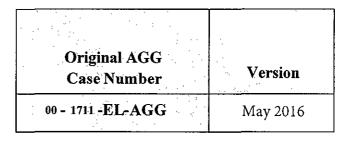
FILE

# Public Utilities Commission Ohio



#### **RENEWAL APPLICATION FOR ELECTRIC AGGREGATORS/POWER BROKERS**

Please print or type all required information. Identify all attachments with an exhibit label and title (Example: Exhibit C-10 Corporate Structure). All attachments should bear the legal name of the Applicant, Applicants should file completed applications and all related correspondence with the Public Utilities Commission of Ohio, Docketing Division; 180 East Broad Street, Columbus, Ohio 43215-3793.

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

#### **RENEWAL INFORMATION** Α.

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

> rXPower Broker XAggregator

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

Legal Name Industrial Energy Users-Ohio Address Fifth Third Center, 21 E. State St., 17th Floor, Columbus, OH 43215 PUCO Certificate # and Date Certified 00-001(1); effective October 21, 2000 Telephone # (614) 469-8000 Web site address (if any) http://www.ieu-ohio.org

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

Legal Name Industrial Energy Users-Ohio Address Fifth Third Center, 21 E. State St., 17th Floor, Columbus, OH 43215 Telephone # (614) 469-8000 Web site address (if any) http://www.ieu-ohio/org

4	List all names under which the applicant does business in North A Industrial Energy Users-Ohio	America	2016 :
			SEP
		()	ଅ
	Contact person for regulatory or emergency matters	$\bigcirc$	7
	Name Samuel C. Randazzo, Esg.		 ယ္ထ

#### A-5 Contact person for regulatory or emergency matters

Name Samuel C. Randazzo, Esq. Title General Counsel Business address Fifth Third Center, 21 E. State St., 17th Floor, Cols, OH 43215 Telephone # (614) 469-8000 Fax # (614) 469-4653 E-mail address sam@mwncmh.com

This is to certify that the images appearing are an accurate and complete reproduction of a c.de file Socument delivered in the regular course of business Technician \_\_\_\_\_ Date Processed \_\_\_\_\_ 1520 ယ္ထ

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

 Name Kevin Murray

 Title
 Executive Director, Industrial Energy Users-Ohio

 Business address
 Fifth Third Center, 21 E. State St., 17th Floor, Cols, OH 43215

 Telephone # (614) 469-8000
 Fax # (614) 469-4653

 E-mail address
 murraykm@mwncmh.com

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

Customer Service addr	ess 21 E. State St.,	17th Floor, Columbus, OH 43215
Toll-free Telephone #_	(800) 860-3841	Fax # (614) 469-4653
E-mail address	murraykm@mwn	cmh.com

#### A-8 Applicant's federal employer identification number # 31-1366474

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

□ Sole Proprietorship □ Limited Liability Partnership (LLP) □ Corporation □Partnership □Limited Liability Company (LLC) ☑ Other \_\_not for profit

PROVIDE THE FOLLOWING AS SEPARATE ATTACHMENTS AND LABEL AS INDICATED:

A-10 <u>Exhibit A -10 "Principal Officers, Directors & Partners"</u> provide the names, titles, addresses and telephone numbers of the applicant's principal officers, directors, partners, or other similar officials.

#### B. <u>APPLICANT MANAGERIAL CAPABILITY AND EXPERIENCE</u>

#### PROVIDE THE FOLLOWING AS SEPARATE ATTACHMENTS AND LABEL AS INDICATED:

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

- **B-3** Exhibit B-3 "Disclosure of Liabilities and Investigations," provide a description of all existing, pending or past rulings, judgments, contingent liabilities, revocation of authority, regulatory investigations, or any other matter that could adversely impact the applicant's financial or operational status or ability to provide the services it is seeking to be certified to provide.
- B-4 Disclose whether the applicant, a predecessor of the applicant, or any principal officer of the applicant have ever been convicted or held liable for fraud or for violation of any consumer protection or antitrust laws within the past five years.☑ No☑ Yes

If yes, provide a separate attachment labeled as <u>Exhibit B-4 "Disclosure of Consumer</u> <u>Protection Violations"</u> detailing such violation(s) and providing all relevant documents.

**B-5** Disclose whether the applicant or a predecessor of the applicant has had any certification, license, or application to provide retail or wholesale electric service including aggregation service denied, curtailed, suspended, revoked, or cancelled within the past two years.

☑No □Yes

If yes, provide a separate attachment labeled as <u>Exhibit B-5</u> "Disclosure of <u>Certification Denial</u>, <u>Curtailment</u>, <u>Suspension</u>, <u>or Revocation</u>" detailing such action(s) and providing all relevant documents.

#### C. FINANCIAL CAPABILITY AND EXPERIENCE

PROVIDE THE FOLLOWING AS SEPARATE ATTACHMENTS AND LABEL AS INDICATED:

- C-1 <u>Exhibit C-1 "Annual Reports,"</u> provide the two most recent Annual Reports to Shareholders. If applicant does not have annual reports, the applicant should provide similar information in Exhibit C-1 or indicate that Exhibit C-1 is not applicable and why. (This is generally only applicable to publicly traded companies who publish annual reports.)
- C-2 <u>Exhibit C-2 "SEC Filings,"</u> provide the most recent 10-K/8-K Filings with the SEC. If the applicant does not have such filings, it may submit those of its parent company. An applicant may submit a current link to the filings or provide them in paper form. If the applicant does not have such filings, then the applicant may indicate in Exhibit C-2 that the applicant is not required to file with the SEC and why.

- C-3 Exhibit C-3 "Financial Statements," provide copies of the applicant's two most recent years of audited financial statements (balance sheet, income statement, and cash flow statement). If audited financial statements are not available, provide officer certified financial statements. If the applicant has not been in business long enough to satisfy this requirement, it shall file audited or officer certified financial statements covering the life of the business. If the applicant does not have a balance sheet, income statement, and cash flow statement, the applicant may provide a copy of its two most recent years of tax returns (with social security numbers and account numbers redacted).
- C-4 <u>Exhibit C-4 "Financial Arrangements,"</u> provide copies of the applicant's financial arrangements to conduct CRES as a business activity (e.g., guarantees, bank commitments, contractual arrangements, credit agreements, etc.).

Renewal applicants can fulfill the requirements of Exhibit C-4 by providing a current statement from an Ohio local distribution utility (LDU) that shows that the applicant meets the LDU's collateral requirements.

First time applicants or applicants whose certificate has expired as well as renewal applicants can meet the requirement by one of the following methods:

1. The applicant itself stating that it is investment grade rated by Moody's, Standard & Poor's or Fitch and provide evidence of rating from the rating agencies.

2. Have a parent company or third party that is investment grade rated by Moody's, Standard & Poor's or Fitch guarantee the financial obligations of the applicant to the LDU(s).

3. Have a parent company or third party that is not investment grade rated by Moody's, Standard & Poor's or Fitch but has substantial financial wherewithal in the opinion of the Staff reviewer to guarantee the financial obligations of the applicant to the LDU(s). The guarantor company's financials must be included in the application if the applicant is relying on this option.

4. Posting a Letter of Credit with the LDU(s) as the beneficiary.

If the applicant is not taking title to the electricity or natural gas, enter "N/A" in Exhibit C-4. An N/A response is only applicable for applicants seeking to be certified as an aggregator or broker.

- C-5 <u>Exhibit C-5 "Forecasted Financial Statements,"</u> provide two years of forecasted income statements for the applicant's ELECTRIC related business activities in the state of Ohio Only, along with a list of assumptions, and the name, address, email address, and telephone number of the preparer. The forecasts should be in an annualized format for the two years succeeding the Application year.
- C-6 <u>Exhibit C-6 "Credit Rating,"</u> provide a statement disclosing the applicant's credit rating as reported by two of the following organizations: Duff & Phelps, Fitch IBCA, Moody's Investors Service, Standard & Poor's, or a similar organization. In instances where an applicant does not have its own credit ratings, it may substitute the credit ratings of a parent or an affiliate organization, provided the applicant submits a statement signed by a principal officer of the applicant's parent or affiliate organization that guarantees the obligations of the applicant. If an applicant or its parent does not have such a credit rating, enter "N/A" in Exhibit C-6.
- C-7 Exhibit C-7 "Credit Report," provide a copy of the applicant's credit report from Experion, Dun and Bradstreet or a similar organization. An applicant that provides an investment grade credit rating for Exhibit C-6 may enter "N/A" for Exhibit C-7.
- C-8 <u>Exhibit C-8 "Bankruptcy Information,"</u> provide a list and description of any reorganizations, protection from creditors or any other form of bankruptcy filings made by the applicant, a parent or affiliate organization that guarantees the obligations of the applicant or any officer of the applicant in the current year or within the two most recent years preceding the application.
- **C-9** <u>Exhibit C-9 "Merger Information,"</u> provide a statement describing any dissolution or merger or acquisition of the applicant within the two most recent years preceding the application.
- C-10 Exhibit C 10 "Corporate Structure," provide a description of the applicant's corporate structure, not an internal organizational chart, including a graphical depiction of such structure, and a list of all affiliate and subsidiary companies that supply retail or wholesale electricity or natural gas to customers in North America. If the applicant is a stand-alone entity, then no graphical depiction is required and applicant may respond by stating that they are a stand-alone entity with no affiliate or subsidiary companies.

Signature of Applicant & Sworn and subscribed before me this 15th day of September 2016 Month Signature of official administering oath My commission expires on 11-14-20

# <u>AFFIDAVIT</u>

State of Ohio

Columbus ss.

County of Franklin

Samuel C. Randazzo , Affiant,	being duly sworn/affirmed according to law, d	eposes and says that:
	Industrial Energy	
He/She is the General Counsel	(Office of Affiant) of Users-Ohio	(Name of Applicant);

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

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

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

11

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

10 Signature of Affiant & Title Sworn and subscribed before me this <u>15<sup>th</sup></u> day of <u>September 2016</u> Month Year administering oath Signature of official Print Name and Title **DEBBIE SUE RYAN** My commission expires on <u>11-14-2</u>0 Notary Public, State of Ohio My Commission Expires 11-14-2020

#### <u>Exhibit A-10</u> <u>Principal Officers, Directors & Partners</u>

11

#### **INDUSTRIAL ENERGY USERS-OHIO**

21 East State Street, 17<sup>th</sup> Floor Columbus, Ohio 43215-4228 (800) 860-3841 (Toll-Free) (614) 469-4653 (Facsimile)

#### **OFFICERS**

#### CHAIRMAN

Benjamin Tan Marathon Petroleum Company LP

#### VICE CHAIRMAN

Tom Mahlberg KRATON Polymers U.S. LLC

#### SECRETARY/TREASURER

Matt Brakey Brakey Consulting, Inc.

#### **GENERAL COUNSEL**

Samuel C. Randazzo

#### **EXECUTIVE DIRECTOR**

Kevin M. Murray

Page 1 of 1

#### <u>Exhibit B-1</u> Jurisdictions of Operation

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IEU-Ohio is certified to provide aggregator/power broker services throughout the state of Ohio.

#### <u>Exhibit B-2</u> Experience & Plans

IEU-Ohio is presently an aggregator in many respects. Since 1992, IEU-Ohio has aggregated to achieve scale and scope economies on matters affecting the price and availability of energy services, information collection and exchange, and for other purposes. This existing IEU-Ohio aggregation model is the vehicle by which IEU-Ohio members are securing CRES services through IEU-Ohio.

The existing structure of IEU-Ohio provides opportunities for members to participate in specific activities conducted under the IEU-Ohio umbrella. These specific activities are IEU-Ohio's opt-in activities. IEU-Ohio's members define the nature and scope of the opt-in matter, select consultants and other suppliers (if necessary) and supervise the administration of the opt-in activity. During the course of the opt-in activity, the opt-in participants and the activity administrators exchange information for the purpose of identifying program improvements achievable through mid-course corrections. IEU-Ohio's existing practice requires that opt-in participation be documented through an authorization letter that details the nature of the opt-in matter, the services to be provided and the participating member's obligation.

