	Credits
2	Net rental real estate income (loss)		
3	Other net rental income (loss)	16	Foreign transactions
4a	Guaranteed payments for services		
4b	Guaranteed payments for capital		
4c	Total guaranteed payments		
5	Interest income		
6a	Ordinary dividends		
6b	Qualified dividends		
6c	Dividend equivalents	17	Alternative minimum tax (AMT) items
7	Royalties		
8	Net short-term capital gain (loss)		
9a	Net long-term capital gain (loss)	18	Tax-exempt income and nondeductible expenses
9b	Collectibles (28%) gain (loss)	C*	<b>841</b>
9c	Unrecaptured section 1250 gain		
10	Net section 1231 gain (loss)	19	Distributions
11	Other income (loss)	A	<b>203,262</b>
12	Section 179 deduction	Z*	<b>STMT</b>
13	Other deductions	AH*	<b>STMT</b>
14	Self-employment earnings (loss) <b>A 198,010</b>		
	<b>C 226,987</b>		
21	More than one activity for at-risk purposes*		
22	More than one activity for passive activity purposes*		
*See attached statement for additional information.			

For IRS Use Only

PARTNER# 3

2019

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

For calendar year 2019, or tax year

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

See back of form and separate instructions.

Part I Information About the Partnership	
A Partnership's employer identification number <b>45-2150337</b>	
B Partnership's name, address, city, state, and ZIP code <b>INERTIA ENERGY ADVISORS, LLC</b>  <b>#272 4700 GILBERT, SUITE 47</b> <b>WESTERN SPRINGS IL 60558</b>	
C IRS Center where partnership filed return <b>E-FILE</b>	
D <input type="checkbox"/> Check if this is a publicly traded partnership (PTP)	
Part II Information About the Partner	
E Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instr.) <b>***-**-****</b>	
F Name, address, city, state, and ZIP code for partner entered in E. See instructions. <b>HENRY P. MERKEL</b>  <b>509 ISLE OF PINES</b> <b>MOORESVILLE NC 28117</b>	
G <input type="checkbox"/> General partner or LLC member-manager	<input checked="" type="checkbox"/> Limited partner or other LLC member
H1 <input checked="" type="checkbox"/> Domestic partner	<input type="checkbox"/> Foreign partner
H2 <input type="checkbox"/> If the partner is a disregarded entity (DE), enter the partner's: TIN _____ Name _____	
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 (see instructions):	
Beginning	Ending
Profit <b>25.000000 %</b>	<b>25.000000 %</b>
Loss <b>25.000000 %</b>	<b>25.000000 %</b>
Capital <b>25.000000 %</b>	<b>25.000000 %</b>
Check if decrease is due to sale or exchange of partnership interest <input type="checkbox"/>	
K Partner's share of liabilities:	
Beginning	Ending
Nonrecourse \$	\$
Qualified nonrecourse financing \$	\$
Recourse \$ <b>654</b>	\$
<input type="checkbox"/> Check this box if Item K includes liability amounts from lower tier partnerships.	
L STMT Partner's Capital Account Analysis	
Beginning capital account	<b>20,936</b>
Capital contributed during the year	
Current year net income (loss)	<b>32,503</b>
Other increase (decrease) (attach explanation)	
Withdrawals & distributions	<b>(32,947)</b>
Ending capital account	<b>20,492</b>
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.	
N Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)	
Beginning	
Ending	

☒ Final K-1☐ Amended K-1651119  
OMB No. 1545-0123

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items			
1	Ordinary business income (loss) <b>32,641</b>	15	Credits
2	Net rental real estate income (loss)		
3	Other net rental income (loss)	16	Foreign transactions
4a	Guaranteed payments for services		
4b	Guaranteed payments for capital		
4c	Total guaranteed payments		
5	Interest income		
6a	Ordinary dividends		
6b	Qualified dividends		
6c	Dividend equivalents	17	Alternative minimum tax (AMT) items
7	Royalties		
8	Net short-term capital gain (loss)		
9a	Net long-term capital gain (loss)	18	Tax-exempt income and nondeductible expenses
9b	Collectibles (28%) gain (loss)	C*	<b>138</b>
9c	Unrecaptured section 1250 gain		
10	Net section 1231 gain (loss)	19	Distributions
11	Other income (loss)	A	<b>32,947</b>
12	Section 179 deduction	Z*	<b>STMT</b>
13	Other deductions	AH*	<b>STMT</b>
14	Self-employment earnings (loss)		
A	<b>32,641</b>		
C	<b>37,418</b>		
21	More than one activity for at-risk purposes*		
22	More than one activity for passive activity purposes*		
*See attached statement for additional information.			

