

FILE

**Ohio****Public Utilities  
Commission**

15-0797-EL-AGG

Original AEC Case Number	Version
EL-AGG	May 2016

**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.

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

☐ Power Broker ☐ Aggregator

**A-2 Applicant's legal name, address, telephone number, PUCO certificate number, and web site address**Legal Name Don Frontone DBA The Stone River GroupAddress 219 Rhoads ave Lincoln, Ill. 62656PUCO Certificate # and Date Certified 15-978ETelephone # (217) 737-5811 Web site address (if any) thestonerivergroup.com**A-3 List name, address, telephone number and web site address under which Applicant will do business in Ohio**Legal Name The Stone River GroupAddress 49339 Eagle Drive, E. Liverpool, OH 43920Telephone # (217) 737-5811 Web site address (if any) thestonerivergroup.com**A-4 List all names under which the applicant does business in North America**The Stone River Group**A-5 Contact person for regulatory or emergency matters**Name Don FrontoneTitle PresidentBusiness address 219 Rhoads ave lincoln, ill 62656Telephone # (217) 737-5811 Fax # (866) 900-8141E-mail address stonerivergroup@aol.com

This is to certify that the images appearing are an accurate and complete reproduction of a case file document delivered in the regular course of business.  
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PUCO  
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**A-6 Contact person for Commission Staff use in investigating customer complaints**

Name Don Frontone  
Title President  
Business address 219 rhoads ave Lincoln Ill 62656  
Telephone # (217) 737-5811 Fax # (866) 900-8141  
E-mail address stonerivergroup@aol.com

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

Customer Service address 219 rhoads ave lincoln, ill 62656  
Toll-free Telephone # (800) 828-6719 Fax # (866) 900-8141  
E-mail address stonerivergroup@aol.com

**A-8 Applicant's federal employer identification number # 527455630**

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

☒ Sole Proprietorship ☐ Partnership  
☐ Limited Liability Partnership (LLP) ☐ Limited Liability Company (LLC)  
☐ Corporation ☐ Other \_\_\_\_\_

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

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

**B. APPLICANT MANAGERIAL CAPABILITY AND EXPERIENCE**

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

**B-1 Exhibit B-1 "Jurisdictions of Operation," provide a 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 Exhibit B-2 "Experience & Plans," 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 **Exhibit B-4 "Disclosure of Consumer Protection Violations"** 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 **Exhibit B-5 "Disclosure of Certification Denial, Curtailment, Suspension, or Revocation"** 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** **Exhibit C-1 "Annual Reports,"** 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** **Exhibit C-2 "SEC Filings,"** 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 Exhibit C-4 “Financial Arrangements,”** 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 Exhibit C-5 "Forecasted Financial Statements,"** 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 Exhibit C-6 "Credit Rating,"** 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 Experian, 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 Exhibit C-8 "Bankruptcy Information,"** provide a list and description of any reorganizations, protection from creditors or any other form of bankruptcy filings made by the applicant, a parent or affiliate organization that guarantees the obligations of the applicant or any officer of the applicant in the current year or within the two most recent years preceding the application.
- C-9 Exhibit C-9 "Merger Information,"** provide a statement describing any dissolution or merger or acquisition of the applicant within the two most recent years preceding the application.
- C-10 Exhibit C - 10 "Corporate Structure,"** provide a description of the applicant's corporate structure, not an internal organizational chart, including a graphical depiction of such structure, and a list of all affiliate and subsidiary companies that supply retail or wholesale electricity or natural gas to customers in North America. If the applicant is a stand-alone entity, then no graphical depiction is required and applicant may respond by stating that they are a stand-alone entity with no affiliate or subsidiary companies.

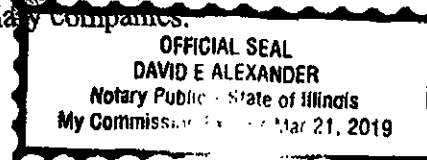
 **PRESIDENT**  
Signature of Applicant & Title

Sworn and subscribed before me this 29 day of March, 2017  
Month Year

  
Signature of official administering oath

David Alexander  
Print Name and Title

My commission expires on 3/21/19 Notary



# AFFIDAVIT

State of ILLINOIS :

LINCOLN ss.  
(Town)

County of LOGAN :

DON FRONTONE, Affiant, being duly sworn/affirmed according to law, deposes and says that:

He/She is the Pres/owner (Office of Affiant) of THE STONE RIVER GROUP (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.

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.