In its capacity as an aggregator and power broker, IEU-Ohio is using the existing opt-in procedures to define the pool of members that elect to secure CRES services from or through IEU-Ohio. IEU-Ohio's aggregation option provides customers with an opportunity to achieve economies of scale and scope to reduce participant cost. The opt-in procedure is voluntary and lack of opt-in participation has no effect on ongoing membership in the organization. Through the opt-in procedure, IEU-Ohio members may elect to receive competitive generation service for their facilities or utilize IEU-Ohio as a curtailment service provider.

IEU-Ohio is a member of PJM Interconnections, LLC and provides services as a curtailment service provider to IEU-Ohio members.

IEU-Ohio has provided CRES services to some member facilities through this opt-in mechanism since 2001.

#### **Exhibit B-3 Disclosure of Liabilities and Investigations**

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There are no existing, pending or past rulings, judgments, contingent liabilities, revocation of authority, regulatory investigations, or any other matter that could adversely impact IEU-Ohio's financial or operational status or ability to provide the services it is seeking to be certified to provide.

#### Exhibit C-1 Annual Reports

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Not applicable.

IEU-Ohio is a "Nonprofit Corporation" within the meaning of Section 1702.01(C) of the Ohio Nonprofit Corporation Law and Section 501 (c) (6) of the Internal Revenue Code of 1986. IEU-Ohio does not have any shareholders. IEU-Ohio's annual reports filed with the Public Utilities Commission of Ohio on April 14, 2015 and April 12, 2016 are attached.

# **hio** Public Utilities Commission

Annual Report to the Commission for Competitive Retail Electric Service

AGGREGATOR **GOVERNMENTAL AGGREGATOR** POWER MARKETER

**RETAIL ELECTRIC GENERATION PROVIDER** POWER BROKER

Certification Number: 00-001E

PUCOID Number: 300465

## Annual Report for the Year ending December 31, 2014 of **Industrial Energy Users-Ohio**

Address:

c/o McNees Wallace & Nurick LLC Fifth Third Center, 21 E. State St., 17th Floor Columbus, OH 43215

Website URL:

Filed by: Vicki Leach-Payne (614) 719-2847

Changes: This company did not have any changes in name(s), principal address, legal status, ownership, corporate structure or operations during the 2014 reporting year.

> Annual Report filings and instructions are available at: www.puco.ohio.gov/puco/docketing/

Customer Class	Sales (kWh)	Earnings(\$)
Residential	0	\$0
Commercial	0	\$0
Industrial	0	\$0
Other	0	\$0
Total	0	\$0

Instructions:

This information is used for PUCO annual assessment purposes pursuant to Section 4905.10, Revised Code. The reporting company shall report its intrastate gross earnings for the provision of retail services (e.g. Retail Electric Generation, Broker, Marketer, Governmental Aggregator) for which it is subject to certification by the PUCO under Section 4928, Revised Code. In addition, power providers please provide all corresponding sales of kilowatt hours of electricity. Sales of kilowatt hours of electricity are deemed to occur at the meter of the retail customer.

The reporting company shall maintain supporting and/or subsidiary records to separately record receipts and sales of electricity derived from operations other than in Ohio. Information presented herein is subject to audit by the PUCO.

# IN ORDER TO ENSURE THAT PUCO CORRESPONDENCE IS DIRECTED TO THE APPROPRIATE PERSON AT THE CORRECT ADDRESS, PLEASE COMPLETE THE FOLLOWING.

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••

Docketir	ng Contact Information
vleach-payne@mwncmh.com	
Email	
Vicki Leach-Payne	Administrative Assistant
Name	Title
c/o McNees Wallace & Nurick LLC, Fifth Third Center, 21 E. Sta	te St., 17th Floor Columbus, OH 43215
Address	
(614) 719-2847	
Phone Number (including Area Code)	
Fiscal	Contact Information
murraykm@mwncmh.com	
Email	
Kevin Murray	Executive Director
Name	Title
c/o McNees Wallace & Nurick LLC, Fifth Third Center, 21 E. Sta	te St., 17th Floor Columbus, OH 43215
Address	
(614) 469-8000	
Phone Number (including Area Code)	

# Ohio Public Utilities Commission

#### Affidavit for the Filing of the **Annual Report of a Regulated** Entity

#### **REQUIRED VERIFICATION:**

The Annual Report of a Regulated Entity to the Commission must be verified by an authorized officer of the Reporting Entity, pursuant to Ohio Revised Code Section 4905.14(A)(1).

State of:	Ohio
County of:	Franklin
Affiant's Name:	Kevin M. Murray
Affiant's Title:	Executive Director
Reporting Entity:	Industrial Energy Users-Ohio

OATH:

The undersigned, being duly sworn, states that s/he is authorized to file the foregoing Annual Report to the Public Utilities Commission of Ohio on behalf of the above-named Reporting Entity; that to the best of her/his knowledge, information, and belief, all statements of fact contained therein, including any supporting schedules, are true; and that said Annual Report is a correct statement of the business and affairs of the Reporting Entity in respect to each and every matter set forth during the reporting period identified therein.

If applicable, the employee, agent, accounting firm or other third party company indicated below is hereby authorized to electronically file said Annual Report on my behalf.

Filer's Name:	Vicki Leach-Payne
Filer's Title:	Administrative Assistant
Filer's Comp <b>a</b> ny:	McNees Wallace & Nurick LLC
worn and subscriped before me this_	(Signature of Affiant) 14_ day of <u>April</u> <u>Z015</u>
Signature of Notary Print name of Notary: Debhie My commission expires on: <u>11-14-</u>	UBBBLE SUE RYAN NOTARY PUBLIC · STATE OF OHIO Recorded in Knox County My commission expires Nov. 14, 2015

#### **DECLARATION OF FILER:**

The above indicated Filer, if applicable, hereby verifies that the Annual Report being electronically filed with the Public Utilities Commission of Ohio on behalf of the above-named Reporting Entity accurately reflects all statements of fact as authorized by the above-named Affiant.

Che Klach-Kan N (Signature of Filer)



**Chio** Public Utilities Annual Report to the Commission for Certified Retail Electric Service Providers and Governmental **Providers and Governmental** Aggregators

> Annual Report for Fiscal Assessment for the Year ending December 31, 2015

of

## Industrial Energy Users-Ohio

### **BROKER / AGGREGATOR** PUCOID No.: 300465

### Certificate No.: 00-001E

c/o McNees Wallace & Nurick LLC Columbus, OH 43215

Website URL: www.ieu-ohio.org

Filed By: Vicki Leach-Payne (614) 719-2847

Changes in company name(s), principal address, legal status, ownership, or corporate structure during the reporting year, or supplemental data:

Not Applicable

Annual Report filings and instructions are available at: http://www.puco.ohio.gov/puco/index.cfm/docketing/annual-reports/

## STATEMENT OF INTRASTATE GROSS RECEIPTS AND KWH SALES

	Generation Suppliers	
Customer Class	Sales (kWh)	Earnings (\$)
Residential	0	\$(
Commercial	0	\$0
Industrial	0	\$0
Other	0	\$0
B	rokers and Aggregators	
Fees and Comm	issions	\$0
TOTAL	0	\$0

The data reported above is provided for calculation of the PUCO annual fiscal assessment pursuant to Ohio Revised Code Section 4905.10, and should only include jurisdictional sales and revenues pursuant to the reporting company's certification under Ohio Revised Code Section 4928. Generation providers and power marketers that take title to the power should report both all jurisdictional sales of kilowatt hours of electricity and revenues derived there from. Sales of kilowatt hours of electricity are deemed to occur at the meter of the retail customer.

Brokers and aggregators that do not take title to the power should include only gross revenues derived from fees and commissions, and should not include any sales volumes.

The reporting company shall maintain supporting records to separately record receipts and sales of electricity derived from operations other than in Ohio. Information presented herein is subject to audit by the PUCO.

### **Docketing Contact Information**

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vleach-payne@mwncmh.com	
Email	
Vicki Leach-Payne	Administrative Assistant
Name	Title
c/o McNees Wallace & Nurick LLC, Fifth Tr	nird Center, 21 E. State St., 17th Floor Columbus, OH 43215
Address	
(614) 719-2847	
Phone Number (including Area Code)	
F	iscal Contact Information
murraykm@mwncmh.com	
Email	
Kevin Murray	Executive Director, Industrial Energy Users-Ohio
Name	Title
c/o McNees Wallace & Nurick LLC, Fifth Th	nird Center, 21 E. State St., 17th Floor Columbus, OH 43215
Address	
(614) 469-8000	

Phone Number (including Area Code)

.

#### Exhibit C-2 SEC Filings

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IEU-Ohio is a member organization with no publicly traded securities and is not required to make filings at the Securities and Exchange Commission.

#### <u>Exhibit C-3</u> <u>Financial Statements</u>

11

Not applicable.

IEU-Ohio is a "Nonprofit Corporation" within the meaning of Section 1702.01(C) of the Ohio Nonprofit Corporation Law and Section 501 (c) (6) of the Internal Revenue Code of 1986. IEU-Ohio does not have any shareholders. Supplemental financial information being provided by IEU-Ohio is attached.

Form	990
1.0111	

#### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter Social Security numbers on this form as it may be made public.

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2013 Open to Public

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<u></u>	1				olumn (A)					• •			-			1897 ( 			21			
											v), line '	12)		4	2,16	4,4	<u>95</u>		<u>1,17</u>	<u>7,126</u>		
	1				s paid (P					)			-							0		
					bers (Pa															0		
Se		Salaries,	other col	mpensati	ion, empl	oyee be	enefits (	Part IX	<, colur	nn (A), I	lines 5-	-10)	····  -							0		
Expense	16a i	Professio	onal fundi	aising fe	es (Part I	IX, colu	mn (A),	line 1	1e)		•••••	0			ā					0		
Š	b	Total fun	draising e	expenses	(Part IX,	, colum	n (D), lii	ne 25)	P				🛽			<u></u>	E	<u></u>	1 <u>(</u> ⊑			
		Other ex	penses (I	Part IX, C	olumn (A	), lines	11a-11	d, 111	-24e)	• • • • • • • •			····  -		2,88 2,88					0,315		
	1								iumn (/	4), line 2	25)	••••••	····		<u>-72</u>					<u>0,315</u>		
	1 19   1	kevenue	i iess exp	enses, S	ubtract li	ne 18 fr	om line	12					····	Beainn	/ <u></u> Ing of Cu			·• ·· -	End of Ye	<u>3,189</u> ar		
Net Assets or Fund Balances	20	Total ass	sets (Part	X, line 1	6)								F		2,17					5,679		
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May the IRS discuss this return with the preparer shown above? (see instructions)

<u>rm 990 (20</u>	13) Industrial	Energy Users-	Ohio 3	31-1366474	Page
Part III		ram Service Accomp			
-			or note to any line in f	this Part III	<u>X</u>
	describe the organization's	mission:			
See S	chedule O				
• • • • • • •	•••••••••••••••••••••••••••••••••••••••			• • • • • • • • • • • • • • • • • • • •	
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	-	y significant program service	es during the year which we	ere not listed on the	□
			·····	•••••••••••••••••••••••••••••••••••••••	Yes 🔀 N
	" describe these new servi				
3 Did the service:	•	cting, or make significant ch	anges in now it conducts, a	any program	Yes X N
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			e for oach of its throa large	st program services, as measu	od by
				nt of grants and allocations to o	
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	arexpenses, and revenue, i	any, tor each program serv	nce reported.		
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•	program services (Describ	e in Schedule O )			
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	990 (2013) Industrial Energy Users-Ohio 31-1366474			age 3
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)		-	1
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	1 1		
	Part III	_5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	[		
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
•	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
•	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			}
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			<u> </u>
	endowments, permanent endowments, or guasi-endowments? if "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
• •	VII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	*******	********	
а	complete Schedule D, Part XI-	11a		X
h	Did the organization report an amount for investmentsother securities in Part X, line 12 that is 5% or more			<u> </u>
D	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	116	х	
_	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% of more		<u>~~</u>	†
С		11c		X
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
a		11d		X
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	110	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	119		┼───
t	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1 446		v
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		
_	Schedule D, Parts Xi and XII	12a		<u>  X</u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	4.0%		
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	l.		
	fundraising, business, investment, and program service activities outside the United States, or aggregate	1		
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			1.
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	<u> </u>	<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other		ļ	
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	<b> </b>	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	1		
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	<b> </b>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		1	
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	ļ	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19	<u> </u>	X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	ļ	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	1	