For IRS Use Only

PARTNER# 4

2019

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

For calendar year 2019, or tax year

beginning

ending

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

See back of form and separate instructions.

Part I Information About the Partnership	
A Partnership's employer identification number <b>45-2150337</b>	
B Partnership's name, address, city, state, and ZIP code <b>INERTIA ENERGY ADVISORS, LLC</b>  <b>#272 4700 GILBERT, SUITE 47</b> <b>WESTERN SPRINGS IL 60558</b>	
C IRS Center where partnership filed return <b>E-FILE</b>	
D <input type="checkbox"/> Check if this is a publicly traded partnership (PTP)	
Part II Information About the Partner	
E Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instr.) <b>***-**-****</b>	
F Name, address, city, state, and ZIP code for partner entered in E. See instructions. <b>CYNTHIA L. MERKEL</b>  <b>509 ISLE OF PINES</b> <b>MOORESVILLE NC 28117</b>	
G <input type="checkbox"/> General partner or LLC member-manager	<input checked="" type="checkbox"/> Limited partner or other LLC member
H1 <input checked="" type="checkbox"/> Domestic partner	<input type="checkbox"/> Foreign partner
H2 <input type="checkbox"/> If the partner is a disregarded entity (DE), enter the partner's: TIN _____ Name _____	
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 (see instructions):	
Beginning	Ending
Profit <b>25.000000 %</b>	<b>25.000000 %</b>
Loss <b>25.000000 %</b>	<b>25.000000 %</b>
Capital <b>25.000000 %</b>	<b>25.000000 %</b>
Check if decrease is due to sale or exchange of partnership interest <input type="checkbox"/>	
K Partner's share of liabilities:	
Beginning	Ending
Nonrecourse \$	\$
Qualified nonrecourse financing \$	\$
Recourse \$ <b>654</b>	\$
<input type="checkbox"/> Check this box if Item K includes liability amounts from lower tier partnerships.	
L STMT Partner's Capital Account Analysis	
Beginning capital account	<b>20,805</b>
Capital contributed during the year	
Current year net income (loss)	<b>32,502</b>
Other increase (decrease) (attach explanation)	
Withdrawals & distributions	<b>(32,947)</b>
Ending capital account	<b>20,360</b>
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.	
N Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)	
Beginning	
Ending	

☒ Final K-1☐ Amended K-1651119  
OMB No. 1545-0123

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items			
1	Ordinary business income (loss) <b>32,641</b>	15	Credits
2	Net rental real estate income (loss)		
3	Other net rental income (loss)	16	Foreign transactions
4a	Guaranteed payments for services		
4b	Guaranteed payments for capital		
4c	Total guaranteed payments		
5	Interest income		
6a	Ordinary dividends		
6b	Qualified dividends		
6c	Dividend equivalents	17	Alternative minimum tax (AMT) items
7	Royalties		
8	Net short-term capital gain (loss)		
9a	Net long-term capital gain (loss)	18	Tax-exempt income and nondeductible expenses
9b	Collectibles (28%) gain (loss)	C*	<b>139</b>
9c	Unrecaptured section 1250 gain		
10	Net section 1231 gain (loss)	19	Distributions
11	Other income (loss)	A	<b>32,947</b>
12	Section 179 deduction	Z*	<b>STMT</b>
13	Other deductions	AH*	<b>STMT</b>
14	Self-employment earnings (loss)		
A	<b>32,641</b>		
C	<b>37,418</b>		
21	More than one activity for at-risk purposes*		
22	More than one activity for passive activity purposes*		
*See attached statement for additional information.			