[Signature] PRESIDENT  
Signature of Affiant & Title

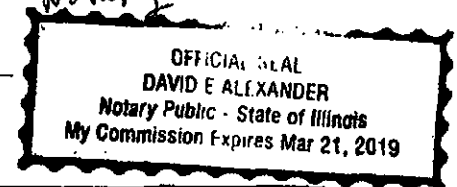
Sworn and subscribed before me this 29 day of March, 2017  
Month Year

[Signature]  
Signature of official administering oath

David Alexander  
Print Name and Title

Notary

My commission expires on 3/21/19



3:09 PM

03/29/17

Accrual Basis

**Stone River Group**  
**Profit & Loss**  
 January through December 2016

	Jan - Dec 16
<b>Ordinary Income/Expense</b>	
Income	
Income	458,265.88
Uncategorized Income	13,316.58
<b>Total Income</b>	471,582.46
<b>Expense</b>	
Advertising	71.22
Commission	147,384.43
Customer Gifts	421.99
Misc	
Dues and Subscriptions	1,295.80
Misc - Other	14,043.02
<b>Total Misc</b>	15,338.82
<b>Office Supplies</b>	
Office Furniture & Decor	400.00
Office Supplies - Other	96.96
<b>Total Office Supplies</b>	496.96
Postage	22.95
<b>Professional Fees</b>	
Accounting	870.23
Legal	260.00
<b>Total Professional Fees</b>	1,130.23
<b>Rent Expense</b>	3,500.00
<b>Utilities</b>	
Cell Phone	2,287.33
Computer and internet Expenses	4,327.28
<b>Total Utilities</b>	6,614.61
<b>Total Expense</b>	174,981.21
<b>Net Ordinary Income</b>	296,601.25
<b>Other Income/Expense</b>	
Other Expense	
Charitable Contributions	6,990.00
<b>Total Other Expense</b>	6,990.00
<b>Net Other Income</b>	-6,990.00
<b>Net Income</b>	289,611.25



## **Exhibit A-11 Principal Officers, Directors & Partners**

Don Frontone, President

219 Rhoads Ave

Lincoln, IL 62656

Tel. 217-737-5811

Email: [stonerivergroup@aol.com](mailto:stonerivergroup@aol.com)

Applicant is a sole proprietorship.

## **Exhibit A-12 Corporate Structure**

**Applicant is a sole proprietorship. It has no affiliates in existence.**

**Don Frontone is the sole proprietor.**

## **Exhibit A-13 Company History**

Applicant has been providing energy broker, aggregation, and consulting services to commercial customers in Illinois since August 2011. (Licensed ABC No. 11-0511)

#### **Exhibit A-14 Articles of Incorporation/ Bylaws**

Not applicable; Applicant is a sole proprietorship.

SECRETARY OF STATE



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
12/08/2014	201434202144	TRADE NAME REGISTRATION (RNO)	50.00	100.00	0.00	0.00	0.00

**Receipt**

This is not a bill. Please do not remit payment.

STONE RIVER GROUP  
DON FRONTONE  
219 RHOADS AVE  
LINCOLN, IL 62656

# STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted  
2348536

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

**STONE RIVER GROUP**

and, that said business records show the filing and recording of:

Document(s)

**TRADE NAME REGISTRATION**

Effective Date: 12/08/2014

Document No(s):

**201434202144**

Date of First Use: 08/23/2011

Expiration Date: 12/08/2019

DON FRONTONE  
49339 EAGLE DRIVE  
EAST LIVERPOOL, OH 43920



United States of America  
State of Ohio  
Office of the Secretary of State

Witness my hand and the seal of the  
Secretary of State at Columbus, Ohio this  
9th day of December, A.D. 2014.

*Jon Husted*  
Ohio Secretary of State

## **Exhibit A-15 Secretary of State**

Applicant is registered with the Ohio Secretary of State, effective December 8, 2014. See attached

## **Exhibit B-1 Jurisdictions of Operation**

Applicant is a licensed ABC (agent/broker/consultant) in the State of Illinois since 2011.

## **Exhibit B-2 Experience & Plans**

Applicant will leverage a vast prior experience in business and almost five years of experience as a licensed retail energy broker for both electricity and natural gas, in the State of Illinois, building a customer base more than 16,000 strong. See Resume of President, Don Frontone. Applicant has also offered cost segregation and alternative funding services to its Illinois customer base. Mr. Frontone began in the retail energy industry by selling electricity as an exclusive agent for Ameren Energy Marketing in Illinois, developing successful affinity programs that are still in place today. He works closely with ILEPA, the Illinois Energy Professionals Association, which helps develop retail energy laws and regulations.

Mr. Frontone leverages his strong relationships from previous sales experience in the banking and finance industry. Most of Applicant's customers are gained through partnerships formed with retail banks and municipal Chambers of Commerce throughout the State of Illinois (nearly 200 businesses); a similar relationship-building approach is planned for the State of Ohio. Applicant currently represents 25 communities as their consultant for C&I and Municipal Aggregation bidding, as well as the CBAI, Community Bankers Association of Illinois. More than 160 banks have formed a large purchasing group to take advantage of bulk purchase pricing, representing a total portfolio that is approaching 200 Megawatt hours.