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3335555555	<u>990 (2013) Industrial Energy Users-Ohio</u> <u>31-1366474</u> <b>Checklist of Required Schedules (continued)</b>		<u>Р</u>	age 4
0000			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and Ii	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior		1	1
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			1
	If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	· [		
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If so, complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds; conditions; and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	. 30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	. 32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	_	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			1
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,		1	
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			1
	19? Note. All Form 990 filers are required to complete Schedule O	. 38	1	X

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Form	990 (2013) Industrial Energy Users-Ohio 31-1366	5474			P	age <b>5</b>
	Statements Regarding Other IRS Filings and Tax Compliance	_				
	Check if Schedule O contains a response or note to any line in this Part V	<u>/</u>	<u></u>		<u></u>	
		t F	10		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<u>1a</u>	18	-		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and					
_	reportable gaming (gambling) winnings to prize winners?			1c		<u>X</u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		0			
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns the set of the sum of line and 2a is structure than 250, you may be required to a file (and instruction)			2b		
•	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	S)				X
	Did the organization have unrelated business gross income of \$1,000 or more during the year?		•••••••••••••••••••••••••••••••	3a 2h		<u> </u>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule At any time during the calendar year, did the organization have an interest in, or a signature or other			3b		
4a	over, a financial account in a foreign country (such as a bank account, securities account, or other fir		у	1 .		
	ecount)?	lancial		4a		x
b	If "Yes," enter the name of the foreign country:			-40		
U	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		5a	********	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa-	ction?	• • • • • • • • • • • • • • • • • • • •	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		• • • • • • • • • • • • • • • • • • • •	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	he	•••••••••			
vu	organization solicit any contributions that were not tax deductible as charitable contributions?			6a	1	X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or	• • • • • • • • • • • • • • • • • • • •			F
-	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).	,				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods				
	and services provided to the payor?			7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>I</b> S Ø	R	7b		<u> </u>
C	Did the organization self exchange, or otherwise dispose of tangible personal property for which it w	as a				
	required to file Form 8282?	<i>#</i> &		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	78				<b>#</b> ####
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		? 👾	7e	i	∔
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			_7f	<u> </u>	∔
g	If the organization received a contribution of qualified intellectual property, did the organization file Fi			<u>7g</u>	<b> </b>	+
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz		e a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting					
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring					\$1888 A
	organization, have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					<u>.</u> #*****
a	Did the organization make any taxable distributions under section 4966?	• • • • • • • •				╂
Ь	Did the organization make a distribution to a donor, donor advisor, or related person?	••••••		9b		
10	Section 501(c)(7) organizations. Enter:	10a				
a	Initiation fees and capital contributions included on Part VIII, line 12					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities					
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	11a				
a L	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources	1.14				
Ь		11b				
12a	against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of For		?	12a	0000000	•62222333
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		· · · · · · · · · · · · · · · · · · ·			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		·			
a	the second se			13a		1
	Note. See the instructions for additional information the organization must report on Schedule O.					
ь	Enter the amount of reserves the organization is required to maintain by the states in which					
	the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand					
14a	Did the organization receive any payments for indoor tanning services during the tax year?		•••••••••••••••••••••••••••••••••••••••	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	ule O	· · · · · · · · · · · · · · · · · · ·	14b		1

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		<u>990 (2013) Industrial Energy Users-Ohio 31-1366474</u>			age 6
ł	Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and	for a "	No"	
		response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Set	e instr	uctior	IS.
1		Check if Schedule O contains a response or note to any line in this Part VI	· · · · · · · · ·		$\square$
	Sect	tion A. Governing Body and Management		·····	
1				Yes	No
l	1a	Enter the number of voting members of the governing body at the end of the tax year			
		If there are material differences in voting rights among members of the governing body, or			
1		if the governing body delegated broad authority to an executive committee or similar			
Ì		committee, explain in Schedule O.			
1	b	Enter the number of voting members included in line 1a, above, who are independent			
	2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
		any other officer, director, trustee, or key employee?	2		X
1	3	Did the organization delegate control over management duties customarily performed by or under the direct		,	
		supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
) i	4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
	5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	<b></b>	X
	6	Did the organization have members or stockholders?	6		X
1	7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint		<b>)</b>	]
		one or more members of the governing body?	7a	J	X
;	b	Are any governance decisions of the organization reserved to (or subject to approval by) members,		1	1
3		stockholders, or persons other than the governing body?	7b		X
	8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
}	а	The governing body?	<u>8a</u>	X	<b></b>
	b	Each committee with authority to act on behalf of the governing body?	<u>8b</u>	X	L
Ì	9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	í		[
į		the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	أحرجها	<u>X</u>
	Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co	de.)		<b></b>
ŧ				Yes	No
İ		Did the organization have local chapters, branches, or affiliates?	10a		X
·	Ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
2	44-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	<u> </u>	X
1	11a ⊾	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		
i	b 12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a		X
	12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		<u>-</u>
÷	c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			<u> </u>
	Ũ	describe in Debed 1. O have the use dame	12c		
	13	Did the organization have a written whistleblower policy?	13		X
1	14	Did the organization have a written document retention and destruction policy?	14		X
	15	Did the process for determining compensation of the following persons include a review and approval by			
		independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	а	The organization's CEO, Executive Director, or top management official	15a		] x
	b	Other officers or key employees of the organization	15b		X
		If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
	16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
•		with a taxable entity during the year?	16a		X
;	b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
		participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
•		organization's exempt status with respect to such arrangements?	16b	Ĺ	<u> </u>
÷	Sec	tion C. Disclosure			
	17	List the states with which a copy of this Form 990 is required to be filed None			
	18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
		available for public inspection. Indicate how you made these available. Check all that apply.			
		Own website Another's website Upon request Other (explain in Schedule O)			
	19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
		financial statements available to the public during the tax year.			
·'	20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	~	organization: ► Debbie Ryan 21 E. State St.	1 1 ~	· 0 · c	
:		olumbus OH 43215 614	<u>4-46</u>		
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Form 990 (2013) Industria								31-136		Page /
Part VII Compensation Independent Co		Uire	cto	rs,	Iru	iste	es,	Key Employees, Hig	hest Compensated	Employees, and
•		sar	esp	ons	eo	r nc	ote t	o any line in this Part	VII	
								Compensated Employed		·····
1a Complete this table for all person organization's tax year.										
<ul> <li>List all of the organization's cu</li> </ul>	rrent officers, d	irecto	ors, t	ruste	es (	(whe	ther	individuals or organization	s), regardless of amount of	
compensation. Enter -0- in columns										
<ul> <li>List all of the organization's cu</li> <li>List the organization's five cure</li> </ul>		-		-						
who received reportable compensation organization and any related organization	on (Box 5 of For									
• List all of the organization's for									who received more than	
<ul> <li>\$100,000 of reportable compensation</li> <li>List all of the organization's for</li> </ul>	•							•	director or trustee of the	
organization, more than \$10,000 of r	eportable comp	ensa	tion	from	the	orga	aniza	ition and any related organ	izations.	
List persons in the following order: in compensated employees; and forme			direc	tors;	Inst	itutic	onali	trustees; officers; key emp	loyees; highest	
X Check this box if neither the orga	•		ated	orga	nizai	tions	s con	npensated any current offic	cer, director, or trustee.	
(A)	(B)				 2)			(D)	(E)	(F)
Name and Title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours per week		o not c x, unle					compensation from	compensation from related	amount of other
	(list any hours for		icer ar					the organization	organizations (W-2/1099-MISC)	compensation from the
	related organizations	ndivia or dire	nstitu	Officer	(ey e	ja je	om	(W-2/1099-MISC)	. ,	organization and related
	betow dotted	Individual trustee or director	Institutional trustee	רן	employee	Highest compensated employee	_ <u>e</u>			organizations
	line)	ruste	trus		yee	npen;				
		ſ	lee ee			sated				
(1) Fred M. Mazurski		1					1			
	0,000						1	1 all all and a		
Committee Member	<u>00 00</u>	X		<b>6</b> 4,	<b>1</b>	<u>  ```</u>		At the second	Satistics of the	0
(2)Ben Tan, CPSM	<i>M</i> 0.00	130		1000	1	1				
Committee Member	0.00	X	C. S. S.	57.2			20			C
(3) Seth Mason	0.00					<u> </u>	+			
	0.00	1								
Committee Member	0.00	Χ					<u> </u>	0	0	(
(4)Robert L. Flygar					Ì					
Original Antonio Marchana	0.00							0	0	(
Committee Member (5) Russ Lang	0.00	X					+	······································	U	
(a) Rubb Lung	0.00									
Committee Member	0.00	X						0	0	
(6) Matt Brakey						1				
	0.00			ĺ.,						
Chairman	0.00		<b> </b>	X			+	C	0	
(7)Tom Mahlberg	0.00									
Vice Chairman	0.00	·		x				) c	0	(
(8)		1			1					
	• • • • • • • • • • • • • • • • • • • •									
(9)		+	+				+			
(9)										
(10)										
,			1					ł		
(4.4)			_	-		<u> </u>	+			
(11)					1		1			
	<b>.</b>   <b></b>	.1	i i	1	1	1	1	1	1	1

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	(A)		B)	1			C)			(D)	(E)	(F)
Name and litle		Average Position hours per (do not check more than o week box, unless person is both (list any officer and a director/trust hours for						s bolh	an	Reportable compensation from the organization	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the
		rei organ belov	ated izations / dotted ne)	Individual trustee or director	Institutional trustee	Officer	Key employae	Highest compensated employee	Former	(W-2/1099-MISC)	(17211000-111100)	organization and related organizations
(12)		 						-= 				
/4.91												
(13)			,									
(14)												
· · · · · ·		<b>.</b> . ,										
(15)				+								
	•••••••••••••••••••••••••••••••••••••••											
(16)	····-			+	<u> </u>		<u> </u>	+				
(17)		<u>├</u> ──		+	†							-{
				1								
(18)				( in the				, .		State of the state		
(19)			E SAN				) 				<b>N</b> DY	
	·····						1					
	Sub-total Total from continuation she Total (add lines 1b and 1c)	ets to F	Part VII,	Sect	tion /	Α	 	•••	* *			
2	Total number of individuals (ir	ncluding	but not	limite	ed to	thos	se lis	ted	abov	re) who received more than	1 \$100,000 in	
	reportable compensation from											Yes
3	Did the organization list any for employee on line 1a? If "Yes,"	' comple	ete Sche	edule	J for	r suc	h in	divid	ual			3
4	For any individual listed on lin organization and related organ	e 1a, is nization	the sum s greate	n of r r tha	eport n \$1	able 50,00	con 00?	npen If "Y∉	satio es," o	on and other compensation complete Schedule J for su	i from the lich	
5			- 									4
Section	for services rendered to the o on B. Independent Contracto	rganizal	tion? If "	Yes,	" con	plet	e So	hedu	ule J	for such person		5
<u>3800</u>	Complete this table for your fi	ve high	est com	pens	ated	inde	реп	dent	cont	ractors that received more	than \$100,000 of	
	compensation from the organ Name and			comp	ensa		TOP	ne c			(B) ption of services	year. (C) Compensation
		Ducini										
	·											
					<u>.</u>							
<u> </u>												
									-+		· · · · · · · · · · · · · · · ·	
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Form	<u>990 1</u>				ergy (	Jsers-	Ohio	<u>31-1366474</u>		Page 9
Pa	rt VI	II Staten	nent of Reve	nue	taine a r	000000	or note to any line	in this Dort V/II		 [""]
		Check				esponse	(A)	(B)	(C)	(D)
							Total revenue	Related or exempt function	Unrelated business revenue	Revenue excluded from tax under sections
9 M	<u>.</u>				[			revenue		512-514
Contributions, Gifts, Grants and Other Similar Amounts		Federated can Membership d	npaigns	<u>1a</u> 1b			-			
اغ اغ		Fundraising ev		1c		. <u> </u>	-			
Sifts			izations	1d						
, si Timil		Government grants	•	1e						
er S	f	All other contribution								
- T E E E E			s not included above	1f	<u> </u>		-			
and	-		ns included in lines 1a- es 1a—1f		\$	••••••				
<u>9</u>	<u>, "!</u>		<u>63 10-11-00</u>			Busn, Code				
veni	2a	Opt-In	Activity Rev	enue			717,705	717,705		
Re	b		come-Regular				214,174			
Š	C	Dues In	come-Alterna	tive		· · · · · ·	8,000	8,000		
l Se	d									
Program Service Revenue	e f		ram service reve						<u>├</u>	
PC		• •					939,879		1	1
	3 Investment income (including dividends, interest,									
			ilar amounts)				17,331	· · ·		17,331
	4		nvestment of tax							-
	5	Royalties	(i) Roal	<u></u>						
	62	(i) Real (ii) Personal		-						
		Less: rental exps.		<u> </u>	199					
		Rental inc. or (loss)	- FR		1 EV	11 1	]			
	d Za	Net rental inco Gross amount from		<u> </u>						
	10	sales of assets	(I) Securities	trai	(ii) <sup>(1)</sup>	Other	-	***		
	Ь	other than inventory Less: cost or other	∕			<u> </u>	-			
	0	basis & sales exps.								
	c	Gain or (loss)					]			
	d	Net gain or (lo	oss)	<i> <b>.</b></i>	. <u></u>	🕨				
e	8a		rom fundraising eve		1					
Nen		(not including \$	i	••••						
Re			reported on line 1c e 18							
Other Revenue	b		xpenses			,	1			
0			r (loss) from fund		g events	🕨				
i	9a		rom garning activitie							
			e 19				-			
:			xpenses r (loss) from gan			•	-			
			of inventory, less							
			llowances							
			goods sold		L		_			
	c		r (loss) from sale	es of i	nventory	<b>&gt;</b>				
	44-		scellaneous Revenue	<u> </u>		Busn, Code	218,511			210 511
	11a b		come ement Income				1,000		{	<u>218,511</u> 1,000
	c		neous Income		•••••		405			405
	•	All other reve	nue							
			ies 11a-11d			🚩	219,916			
	12	Total revenue	e. See instructio	ns			1,177,126	939,879	9	237,247