For IRS Use Only

Form <b>IT 1140</b>	<b>OH Two Year Comparison Worksheet</b>	<b>2018 &amp; 2019</b>
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Name	Employer Identification Number
------	--------------------------------

INERTIA ENERGY ADVISORS, LLC		45-2150337		
		2018	2019	Differences
Income	Income, expenses and losses .....			
	IRS Section 179 add-back and federal tax adjustments .....			
	Less other adjustments .....			
	Adjusted qualifying amount .....			
	Investor's share of pass-through entity exp and losses .....			
	Guaranteed payments to at least 20% qualifying investors ..			
	Adjusted distributive shares .....			
	Apportionment ratio .....	0.046919	0.073298	0.026379
	Adjusted qualifying amount .....			
Tax and Payments	Tax .....			
	Interest penalty on underpayment of estimates .....			
	IT 1140ES and IT 1140PExt payments .....			
	Payments transferred from IT 4708ES and IT 4708PExt .....			
	Payments transferred to IT 4708 .....			
	Overpayment / Refund .....			
	Late filing penalty and interest .....			
	Net tax due .....			

Form <b>IT 4708</b>	<b>OH Two Year Comparison Worksheet</b>	<b>2018 &amp; 2019</b>
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Name

Employer Identification Number

**INERTIA ENERGY ADVISORS, LLC****45-2150337**

		2018	2019	Differences
<b>Income</b>	Ordinary income (loss) from trade or business activities .....	<b>216,282</b>	<b>263,292</b>	<b>47,010</b>
	Investor's share of expenses and losses from pass-through .....			
	Guaranteed payments to at least 20% qualifying investors .....			
	Net income (loss) from rental activities .....			
	Interest income .....			
	Dividend income .....			
	Royalty income .....			
	Net short-term capital gain (loss) .....			
	Net long-term capital gain (loss) .....			
	Other portfolio income (loss) .....			
	Net gain (loss) under IRC Section 1231 .....			
	Section 179 adjustment and miscellaneous tax adjustments .....			
	Other income (loss) .....			
	<b>Total income</b> .....	<b>216,282</b>	<b>263,292</b>	<b>47,010</b>
<b>Deductions</b>	Section 179 .....			
	Prior year depreciation add-back .....			
	Net federal interest and dividends exempt from state taxation .....			
	Exempt gains on sale of Ohio state or local government bonds .....			
	<b>Total deductions</b> .....			
<b>Tax and Payments</b>	Income (loss) to be allocated and apportioned .....	<b>216,282</b>	<b>263,292</b>	<b>47,010</b>
	Allocable income everywhere .....			
	Apportionable income .....	<b>216,282</b>	<b>263,292</b>	<b>47,010</b>
	Apportionment ratio .....	<b>0.046919</b>	<b>0.073298</b>	<b>0.026379</b>
	Apportioned income .....	<b>10,148</b>	<b>19,299</b>	<b>9,151</b>
	Income allocable to Ohio .....			
	Ohio taxable income .....	<b>10,148</b>	<b>19,299</b>	<b>9,151</b>
	<b>Tax</b> .....	<b>507</b>	<b>926</b>	<b>419</b>
	Nonrefundable business credits and grants .....			
	Tax due after nonrefundable business credits and grants .....	<b>507</b>	<b>926</b>	<b>419</b>
	Interest penalty on underpayment of estimates .....	<b>6</b>	<b>17</b>	<b>11</b>
	IT 4708ES and IT 4708PEExt payments .....			
	Payments transferred from IT 1140ES and IT 1140PEExt .....			
	Payments transferred to IT 1140 .....			
	Prior year overpayment .....			
	Refundable credits .....			
	<b>Overpayment / Refund</b> .....			
	Late filing penalties and interest .....			
	<b>Total amount owed</b> .....	<b>513</b>	<b>943</b>	<b>430</b>

**This foregoing document was electronically filed with the Public Utilities**

**Commission of Ohio Docketing Information System on**

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**Case No(s). 17-0366-EL-AGG**

Summary: In the Matter of the Application of Inertia Energy Advisors, LLC