Applicant maintains strong relationships with its customers by responding to customer inquiries and complaints in a timely and efficient manner.

Applicant's role is to advise the customer regarding supply options and facilitate a potential transaction between the customer and the applicable Competitive Retail Electricity Supplier. Applicant will not provide any billing statements; all billing will be done by the applicable CRES with whom the customer will contract directly.



### **Exhibit B-3 Summary of Experience**

Since being licensed as a broker/aggregator in the State of Illinois, Applicant has established relationships with the following suppliers: First Energy, Centerpoint Energy, Constellation, Liberty Power, NextEra Energy, energy.me, GDF Suez, Integrys, Mid-American Energy, ConEdison Solutions, Direct Energy, IGS, Dynegy, mc<sup>2</sup>, Nordic Energy, Vanguard, ECS (Energy Curtailment Specialists), and Homefield Energy. Many of these suppliers are active on Ohio, and Applicant would expand its base to serve customers from additional Ohio-based supplier territories.

Applicant has been involved in brokering and aggregating retail load in the following Illinois municipalities: Bloomington, Normal, Roxana, Lexington, Pawnee, Carthage, Girard Randolph Twp., Staunton, Livingston, Mt. Zion, Middletown, Petersburg, Chillicothe, Bunker Hill, and Athens.

None.

**Exhibit B-4 Liabilities and Investigations**

## **Exhibit C-1 Annual Reports**

**Not applicable; Applicant is a sole proprietorship. Most recent Schedule C tax filing and balance sheet is enclosed as Exhibit C-3.**

## **Exhibit C-2 SEC Filings**

Not applicable. As a sole proprietorship, Applicant is not required to make any filings with the SEC.

### **Exhibit C-3 Financial Statements**

See enclosed 2013 Schedule C tax filing and income statement/balance sheet through  
~~11/18/2014~~ (for Illinois operations).

12/31/2014

**SCHEDULE C**  
(Form 1040)**Profit or Loss From Business**  
(Sole Proprietorship)

OMB No. 1545-0074

**2013**Attachment  
Sequence No. **09**Department of the Treasury  
Internal Revenue Service (99)▶ For information on Schedule C and its instructions, go to [www.irs.gov/schedulec](http://www.irs.gov/schedulec).  
▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor

**DON I. FRONTONE**

Social security number (SSN)

**A** Principal business or profession, including product or service (see instructions)**CONSULTING****B** Enter code from instructions▶ **221000****C** Business name. If no separate business name, leave blank.**THE STONE RIVER GROUP****D** Employer ID number (EIN), (see instrs)**E** Business address (including suite or room no.) ▶

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

**F** Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶**G** Did you 'materially participate' in the operation of this business during 2013? If 'No,' see instructions for limit on losses. ☒ Yes ☐ No**H** If you started or acquired this business during 2013, check here. ☐ Yes ☒ No**I** Did you make any payments in 2013 that would require you to file Form(s) 1099? (see instructions). ☐ Yes ☒ No**J** If 'Yes,' did you or will you file all required Forms 1099? ☐ Yes ☒ No**Income**

<b>1</b> Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the 'Statutory employee' box on that form was checked. <input type="checkbox"/>	<b>1</b>	<b>261,666.</b>
<b>2</b> Returns and allowances. . . . .	<b>2</b>	
<b>3</b> Subtract line 2 from line 1. . . . .	<b>3</b>	<b>261,666.</b>
<b>4</b> Cost of goods sold (from line 42). . . . .	<b>4</b>	
<b>5</b> Gross profit. Subtract line 4 from line 3. . . . .	<b>5</b>	<b>261,666.</b>
<b>6</b> Other income, including federal and state gasoline or fuel tax credit or refund (see instructions). . . . .	<b>6</b>	
<b>7</b> Gross income. Add lines 5 and 6. . . . .	<b>7</b>	<b>261,666.</b>