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Form 990 (2013)

#### Form 990 (2013) Industrial Energy Users-Ohio Part IX Statement of Functional Expenses

31-1366474

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Page 10

Section	n 501(c)(3) and 501(c)(4) organizations must c			mplete column (A).	
<u></u>	Check if Schedule O contains a resp t include amounts reported on lines 6b,	onse or note to any line in t (A)	his Part IX (8)	(6)	
	, 9b, and 10b of Part Vill.	Total expenses	Program service expenses	Management and general expenses	Fundralsing expenses
	Grants and other assistance to governments and				
C	organizations in the U.S. See Part IV, line 21				
2 (	Grants and other assistance to individuals in	· · · · · ·			
1	he U.S. See Part IV, line 22				
3 (	Grants and other assistance to governments,				
(	organizations, and individuals outside the				
	J.S. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
5	Compensation of current officers, directors,				
1	rustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
	Other employee benefits				
	Payroll taxes				
	Fees for services (non-employees):				
	Management				
	Legal	156,000		156,000	···
	Accounting	2,245		2,245	
d	Lobbying			<b>_</b>	
e	Professional fundraising services. See Part IV, line 17				
	Investment management fees		10 <b>X</b>		
g	Other. (If line 11g amount exceeds 10% of line 25, column	and the second s			· · · · · · · ·
9	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
	Office expenses				
14	Information technology				
	Royalties			<u> </u>	
	Occupancy				
	Troubl		<del>_</del> •		
	Payments of travel or entertainment expenses	· · · · · · · · · · · · · · · · · · ·	····· · · · ·		
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings	7,307		7,307	· · · · · · · · · · · · · · · · · · ·
	Interest			<b>_</b>	
	Payments to affiliates				
	Depreciation, depletion, and amortization				
	Insurance				
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
	Opt-In Activity Expense	1,280,600	1,280,600		
b	MSG Expenses	130,909	130,909		···
C	Lobbying Fees	60,000		60,000	······································
	Office Supplies & Expense	11,621		11,621	
	All other expenses	1,633		1,633	
	Total functional expenses. Add lines 1 through 24e	1,650,315	1,411,509		
	Joint costs. Complete this line only if the	<u>+,,,,,,,,,,</u>	<u> </u>	230,000	
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

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335,535		Check if Schedule O contains a response or note to any line in this Part X			
<u> </u>		Check in Schedule O contains a response of note to any line in this Part A	(A)	T	(B)
			Beginning of year		End of year
	4	Cash—non-interest bearing	boginning of your	1	
	2	Savings and temporary cash investments	1,857,892	2	1,100,679
	2	Pladage and grante receivable net	<b>1,007,09</b> 2	3	
	4	Pledges and grants receivable, net		4	
	<del>4</del> 5	Accounts receivable, net			
	5	trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
	0	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
				6	
Assets	-	•	220,000	7	115,000
Ass	7	Notes and loans receivable, net Inventories for sale or use		8	115,000
	8	Description and deformed charges		9	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation 10b			
				10c	
	11	Investments—publicly traded securities	100 000	11	100 000
	12	Investmentsother securities. See Part IV, line 11	100,000	12	100,000
	13	Investments—program-related. See Part IV, line 11	· · · · · · · · · · · · · · · · · · ·	13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	0 177 000	15	1 215 670
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,177,892	16	1,315,679
	17	Accounts payable and accrued expenses		17	<u> </u>
	18	Grants payable Deferred revenue Tax-exempt bond liabilities	A REAL R	18	
	19	Deferred revenue		<u>/19</u>	
	20	Tax-exempt bond liabilities		₩ <b>20</b>	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to current and former officers, directors,	94. 		
Liabilities	ļ	trustees, key employees, highest compensated employees, and			
iat.		disqualified persons. Complete Part II of Schedule L	····	22	
	23	Secured mortgages and notes payable to unrelated third parties		23	<u> </u>
	24	Unsecured notes and loans payable to unrelated third parties	· · · · ·	24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	720 1 67		240 144
		of Schedule D	738,167		349,144
	26	Total liabilities. Add lines 17 through 25	738,167	26	549,144
u		Organizations that follow SFAS 117 (ASC 958), check here			
č		complete lines 27 through 29, and lines 33 and 34.			
alar	27	Unrestricted net assets		27	
ň	28	Temporarily restricted net assets		28	<b> </b>
Net Assets or Fund Balances	29	Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ [X] and		29	
ы Г	ļ				
ខ្ម	1	complete lines 30 through 34.			
Ssel	30	Capital stock or trust principal, or current funds		30	<u>}</u> ·
٢Ă	31	Paid-in or capital surplus, or land, building, or equipment fund	1 420 705	31	066 525
Net	32	Retained earnings, endowment, accumulated income, or other funds	1,439,725	32	966,535
	33	Total net assets or fund balances	1,439,725		966,535
	34	Total liabilities and net assets/fund balances	2,177,892	34	1,315,679

Form 990 (2013)

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Form	990 (2013) Industrial Energy Users-Ohio 31-1366474			Pag	je <b>12</b>			
Pa	nt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,17	77,1	126			
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,65	50,3	315			
3	Revenue less expenses. Subtract line 2 from line 1	3		73,1				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,43	39,7	125			
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9			-1			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	1						
	33, column (B))	10	96	56,5	<u>535</u>			
Pa	nt XII Financial Statements and Reporting				_			
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u></u>	<u></u>				
1	Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			Yes	No X			
	Were the organization's financial statements compiled or reviewed by an independent accountant?         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:         Separate basis       Consolidated basis       Both consolidated and separate basis         Were the organization's financial statements audited by an independent accountant?		2a 2b		X			
c	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:           Separate basis         Consolidated basis         Both consolidated and separate basis							
	<ul> <li>c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</li> <li>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</li> <li>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in a set of the organization changed either its oversight process or selection process during the tax year.</li> </ul>							
	the Single Audit Act and OMB Circular A-133?		3a		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	• • • • • • • • • • • • • • • • •						
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b					
· · · ·			For	m 990	(2013)			

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#### Department of the Treasury Internal Revenue Service

#### Return of Organization Exempt From Income Tax

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Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. OMB No. 1545-0047 2014 Open to Public Inspection

A	For the 2014 of	alendar year, or tax year beginning, and ending										
в	Check if applicable:	C Name of organization		D Employer ide	ntification number							
<u>~</u>	Address change	Industrial Energy Users-Ohio										
님	-	Doing business as		31-136	31-1366474							
	Name change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suile	E Telephone nu	mber							
$\Box$	Initial return	21 East State Street, Suite 1700		614-46	<u>59-8000</u>							
$\square$	Final return/ terminated	City or town, state or province, country, and ZIP or foreign postal code	i									
$\overline{\mathbf{X}}$		Columbus OH 43215		G Gross receipts	<u>\$ 1,369,600</u>							
A	Amended return	F Name and address of principal officer:		1 <b>6 1</b>								
$\Box$	Application pending		H(a) is this a grou	p return for subor	dinates? Yes X No							
			H(b) Are all subo	H(b) Are all subordinates included? Yes								
			If "No,"	o," attach a list. (see instructions)								
1	Tax-exempt status:	501(c)(3) X 501(c) ( 6 ) ◀ (insert no.) 4947(a)(1) or 527										
		eu-ohio.org	H(c) Group exem	nation number 🕨								
<u>~</u>	Form of organization		ar of formation:		State of legal domicile:							
Ì				······································	outo of loger contrainer							
1000		escribe the organization's mission or most significant activities:										
		Schedule O			•••••••••••••••••••••••••••••••••••••••							
ц С			• • • • • • • • • • • • • • • • • • •									
rna	••••••		• • • • • • • • • • • • • • • • • • •	•••••								
Governance	2 Chark #	is box ▶ [ ] if the organization discontinued its operations or disposed of more than 259			•••••••••••••••••••••••••							
ő				1 _ 1 -	7							
ංත් ග		3 Number of voting members of the governing body (Part VI, line 1a)										
Activities	4 Number	4 Number of independent voting members of the governing body (Part VI, line 1b)										
ť	5 Total nu	mber of individuals employed in calendar year 2014 (Part V, tine 2a)		0								
Ac	6 Total nu		0									
	7a Total un	related business revenue from Part VIII, column (C), line 12	<u>7a</u>	0								
	b Net unre	lated business taxable income from Form 990-1, life 34	<u> </u>	<u>. /0</u>	0							
		tions and grants (Part VIII line 1h)	Prior Yea	r <u>44    </u>	Current Year							
ue	8 Contribu	tions and grants (Part VIII line 1h)		879	1,357,521							
/en	9 Program	service revenue (Part VIII, line 2g)			11,171							
Revenue	10 Investm	ent income (Part VIII, column (A), lines 3, 4, and 70)										
_	11 Other re	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			908							
		renue add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,177	120	1,369,600							
		Ind similar amounts paid (Part IX, column (A), lines 1–3)			0							
		paid to or for members (Part IX, column (A), line 4)		0								
es	15 Salaries	, other compensation, employee benefits (Part IX, column (A), lines 5–10)		0								
penses	16a Profess	sional fundraising fees (Part IX, column (A), line 11e)										
		ndraising expenses (Part IX, column (D), line 25) ト0										
Ш		penses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,650	) <u>,315</u>	1,225,291							
	18 Total ex	penses: Add lines 13–17 (must equal Part IX, column (A), line 25)	1,650		<u>1,225,291</u>							
	19 Revenu	e less expenses. Subtract line 18 from line 12		3,189	<u> </u>							
3 O.	Ces		Beginning of Cur		End of Year							
Net Assets or	ਕੋ 20 Total as	sets (Part X, line 16)		5,679	1,184,151							
۲Å	월 21 Total lia	bilities (Part X, line 26)		<u>),144</u>	73,308							
		ets or fund balances. Subtract line 21 from line 20	966	5 <u>,535</u>	<u>1,110,843</u>							
		ignature Block	· · · · · · · · · · · · · · · · · · ·									
l t	Jnder penalties o rue, correct, and	i perjury, I declare that I have examined this return, including accompanying schedules and statemer complete. Declaration of preparer (other than officer) is based on all information of which preparer ha	nts, and to the be as any knowledg	est of my know e.	ledge and belief, it is							
Si	ign 🛛	Signature of officer		Date	· <u></u>							

Here				Randa	zzo		Agent						
	Type or p	print nam	e and title										
	Print/Type prepar	rer's nam	e			Preparer's signature		Date		Check	Xif	PTIN	
Paid	Ronald J. Hagan					Ronald J. Hagan		9/15	self-emp	loyad	P002318:	11	
Preparer	Firm's name	>	Rona	ald J.	Haqa	n, CPA, LLC			Firm's	EIN 🕨	31	1-1744	030
Use Only			71 1	E Livi	ngsto	on Ave							
	Firm's address	•	Colu	umbus,	ŌH	43215-5796			Phone	no.	614	4-340-	3500
May the IF	RS discuss this	return	with the	preparer sh	iown abov	/e? (see instructions)				- 		X Yes	No
	work Reduction												<b>90</b> (2014)

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		<u>Industrial</u>				<u> </u>	-1366474		Page
Par		atement of Progr							₩.
	<u> </u>	eck if Schedule C	<u>) contains a r</u>	esponse or no	ote to any	line in this	s Part III	· · · · · · · · · · · · · · · · · · ·	<u>X</u>
	ee Sche	be the organization's n	•						
39	se sone	date 0			• • • • • • • • • • • • • •			• • • • • • • • • • • • • • • • • • • •	
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2	Did the organi	ization undertake any	significant prog	ram services duri	ing the year	which were	not listed on the		
					-				Yes X N
;	lf "Yes," desc	ribe these new service	es on Schedule	0.				· · · · · · · · · · · · · · · · · · ·	
3	Did the organi	ization cease conduct	ing, or make sig	gnificant changes	in how it co	nducts, any	program		
	services?				· · · <b>· · · · ·</b> · · · · · · · · · · ·				🗌 Yes 🔀 N
		ribe these changes or							
1	expenses. Se	organization's progran ction 501(c)(3) and 50 nses, and revenue, if	)1(c)(4) organiz:	ations are require	d to report t				
4a	(Code:	) (Expenses \$	986	,074 includir	ng grants of	\$		) (Revenue \$	
		al Energy W	Jsers-Oh	io MSG P	ool Pr	ogram			• • • • • • • • • • • • • • • • • • • •
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<b>L</b>		) (Expenses \$	<u>. 12 - 13 - 58 - 5</u> 21 - 21 - 12 - 12 - 12 - 12 - 12 - 12 -		ng grants of	<u>14</u> 75		) (Revenue \$	
Ð	(Code:	) (Expenses \$	····;		ng grants of	•	and the state	) (Revenue a	
		·····	•••••	•••••••••••••••••••	• • • • • • • • • • • • • • •	•••••			
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4d	-	m services (Describe							
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4e	I otal program	n service expenses 🕨	•	986,074					

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Form	990 (2014) Industrial Energy Users-Ohio 31-1366474		Р	age 3
1	Int IV Checklist of Required Schedules	·		
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	$\square$		
	complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			1
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			ł
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	ŀ		
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a		_	
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	1		1
	complete Schedule D, Part VI	11a		Х
b	Did the organization report an amount for investmentsother securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
с	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	<u>11d</u>		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	ſ		
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	125	ļ	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or		1	
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? if "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	1		
	if "Yes," complete Schedule G, Part III	19		X
20a		20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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Form	<u>1990 (2014) Industrial Energy Users-Ohio 31-1366474</u>		P	age 4
Pa	In IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			1
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? if "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			ĺ
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
-	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
204	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
b	•			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	25b		
	If "Yes," complete Schedule L, Part I	250		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			v
	disqualified persons? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds; conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If Yes, complete Schedule L, Part IV	28a		<u> </u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	_28b	<u> </u>	<u>X</u>
¢	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	<b> </b>	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<b> </b>	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	1	Ì	
	conservation contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31	<u> </u>	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			T
	or IV, and Part V, line 1	34		X
35a		35a	Τ	Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
-	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	1	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable		1	1
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		1	1
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part V/	37	1	Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		1	+
	19? Note. All Form 990 filers are required to complete Schedule O	38		X
				<u> </u>

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Form 990 (2014)

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Form	<u>990 (2014) Industrial Energy Users-Ohio 31-1366</u>	<u>5474</u>			P	age <b>5</b>
Pa	Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response or note to any line in this Part V	<u>/</u>	<u></u>	<u></u>	<del></del>	<u> </u>
		1	1		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	20			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and					
	reportable gaming (gambling) winnings to prize winners?			1c		Х
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1				
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	******	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction		*****			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	-,		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule	Ω		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other					
4a	over, a financial account in a foreign country (such as a bank account, securities account, or other fin					
		lanciai		4a		X
L	account)?	• • • • • • •		4d		
b	If "Yes," enter the name of the foreign country:	• • • • • • •				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accour	nts			
	(FBAR).					per se
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	• • • • • • •		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?		5b	ļ	X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b></b> .		<u>5c</u>	<u> </u>	ļ
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t	he				
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a	ļ	X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or			1	ĺ
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods				
	and services provided to the payor?		जनेतः सः <u>।</u>	7a	]	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as			1	
Ý	required to file Form 8282?	7 g	an an	7c		
đ	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	<u> </u>		7e	*******	********
е е	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f	-	<u> </u>
	If the organization, coming the year, pay premiums, directly of indirectly, on a personal bench com If the organization received a contribution of qualified intellectual property, did the organization file F		200 as required?	7g	<u> </u>	<u> </u>
g	-			79 7h	┼	<del> </del>
_n _	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintain				320000	488888
	sponsoring organization have excess business holdings at any time during the year?	• • • • • • •	· · · · · · · · · · · · · · · · · · ·	8		
9	Sponsoring organizations maintaining donor advised funds.					-
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a	+	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:		1			
а	Initiation fees and capital contributions included on Part VIII, line 12		l			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	105		-88		
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a	<u> </u>			
b	Gross income from other sources (Do not net amounts due or paid to other sources					
	against amounts due or received from them.)	11b		·		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of For	m 104	1?	12a		
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1	1			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		<u></u>			
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
a	Note. See the instructions for additional information the organization must report on Schedule O.	· · · · · · ·	•••••••••••••••••••••••••••••			
b	Enter the amount of reserves the organization is required to maintain by the states in which					
U U		135				
	the organization is licensed to issue qualified health plans					
C	Enter the amount of reserves on hand					
14a	Did the organization receive any payments for indoor tanning services during the tax year?				· · · · ·	<u>X</u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	ue O.		14b	21	1

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Form	990 (2014) Industrial Energy Users-Ohio 31-1366474	Page <b>6</b>						
Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and							
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See	e instructions.						
	Check if Schedule O contains a response or note to any line in this Part VI							
Sect	tion A. Governing Body and Management							
		Yes No						
1a	Enter the number of voting members of the governing body at the end of the tax year							
	If there are material differences in voting rights among members of the governing body, or							
	if the governing body delegated broad authority to an executive committee or similar							
	committee, explain in Schedule O.							
b	Enter the number of voting members included in line 1a, above, who are independent							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2 X						
	any other officer, director, trustee, or key employee?							
3	Did the organization delegate control over management duties customarily performed by or under the direct							
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	<u> </u>						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4 X						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5 X						
6	Did the organization have members or stockholders?	6 X						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint							
	one or more members of the governing body?	7a X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,							
•	stockholders, or persons other than the governing body?	7b X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
a	The governing body?	8a X 8b X						
b	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	8b X						
9	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	X e						
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co							
000	Solid B. Tolicics (This occurs in Trequesis information about poincies instructured by the internal revenue oc	Yes No						
10a	Did the organization have local chapters, branches, or affiliates?	10a X						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,							
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a X						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a X						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"							
	describe in Schedule O how this was done	12c						
13	Did the organization have a written whistleblower policy?	13 X						
14	Did the organization have a written document retention and destruction policy?	13 X 14 X						
15	Did the process for determining compensation of the following persons include a review and approval by							
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
a	The organization's CEO, Executive Director, or top management official	15a X						
b	Other officers or key employees of the organization	15b X						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement							
	with a taxable entity during the year?	16a X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its							
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the							
	organization's exempt status with respect to such arrangements?	16b						
	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed None	••••••						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)							
	available for public inspection. Indicate how you made these available. Check all that apply.							
	Own website Another's website Opon request Other (explain in Schedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and							
20	financial statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's books and records: 21 E. State St.							
	-	1_160 0000						
DAA	Un 43213 014	<u>4-469-8000</u>						
UAA		Form <b>990</b> (2014						

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Form 990 (2014) Industria Part VII Compensation								<u>31-136</u>	64 / 4 hest Compensated	Page 7
independent Compensation		DILE	510	15,	110	ISLE	es,	rey Employees, my	mest compensateu	Employees, and
-		sar	esp	ons	e o	r no	te te	o any line in this Part	<u>VII</u>	
Section A. Officers, Directors	, Tr∪stees, Key	Emp	oloye	es,	and	Hig	hest	Compensated Employee	S	
1a Complete this table for all person organization's tax year.	s required to be	liste	d. Re	epor	t cor	nper	nsatio	on for the calendar year en	ding with or within the	
<ul> <li>List all of the organization's cu compensation. Enter -0- in columns</li> <li>List all of the organization's cu</li> <li>List the organization's five curr who received reportable compensati organization and any related organization</li> </ul>	(D), (E), and (F) rrent key emplo rent highest con on (Box 5 of For ations.	if no oyees npen m W	com , if a sate -2 a	ny. S d en nd/oi	satio See iploy r Bo:	instr /ees x 7 o	as pa uctio (othe f For	aid. Ins for definition of "key em- er than an officer, director, rm 1099-MISC) of more tha	ployee." trustee, or key employee) an \$100,000 from the	
<ul> <li>List all of the organization's for \$100,000 of reportable compensation</li> </ul>									who received more than	
<ul> <li>List all of the organization's for</li> </ul>	rmer directors	or tri	uste	es th	nat re	eceiv	/ed.i	in the capacity as a former	director or trustee of the	
organization, more than \$10,000 of r List persons in the following order: in										
compensated employees; and forme			meu	1015,	inst	nuno	mart	rustees, oncers, key emp	oyees, mynest	
X Check this box if neither the orga	anization nor an	y rela	ted	orga	niza	tion	comp	pensated any current office	r, director, or trustee.	
(A)	(B)			(0				(D)	(E)	(F)
Name and Title	Average hours per		not c		more			Reportable compensation	Reportable compensation from	Estimated amount of
	week (list any		c, unie icer ar					from the	related organizations	other compensation
	hours for related	or di	Inst	Officer	<b>N</b> e	ang Fi	- F	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
,	organizations balow dotted	Individual or director	Institutional	Cer C	emp	nest c	Former			and related organizations
	line)	il trustee	nai tr		(ey employee	Highest compensaled employee				or gainzanona
		tee	Inustee			nsale				
(1) Fred M. Mazursk:					}	- 12		<u> </u>		
()FIEG M. Mazursk.	0.00						.	-3 - 4 - 4		
Committee Member	0.00	X	1.1.1					. 0		0
(2) Angela Rhynard			÷.	× .		1				
÷۲.	0.00	 X		主語						0
Committee Member (3) Robert L. Flygar	0.00				<u> </u>				<u> </u>	0
(S) KODELC D. LLYGA	0.00									
Committee Member	0.00	X						0	0	0
(4)Russ Lang					]	]				
	0.00									
<u>Committee Member</u> (5) Matt Brakey	0.00	X				╂──	╉──	0	0	0
(3) Matt Blakey	0.00					ŀ				
Secretary/Treasurer	0.00			X				0	0	0
(6) Tom Mahlberg						Τ				
• • • • • • • • • • • • • • • • • • • •	0.00									
Vice Chairman	0.00	+	<b> </b>	X		<u> </u>		0	0	0
(7)Ben Tan, CPSM	0.00			1						
Chairman	0.00	·		x				0	0	0
(8)	<u> </u>	1		<u> </u>	$\mathbf{t}$	$t \rightarrow t$	<b>1</b>	°		<u>_</u>
• •	<b>_</b>					1				
		1			1	1	1	1	1	1

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Part VII	014) Industria Section A. Officers								<u>31-136</u> nd Highest Compensated		Page 8
	(A) Name and title	(B) Average hours per week (list any	(de bo	o not o x, unie	fos Pos check oss pe	C) illion more rson	than c is both pr/trust	one Lan	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
12)			┼─		 	┟╌╼	<u> </u>	 		······	
(13)		<u> </u>					•				
			·								
14)			<u> </u>	$\vdash$			-	-	· · · · · · · · · · · · · · · · · · ·		
(15)					-						
(45)						ļ	-				
(16)		, <i></i>								-	
			-								
(17)											
		· · · · · · · · · · · · · · · · · · ·									
(18)	E.							4 2			
			2	÷ģ.	10 A						
(19)								· 4 6			
•••••		L.,									
	otal from continuation she		 Sect	ion /	Δ		• • •				
d Total	(add lines 1b and 1c)									· · · · · · · · · · · · · · · · · · ·	
	number of individuals (ir able compensation from				thos	se lis	sted	abov	e) who received more than	1 \$100,000 of	
											Yes No
emplo	yee on line 1a? If "Yes,	" complete Sche	dule	J for	r suc	ch in	divid	ual	oyee, or highest compens		3 X
4 For al	ny individual listed on lin ization and related orga	ie 1a, is the sum nizations greate	i of re r tha	eport n \$1	able 50.0	cor 00?	npen If "Ye	isatio es." o	on and other compensation complete Schedule J for su	i from the ich	
individ	dual										4 X
									for such person		<b>5</b> X
	Independent Contracte		hene	ated	inde	nen	dent	cont	ractors that received more	than \$100 000 of	
comp	ensation from the organ	ization. Report	comp	ensa	ition	for	the c	alen	dar year ending with or wit	hin the organization's tax	
	Name and	(A) d business address					ù	+	Descri	(B) ption of services	(C) Compensation
				<b></b>	·			+	······		
	·····							_		·	
		· · · · · · · · · · · · · · · ·									
							<u>.</u>		- 19-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		
2 Total receiv	number of independent ved more than \$100,000	contractors (inc) of compensatio	iuain In fro	g bư m th	ι not e org	umi gani	ned t zatio	o tho n 🕨	ise listed above) who	0	

\$100,000 of compensation	on from the organization 🕨	

Form 990 (2014)

		(2014) Industrial		<u>Users-</u>	Ohio	31-1366474		Page 9
Pa	n V	Statement of Reve Check if Schedule (		response	or note to any line	in this Part VIII		
					(A) <sup>+</sup> Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
<u> </u>	 1a	Federated campaigns	1a			revenue		512-514
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues	16	<u>_</u>				
An (		Fundraising events	1c					
<u>e</u>		Related organizations	_1d					
Sin		Government grants (contributions)	<u>1e</u>					
ther	•	and similar amounts not included above	1f					
ğ	g	Noncash contributions included in lines 1a-			1			
<u>3</u>	<u>h</u>	Total. Add lines 1a-1f	<u></u>					
Program Service Revenue	<b>n</b> -			Busn, Code	1,038,026	1,038,026		
Rev	2a b	Opt-In Activity Rev Additional Opt-In A			160,000			
j;	c	Dues Income~Regular			151,495	151,495		
Ser	d	Dues Income-Alterna			8,000	8,000		
E	е					·		
- Bel		All other program service reve			1,357,521			
		Total. Add lines 2a-2f Investment income (including			1,557,521			
	-	and other similar amounts)			11,171			11,171
	4	Income from investment of tax	<pre>c-exempt bond</pre>	proceeds 🕨			<u> </u>	
	5	Royalties						
	6.7	(i) Real		) Personal	-			
		Rental inc. or (loss)			]			
ļ	di 7a	Net lettal mcome of (loss)					<u> 22</u>	
	~~	sales of assets		(ii) Other	4			
	h	other than inventory			4			
		basis & sales exps.		_				
	c	Gain or (loss)			]			
		Net gain or (loss)		<u></u>				
Jue	8a	Gross income from fundraising eve (not including \$						
ever		of contributions reported on line 10						
Other Revenue		See Part IV, line 18	1					
Ğ		Less: direct expenses			4			
-		Net income or (loss) from fun Gross income from gaming activiti		s <b>&gt;</b>				
	98	See Part IV, line 19						
	ь	Less: direct expenses			]			
	c	Net income or (loss) from gar	ning activities	<b>)</b>			-	
	10a	Gross sales of inventory, less	•					
	h	returns and allowances			-			
		Net income or (loss) from sale		•••••				
		Miscellaneous Revenue		Busn. Code	1			
	11a	* • • • • • • • • • • • • • • • • • • •	·	.	908			908
	b	* * * * * * * * * * * * * * * * * * * *				<u> </u>	<u> </u>	
	c d	All other revenue				<u> </u>	<u> </u>	+
	e				908			
	12	Total revenue. See instruction			1,369,600	1,357,521		1
								Form 990 (2014)

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# Form 990 (2014)Industrial Energy Users-Ohio31-1366474Part XStatement of Functional Expenses

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Page 10

Secti	on 501(c)(3) and 501(c)(4) organizations must c			nplete column (A).	
	Check if Schedule O contains a resp				
	ot include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
~	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign				
4	individuals. See Part IV, lines 15 and 16	· · · · · · · · · · · · · · · · · · ·			
4 5	Benefits paid to or for members Compensation of current officers, directors,				
J	trustees, and key employees				
6	Compensation not included above, to disqualified				
Ū	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(8)				
7	Other coloring and wares			· ·	····
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits			· · ·	- · · · · · · · · · · · · · · · · · · ·
10	Payroll taxes		· · · · · · · · · · · · · · · · · · ·		
11	Fees for services (non-employees):				
а	Management				
b	Legal	143,000		143,000	······
c	Accounting	3,200		3,200	
đ	Lobbying	60,000	a statistica	60,000	
е	Professional fundraising services. See Part IV, line 17	A day to day the second		,	
f	Investment management fees		3 8		
g	Other. (If line 11g amount exceeds 10% of line 25, column				
-	(A) amount, list line 11g expenses on Schedule O.)			t des M	
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	4,500		4,500	· · ·
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,324		1,324	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	006 074	096 074		
a	*	986,074	986,074	17 104	
b	Dues & Subscriptions	17,424		17,424	
с с	Office Supplies & Expense	8,160		8,160	· · · · · · · · · · · · · · · · · · ·
d	Reimbursement Costs	1,000		<u>1,000</u> 609	
е 25	• • • • • • • • • • • • • • • • • • • •	1,225,291	986,074		0
25	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	<u> </u>	<i>300,014</i>		
	organization reported in column (B) joint costs				
	from a combined educational campaign and	1			}
	fundraising solicitation. Check here ► if following SOP 98-2 (ASC 958-720)				

			-1366474	Page <b>11</b>
Pa	đΧ	Balance Sheet		<u> </u>
		Check if Schedule O contains a response or note to any line in this Part X		<u></u>
			(A) Beginning of year	(B) End of year
	1	Cash—non-interest bearing		
	2	Savings and temporary cash investments	1,100,679 2	1,084,151
	3	Pledges and grants receivable, net	3	
	4	Accounts receivable, net	4	
	5	Loans and other receivables from current and former officers, directors,		
		trustees, key employees, and highest compensated employees.		
		Complete Part II of Schedule L	5	
	6	Loans and other receivables from other disqualified persons (as defined under section		
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and		
1		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary		
ß		organizations (see instructions). Complete Part II of Schedule L	6	
Assets	7	Notes and loans receivable, net	115,000 7	
¥	8	Inventories for sale or use	8	
	9	Prepaid expenses and deferred charges	9	
	10a	Land, buildings, and equipment: cost or		
		other basis. Complete Part VI of Schedule D 10a	]	
	b	Less: accumulated depreciation 10b	10c	
	11	Investments—publicly traded securities	11	
	12	Investments-other securities. See Part IV, line 11	100,000 12	100,000
	13	Investments-program-related. See Part IV, line 11	13	
	14	Intangible assets	14	
	15	Other assets. See Part IV, line 11	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,315,679 16	1,184,151
	17	Accounts payable and accrued expenses	17	
	18	Grants payable	<u>18</u>	· · · · · · · · · · · · · · · · · · ·
	19	Deferred revenue	19	
	20	Deferred revenue Tax-exempt bond liabilities	20	· · · · · · · · · · · · · · · · · · ·
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	21	
s	22	Loans and other payables to current and former officers, directors,		
E		trustees, key employees, highest compensated employees, and		
Liabilities		disqualified persons. Complete Part II of Schedule L	22	·····
-	23	Secured mortgages and notes payable to unrelated third parties	23	
I	24	Unsecured notes and loans payable to unrelated third parties	24	· · · · · · · · · · · · · · · · · · ·
	25			
		parties, and other liabilities not included on lines 17-24). Complete Part X	240 144	
		of Schedule D	349,144 25	
-+	26		349,144 26	73,308
s		Organizations that follow SFAS 117 (ASC 958), check here ► and		
nce		complete lines 27 through 29, and lines 33 and 34.	. 27	,
alai	27	Unrestricted net assets		
р р	28	Temporarily restricted net assets		
ŝ	29	Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ► X and	23	
Net Assets or Fund Balances		-		
ŝ	20	complete lines 30 through 34.	30	
SSB	30 21		31	
₹	31 22	Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds	966, 535 32	
Se l	32 33	Total net assets or fund balances		4 4 4 9 9 4 9
1	33 34	Total net assets or fund balances Total liabilities and net assets/fund balances	1,315,679 34	
d				Form <b>990</b> (2014)

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Form	990 (2014) Industrial Energy Users-Ohio 31-1366474			Page	12
Pa	n XI Reconciliation of Net Assets			•	
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	<u></u>	Г	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,30	59 <u>,6</u> 0	00
2	Total expenses (must equal Part IX, column (A), line 25)	2		25,29	
3	Revenue less expenses. Subtract line 2 from line 1	3	14	14,30	9
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	96	56,53	35
5	Net unrealized gains (losses) on investments	5			_
6,	Donated services and use of facilities	6			_
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			-1
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	1,1:	10,84	13
Pa	n XII Financial Statements and Reporting			_	
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			
	Accounting method used to prepare the Form 990: X Cash Accrual Other Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	2	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	2	<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		<u>2c</u>		
3a	As a result of a federal award, was the organization required to undergo an audit of audits as set forth in	i -	2		v
	the Single Audit Act and OMB Circular A-133?		<u>3a</u>		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		
			For	m <b>990</b> (2	2014)

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990 Form

Department of the Treasury Internal Revenue Service

#### **Return of Organization Exempt From Income Tax**

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Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2015 Open to Public Inspection

A	For the 2015 c	alendar year, or tax year beginning , and ending									
в	Check if applicable:	C Name of organization	1	D Employer	identification number						
$\square$	Address change	Industrial Energy Users-Ohio									
Ē	Name change	Doing business as		31-1	366474						
H	-	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number							
Ľ,	Initial return	21 East State Street, Suite 1700		614-	469-8000						
	Final return/ terminated	City or town, state or province, country, and ZIP or foreign postal code									
	Amended relum	Columbus OH 43215		G Gross rece	<u>ipts\$ 1,393,704</u>						
		F Name and address of principal officer.		o colum for ou	pordinates? Yes X No						
	Application pending	Ben Tan, CPSM									
		539 South Main Street	H(b) Are all subb	bordinates included? Yes Yes No							
		Findlay OH 45840	tf "No,"	attach a list. (s	ee instructions)						
1	Tax-exempt status:	501(c)(3) X 501(c) ( 6 ) ◀ (insert no.) 4947(a)(1) or 527									
J	Website: 🕨 🧵	eu-ohio.org	H(c) Group exern	ption number	<u> </u>						
<u>ĸ</u>	Form of organization:	X Corporation Trust Association Other ► 1. Ye	ar of formation:		M State of legal domicile:						
P	2anti Sι	Immary			·						
	1 Briefly de	scribe the organization's mission or most significant activities:									
œ		Schedule O									
ů,	1	·									
Governance											
0/8	2 Check th	2 Check this box <b>&gt;</b> if the organization discontinued its operations or disposed of more than 25% of its net assets.									
ŏ				1 - 1	7						
ත් ග		of independent voting members of the governing body (Part VI, line 1a)		· • • • • • • • • • • • • • • • • • • •	0						
itie				0							
Activities		nber of individuals employed in calendar year 2015 (Part V, line 2a)		1 . 1	0						
Ă		hber of volunteers (estimate if necessary)		. <u> </u>							
		elated business revenue from Part VIII, column (C), line 12			0						
	b Net unrei	ated business taxable income from Form 990-T, line 34	Prior Year	7b	Current Year						
	8 Contribut	ions and graphs (Best ) (I) line (b)	FUD Tear		Ourient real						
e		ions and grants (Part VIII, line 1h)	1,357	501	1,336,785						
Revenue		service revenue (Part VIII, line 2g)			9,457						
Re		nt income (Part VIII, column (A), lines 3, 4, and 7d)	<u>_</u>	.,171							
		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1 7 6	908	47,462						
		enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,369	<u>, 600</u>	1,393,704						
	1	nd similar amounts paid (Part IX, column (A), lines 1–3)	·····		0						
		paid to or for members (Part IX, column (A), line 4)			0						
50		other compensation, employee benefits (Part IX, column (A), lines 5-10)			0						
xpenses	1	nal fundraising fees (Part IX, column (A), line 11e)			<u> </u>						
xpe	b Total funi	draising expenses (Part IX, column (D), line 25) 🕨 0	<u></u>								
ш		penses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>1,225</u>	5,291	1,118,866						
	18 Total exp	enses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,225	5,291	<u>1,118,866</u>						
		less expenses. Subtract line 18 from line 12		,309	274,838						
O.	200		Beginning of Curr		End of Year						
9 ets	20 Total ass	ets (Part X, line 16)	1,184		6,537,511						
Net Assets or Fund Relances	21 Total liab	ilities (Part X, line 26)		3,308	5,151,830						
<b>8</b>	22 Net asse	ts or fund balances. Subtract line 21 from line 20	1,110	),843	1,385,681						
	Part II Si	gnature Block									
		Definer I declare that I have aramined this rature including accompanying schedules and statement			device and half it is						

amined this return, including accompanying sch perjury, i de are that I have ex and statements, and to the be true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Sa	re of office IMUE	l C. Randazzo	D	Agent	·	Date	
<u> </u>	Print/Type prepa	vier's nam <sub>é</sub>	; ;	Preparer's signature		Date	Check	
Paid	Timothy R	. Mott		Timothy R. Mott		07/14/1	6 self-em	ployed P00202569
Preparer	Firm's name	•	Mott, Self &	Associates, Inc.		Firm	s EIN 🕨	46-3231606
Use Only	Firm's address	<b>}</b>	7656 Slate F Reynoldsburg	Ridge Blvd g, OH 43068-8158		Phor	e no,	614-866-4500
May the IR	S discuss this	return	with the preparer shown at	bove? (see instructions)		,		X Yes No
For Papers	ork Reduction	Act Not	tice see the senarate instr	uctions				Garage 1000

iction Act Notice, see the separate instructions. aperwori DAA

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Form 990 (2015	) Industrial En	ergy Users-Ohio	31-1366474	Page 2
Part III		Service Accomplishments		
	Check if Schedule O co	ontains a response or note to an	y line in this Part III	
1 Briefly de	scribe the organization's mission			
			-	·
		•••••••••••••••••••••••••••••••••••••••		
• • • • • • • • • • • • • • • • • • • •				
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2 Did the or	ganization undertake any sign	ificant program services during the year	which were not listed on the	
		-		Yes X No
-	escribe these new services on	Schedule O.		
		or make significant changes in how it cor	ducts any montain	
services?	-			Yes X No
	escribe these changes on Sch	neđulo O		
		vice accomplishments for each of its thre	se sestines merinan tennice se	ייל המיווסכפת
		<ul><li>(4) organizations are required to report the</li></ul>		
•		for each program service reported.	ie anount of grants and anocat	ons to others,
(ne iotai e	xpenses, and revenue, ir any,	tor each program service reported.		
		8/1 195 instudios areata	£ m	) (Powerus # 1 336 795)
4a (Code:	)(Expenses \$		φ	) (Revenue \$ 1,336,785)
Thaast	LIAL CHELUY USE	ELS-ONIO MGG FOOL FI	ogram	
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	<u> </u>			<u>_`</u>
4b (Code:	) (Expenses \$	including grants o	of \$	) (Revenue \$)
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<u></u>			<u></u>	
4c (Code:	) (Expenses \$	including grants of	мf \$	) (Revenue \$
• • • • • • • • •				
			• • • • • • • • • • • • • • • • • • • •	*****
			, ,	•••••••••••••••••••••••••••••••••••••••
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•	. <i></i>	······	•••••••	••••••
Ad Other or	gram services (Describe in Sc			
(Expense	-	including grants of \$	) (Revenue \$	)
	gram service expenses 🕨	841,195	/ (i\cvciiiic 4	1
	2			

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Form	990 (2015) Industrial Energy Users-Ohio 31-1366474		P	age 3
P:	art IV Checklist of Required Schedules			``
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1		
	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part ill	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			1
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7.		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	1	Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
•	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	r		20000 20000
	complete Schedule D, Part VI	11a		X
ъ	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
-	of its total accepts reported in Red X. Jino 162 If "Yos." complete Schodule D. Red VII	<b>1</b> 1b		Х
с	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			- <u></u>
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	-	X
đ	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets		<u> </u>	<u></u>
ч	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	ļ	Х
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	<u></u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	lie	-	
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	1	Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		{	<u>~</u>
124		12a		v
ь	Schedule D, Parts XI and XII	12a		<u>X</u>
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	4.75		Х
13	tes, and it the organization answered into to the 12a, then completing Schedule D, Paris XI and XII is optional	12b 13		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			
14а ь	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
p	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,		1	
	fundraising, business, investment, and program service activities outside the United States, or aggregate			v
45	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or		·	\$7
40	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			37
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	{	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		1	
	If "Yes," complete Schedule G, Part III	19		Х

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Form 990 (2015)

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	990 (2015) Industrial Energy Users-Ohio 31-1366474	·	F	Page 4
Pa	att IV Checklist of Required Schedules (continued)		r	<del></del>
		г——	Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<u>}</u>	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<u>20b</u>		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	1		v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			v
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			Į
	organization's current and former officers, directors, trustees, key employees, and highest compensated			v
	employees? If "Yes," complete Schedule J	23		X
24a	-			]
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			v
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	ł		ļ
	to defease any tax-exempt bonds?	240		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<b></b>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
đ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	256		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			ļ
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			}
•	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N.			
	Part I	31.	i 	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32	_	<u>X</u> .
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			<b>–</b>
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			<u> </u>
	or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ь	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	·		<u> </u>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	<u> </u>		
	19? Note. All Form 990 filers are required to complete Schedule O.	38	[	X
			·	<del>، تن</del> بد

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Form	1990 (2015) Industrial Energy Users-Ohio 31-136	6474			ł	Page 5
	art V Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response or note to any line in this Part V	/	<u></u>			ĻĽ
		1		100000 1000	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<u>1a</u>	38			
þ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and					₽ <u>₩</u>
	reportable gaming (gambling) winnings to prize winners?			1c		<u>  X</u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
-	Statements, filed for the calendar year ending with or within the year covered by this return	_2a	0			<b>1</b> 000
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					1
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>.</b> . <b>.</b>		<u>3a</u>		X
ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O			<u>3b</u>	<u> </u>	<u> </u>
<u>4a</u>	At any time during the calendar year, did the organization have an interest in, or a signature or other au					1
	over, a financial account in a foreign country (such as a bank account, securities account, or other finar	cial				1.7
	account)?			4a		X
ь	If "Yes," enter the name of the foreign country: >	. <i> .</i>				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts				
	(FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	<b> </b>	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	n?	•••••	<u>5b</u>		X
¢	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			50	<u>}</u>	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				ł	
	organization solicit any contributions that were not tax deductible as charitable contributions?	<i></i> .		<u>6a</u>	<b> </b>	<u> </u>
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions	OL			ĺ	{
	gifts were not tax deductible?	· · · <i>· ·</i> · · · ·		6b		) \$0000000
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	xds				₽₩₩¥
	and services provided to the payor?	•••••		7a	ļ	<b> </b> -
. <b>Б</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	••••••		····· 75		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	required to file Form 8282?					
đ	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit con	• •	•••••	7e		
T 	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract					<u> </u>
g L	If the organization received a contribution of qualified intellectual property, did the organization file Form			79		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		Form TU98-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			8		Passa a
9	sponsoring organization have excess business holdings at any time during the year?	•••••		·····		
a				9a		********
.b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		<del> </del>
10	Section 501(c)(7) organizations. Enter:		••••••			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				ļ
11	Section 501(c)(12) organizations, Enter:	100	L			
a	Gross income from members of shareholder	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources					
5		116				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		L	12a	8-433000 	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	ľ · <i>.</i>	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120	I.,			ţ
.з а	Is the organization licensed to issue qualified health plans in more than one state?			13a		<u>#***********</u>
a	Note. See the instructions for additional information the organization must report on Schedule O.	••••	• • • • • • • • • • • • • • • • • • • •	194	1	
b	Enter the amount of reserves the organization is required to maintain by the states in which					
5		13b	ţ			1
с	Enter the amount of researches on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	150			1000000	X
ь. Б	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an evolution in Schedule (			146	<u>†</u>	†- <u>*</u> *

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	990 (2015) Industrial Energy Users-Ohio 31-1366474 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Se	
	Check if Schedule O contains a response or note to any line in this Part VI	
Sec	tion A. Governing Body and Management	
000		Yes No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 7 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar	
	committee, explain in Schedule O.	
ь	Enter the number of voting members included in line 1a, above, who are independent	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2 X
3	Did the organization delegate control over management duties customarily performed by or under the direct	
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3 X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4 X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5 X
6	Did the organization have members or stockholders?	6 X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	
	one or more members of the governing body?	7a X
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members,	
5	stockholders, or persons other than the governing body?	7b X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	
		8a X
a L	The governing body? Each committee with authority to act on behalf of the governing body?	·
b		8b X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	X e .
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue C	
	s Defende an de la completa de la comp	Yes No
10a	Did the organization have local chapters, branches, or affiliates?	10a X
ъ	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	. 10b
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a X
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a X
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	
	describe in Schedule O how this was done	
13	Did the organization have a written whistleblower policy?	
14	Did the organization have a written document retention and destruction policy?	14 X
15 .	Did the process for determining compensation of the following persons include a review and approval by	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	
а	The organization's CEO, Executive Director, or top management official	15a X
Þ	Other officers or key employees of the organization	15b X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	
	with a taxable entity during the year?	16a X
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	
	organization's exempt status with respect to such arrangements?	16b
Sec	tion C. Disclosure	<u></u>
17	List the states with which a copy of this Form 990 is required to be filed None	<u></u>
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	
	available for public inspection. Indicate how you made these available. Check all that apply.	
	Own website Another's website Upon request Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	
	financial statements available to the public during the tax year.	
20	State the name, address, and telephone number of the person who possesses the organization's books and records:	
	ebbie Ryan 21 E. State St.	
	-	14-469-8000
		Form <b>990</b> (2015)

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(1) Fred M. Mazurski

(2) Angela Rhynard

(3) Robert L. Flygar

Committee Member

Committee Member

Committee Member

Committee Member

(5) Matt Brakey

Secretary/Treasurer

Chairman

(6) Tom Mahlberg

Vice Chairman (7) Ben Tan, CPSM

(4) Russ Lang

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Form 990 (2015) Industria	l Enora	. Hears-Obia	31-136	6474	Dage 7
			, Key Employees, Hig		Page 7
Independent Compensation	-	Directors, mustees	, ney Employees, mg	nest compensated i	_mpioyees, and
•		s a response or note	to any line in this Part	VII	
			st Compensated Employee		······································
1a Complete this table for all persons organization's tax year.					
<ul> <li>List all of the organization's cur compensation. Enter -0- in columns (</li> </ul>				regardless of amount of	
<ul> <li>List all of the organization's cut</li> </ul>	rent key employ	ees, if any. See instruction	ns for definition of "key emplo	yee." ,	
<ul> <li>List the organization's five curr who received reportable compensation organization and any related organization</li> </ul>	m (Box 5 of Form				
<ul> <li>List all of the organization's for \$100,000 of reportable compensatio</li> </ul>				preceived more than	
• List all of the organization's for organization, more than \$10,000 of re-					
List persons in the following order: incompensated employees; and former		or directors; institutional t	rustees; officers; key employe	es; highest	
X Check this box if neither the orga	nization nor any i	related organization comp	ensated any current officer, o	irector, or trustee.	
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted iine)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) innan/dual of director/trustee of director/trustee innan/dual trustee e	the	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations

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	(A)	) (B)	ł		វ្រ	C)			(D)	(E)	(F)
	Name and title	Average hours per waak (list any	Average Pr hours per (do not chec week box, unless p			Position eck more than one s person is both an I a director/Irustee}			Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation
		hours for rejated organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
		<u> </u>					-		· · · · · · · · · · · · · · · · · · ·	f	- <u></u>
• • • •		· · · · · · · · · · · · · · · · · · ·				 					·····
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	·····				ŀ.	ļ					·
	Sub-total Fotal from continuation shee				••••					<u> </u>	
d,	Total (add lines 1b and 1c)	<u></u>	<u>.</u>	<u>.</u>				<u>۲</u>			
	Total number of individuals (inc eportable compensation from			to th O	ose	lište	d abc	ve) י	who received more than \$1	00,000 of	
<b>1</b>	Did the organization list any for employee on line 1a? If "Yes," i for any individual listed on line organization and related organi ndividual Did any person listed on line 1a	complete Schedu 1a, is the sum of izations greater th	ile J f repi nan \$	for s ortab 6150	uch i ole co ,000'	ndiv ompe ? H *	idual ensat Yes,'	ion a ' coπ	and other compensation fro aplete Schedule J for such	m the	200000000000000000000000000000000000000
	for services rendered to the org										
	n B. Independent Contractor Complete this table for your five								tore that received more the	n \$100.000 of	
•	compensation from the organiz	ation. Report cor	nper	satio	on fo	r the	cale	ndar	year ending with or within	the organization's tax year.	······
<u>.</u>	Name and	(A) business address		-	-			<u> </u>	Descri	(B) bition of services	(C) Compensatio
							<u>.                                    </u>	$\left  \right $	······································	• 	
										`	

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Form 990 (2015)

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Part VIII         Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII           (A)         (A)           Total revenue         (A)	(C) (D) Unreinted Revanue business excluded from fax revenue under sections
(A) (B) Total revenue Related or exempt	(C) (D) Unrelated Revenue business excluded from tax
function function	
	512-514
fa       Federated campaigns       1a         b       Membership dues       1b         c       Fundraising events       1c         d       Related organizations       1d         e       Government grants (contributions)       1e         f       All other contributions, gifts, grants, and similar amounts not induded above       1f         g       Noncash contributions included in lines 1a-1f.       \$	
c Fundraising events	
d Related organizations 1d	
p E e Government grants (contributions) 1e	
500 f Al other contributions, gifts, grants,	
금은 and similar amounts not induced above 1f	
EO Co g Noncash contributions included in lines 1a-1t \$	
응륜 h Total. Add lines 1a-1f	
Buran. Code	
2a Additional Opt-In Activity 800, 311 800, 3	
b Opt-In Activity Revenue 328,273 328,2	
c Dues Income-Regular 200,701 200,7	
d Dues Income-Alternative	
Burn Code       2a     Additional Opt-In Activity       b     Opt-In Activity Revenue       c     Dues Income-Regular       d     Dues Income-Alternative       e     .7,500       f     All other program service revenue       a     Total Add lines 2a-2f	
g       f All other program service revenue         g       Total. Add lines 22–2f.         ▶       1,336,785	
3 Investment income (including dividends, interest,	
and other similar amounts)	9,457
4 Income from investment of tax-exempt bond proceeds	
5 Royalties	
(i) Personal	
6a Gross rents	
b Less: rental exps.	
C Rental inc. or (loss)	
d Net rental income or (loss)	
sales of assets (i) Securities (ii) Other	an and a second second second second
other than inventory	
b Less: cost or other	
c Gain or (loss)	
d Net gain or (loss)	
8a Gross income from fundraision events	
(not including \$	
E See Part IV, line 18 a	
of contributions reported on line 1c).       See Part IV, line 18       b       Less; direct expenses       b	
C Net income or (loss) from fundraising events	
9a Gross income from gaming activities.	
See Part IV, line 19 2	
b Less; direct expenses b	
c Net income or (loss) from gaming activities►	
10a Gross sales of inventory, less	
returns and allowances a	
b Less: cost of goods sold b c Net income or (loss) from sales of inventory	
Miscelaneous Revenue Buse, Code	
11a Reimbursement Income 32,852	32,852
b Miscellapeous Income 14,610	14,610
c	
di Ali other revenue	
e Total. Add lines 11a-11d + 47, 462	
12 Total revenue. See instructions. ► 1, 393, 704 1, 336,	785 0 56,919

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Form 990 (2015)

# Form 990 (2015) Industrial Energy Users-Ohio Part IX Statement of Functional Expenses

31-1366474

	on 501(c)(3) and 501(c)(4) organizations must col		organizations must comple	ete column (A)	<u></u>
Secu	Check if Schedule O contains a respo	nse or note to any line in thi	s Part IX	ete column (ry.	·
Do n	t include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
-	b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	· · · · · · · · · · · · · · · · · · ·			
•	and domestic governments. See Part IV, tine 21				
2	Grants and other assistance to domestic				
2	to in the design of the bit line opp				
3	Grants and other assistance to foreign				
3	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16		·		
	n file the set of a s				
4					
5	Compensation of current officers, directors,				
£	trustees, and key employees Compensation not included above, to disqualified	· · · · · · · · · · · · · · · · · · ·			
6					
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				<u></u>
7	Other salaries and wages				
8	Pension plan accruals and contributions (include		ł		
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits,				
10	Payroli taxes				
11	Fees for services (non-employees):				
а	Management	150 000		150 000	
b	Legal	156,000		156,000	
С	Accounting	4,680		4,680	
d	Lobbying	60,000		60,000	
e	Professional fundraising services. See Part IV, line 17				·
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)			·	
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	1,500		1,500	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	895		895	
20	Interest				
21	Payments to affiliates	· · · · · · · · · · · · · · · · · · ·			
22	Depreciation, depletion, and amortization				
23	Insurance				······
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Opt-In Activity Expense	841,195	841,195		
ь	Reimbursement Costs	45,673		45,673	
с	Office Supplies & Expense	8,765		8,765	
d	Bank Charges	158		158	
	All other expenses				
25	Total functional expenses, Add lines 1 through 24e	1,118,866	841,195	277,671	0
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and	,		, I	
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				
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Fол	m 990	(2015) Industrial Energy Use	ers-Ohio	31-1366474		Page <b>11</b>
P	art )	Balance Sheet				
		Check if Schedule O contains a response or no	te to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash-non-interest bearing			1	
	2	Savings and temporary cash investments	1,084,151	2	<u>    6,437,511</u>	
	3	Pledges and grants receivable, net			3	
	4				4	
	5	Loans and other receivables from current and former				
		trustees, key employees, and highest compensated e				
		Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified p				
		4958(f)(1)), persons described in section 4958(c)(3)(E	3), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntation	ry employees' beneficiary			
ទ		organizations (see instructions). Complete Part II of S			6	
ssets	7	Notes and loans receivable, net			7	
Ÿ	8			1 1	8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or				
		other basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation			10c	
	11	Investmentspublicly traded securities		,	11	· · · · · · · · · · · · · · · · · · ·
	12	Investmentsother securities. See Part IV, line 11		100,000	12	100,000
	13	Investmentsprogram-related. See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line	: 34)	1,184,151	16	<u>6,537,511</u>
	17	Accounts payable and accrued expenses			17	····· · ·
	18	Grants payable			18	
	19	Deferred revenue			19	· · · · · · · · · · · · · · · · · · ·
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV			21	
ies	22	Loans and other payables to current and former office				
Liabilities		trustees, key employees, highest compensated emplo disqualified persons. Complete Part II of Schedule L			22	
Lia	23	Secured mortgages and notes payable to unrelated th			23	
	24	Unsecured notes and loans payable to unrelated third			24	
	25	Other liabilities (including federal income tax, payable		•••		
		parties, and other liabilities not included on lines 17-2-				
			·····	73,308	25	5,151,830
	26	Total liabilities. Add lines 17 through 25			26	5,151,830
	ſ	Organizations that follow SFAS 117 (ASC 958), cl	neck bere 🕨 🗌 and			
Ses.		complete lines 27 through 29, and lines 33 and 34	4.			
anc	27	Unrestricted net assets	·		27	
Balances	28	Temporarily restricted net assets			28	
pu	29				29	
ц		Organizations that do not follow SFAS 117 (ASC	958), check here 🕨 🛛 and			
Net Assets or Fund	ļ	complete lines 30 through 34.				
set	30	Capital stock or trust principal, or current funds			30	
ť As	31	Paid-in or capital surplus, or land, building, or equipm		31	1 205 603	
Nei	32	Retained earnings, endowment, accumulated income				1,385,681
	33					1,385,681
	34	Total liabilities and net assets/fund balances	<u></u>	1,184,151	34	<u>6,537,511</u>

Form 990 (2015)

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Form	990 (2015) Industrial Energy Users-Ohio 31-1366474			Page <b>12</b>
	nt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI	, <u></u> <i>.</i>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,3	93,704
z	Total expenses (must equal Part IX, column (A), line 25)	2	1,1	18,866
з	Revenue less expenses. Subtract line 2 from line 1	3	2	74,838
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,1	10,843
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))	10	1,3	85 <u>,</u> 681
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u></u>	
				Yes No
1	Accounting method used to prepare the Form 990: X Cash Carcual Other	<u> </u>	_	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
ь	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in	•		
	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?		3a	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule Q and describe any steps taken to undergo such audits.	<u></u>	3b	
			For	m 990 (2015)

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#### <u>Exhibit C-4</u> Financial Arrangements

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Not applicable.

Applicant does not take title to the electricity and is seeking renewal as an aggregator and power broker.

## <u>Exhibit C-5</u> <u>Forecasted Financial Statements</u>

11

Not applicable.

#### Exhibit C-6 Credit Rating

11

Not applicable.

IEU-Ohio does not have a credit rating from a major rating agency.

## <u>Exhibit C-7</u> <u>Credit Report</u>

11

Not applicable.

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#### <u>Exhibit C-8</u> Bankruptcy Information

11

Not applicable.

## <u>Exhibit C-9</u> <u>Merger Information</u>

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Not applicable.

#### Exhibit C-10 Corporate Structure

11

IEU-Ohio is a membership organization. Each member of IEU-Ohio has a vote on matters submitted for membership determination. IEU-Ohio also has a Steering Committee composed of members and the Steering Committee makes recommendations for consideration by the general membership.

IEU-Ohio is a stand-alone entity with no affiliate or subsidiary companies that supply retail or wholesale energy (electricity or natural gas) to customers in North America.