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

<b>8</b> Advertising. . . . .	<b>8</b>		<b>18</b> Office expense (see instructions). . . . .	<b>18</b>	<b>3,410.</b>
<b>9</b> Car and truck expenses (see instructions). . . . .	<b>9</b>	<b>10,210.</b>	<b>19</b> Pension and profit-sharing plans. . . . .	<b>19</b>	
<b>10</b> Commissions and fees. . . . .	<b>10</b>	<b>40,478.</b>	<b>20</b> Rent or lease (see instructions):		
<b>11</b> Contract labor (see instructions). . . . .	<b>11</b>		<b>a</b> Vehicles, machinery, and equipment. . . . .	<b>20 a</b>	
<b>12</b> Depletion. . . . .	<b>12</b>		<b>b</b> Other business property. . . . .	<b>20 b</b>	<b>4,000.</b>
<b>13</b> Depreciation and section 179 expense deduction (not included in Part III) (see instructions). . . . .	<b>13</b>	<b>6,781.</b>	<b>21</b> Repairs and maintenance. . . . .	<b>21</b>	
<b>14</b> Employee benefit programs (other than on line 19). . . . .	<b>14</b>		<b>22</b> Supplies (not included in Part III). . . . .	<b>22</b>	
<b>15</b> Insurance (other than health). . . . .	<b>15</b>		<b>23</b> Taxes and licenses. . . . .	<b>23</b>	
<b>16</b> Interest:			<b>24</b> Travel, meals, and entertainment:		
<b>a</b> Mortgage (paid to banks, etc). . . . .	<b>16 a</b>		<b>a</b> Travel. . . . .	<b>24 a</b>	<b>2,609.</b>
<b>b</b> Other. . . . .	<b>16 b</b>		<b>b</b> Deductible meals and entertainment (see instructions). . . . .	<b>24 b</b>	<b>150.</b>
<b>17</b> Legal & professional services. . . . .	<b>17</b>	<b>2,475.</b>	<b>25</b> Utilities. . . . .	<b>25</b>	<b>4,824.</b>
			<b>26</b> Wages (less employment credits). . . . .	<b>26</b>	
			<b>27 a</b> Other expenses (from line 48). . . . .	<b>27 a</b>	<b>1,479.</b>
			<b>b</b> Reserved for future use. . . . .	<b>27 b</b>	
<b>28</b> Total expenses before expenses for business use of home. Add lines 8 through 27a. . . . .	<b>28</b>	<b>76,416.</b>			
<b>29</b> Tentative profit or (loss). Subtract line 28 from line 7. . . . .	<b>29</b>	<b>185,250.</b>			
<b>30</b> Expenses for business use of your home. Do not report such expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30. . . . .	<b>30</b>				
<b>31</b> Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32.	<b>31</b>	<b>185,250.</b>			

**32** If you have a loss, check the box that describes your investment in this activity (see instructions).

• If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the instructions for line 31). Estates and trusts, enter on Form 1041, line 3.

• If you checked 32b, you must attach Form 6198. Your loss may be limited.

**32 a** ☐ All investment is at risk.**32 b** ☐ Some investment is not at risk.**BAA** For Paperwork Reduction Act Notice, see the separate instructions.

FDZ0112L 10/29/13

Schedule C (Form 1040) 2013

**SCHEDULE C**  
(Form 1040)**Profit or Loss From Business**  
(Sole Proprietorship)

OMB No. 1545-0074

**2015**Department of the Treasury  
Internal Revenue Service (99)▶ Information about Schedule C and its separate instructions is at [www.irs.gov/schedulec](http://www.irs.gov/schedulec).  
▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.Attachment  
Sequence No. **09**

Name of proprietor

**DON I. FRONTONE**

Social security number (SSN)

\*\*\*-\*\*-\*\*\*\*

**A** Principal business or profession, including product or service (see instructions)**CONSULTING****B** Enter code from instructions▶ **221000****C** Business name, if no separate business name, leave blank.**THE STONE RIVER GROUP****D** Employer ID number (EIN), (see instrs)**E** Business address (including suite or room no.) ▶

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

**F** Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶**G** Did you 'materially participate' in the operation of this business during 2015? If 'No,' see instructions for limit on losses. ☒ Yes ☐ No**H** If you started or acquired this business during 2015, check here ☐**I** Did you make any payments in 2015 that would require you to file Form(s) 1099? (see instructions) ☒ Yes ☐ No**J** If 'Yes,' did you or will you file required Forms 1099? ☒ Yes ☐ No**Part I Income**

<b>1</b> Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the 'Statutory employee' box on that form was checked. <input type="checkbox"/>	<b>1</b>	<b>355,578.</b>
<b>2</b> Returns and allowances	<b>2</b>	
<b>3</b> Subtract line 2 from line 1	<b>3</b>	<b>355,578.</b>
<b>4</b> Cost of goods sold (from line 42)	<b>4</b>	
<b>5</b> Gross profit. Subtract line 4 from line 3	<b>5</b>	<b>355,578.</b>
<b>6</b> Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	<b>6</b>	
<b>7</b> Gross income. Add lines 5 and 6	<b>7</b>	<b>355,578.</b>

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

<b>8</b> Advertising	<b>8</b>		<b>18</b> Office expense (see instructions)	<b>18</b>	<b>7,678.</b>
<b>9</b> Car and truck expenses (see instructions)	<b>9</b>	<b>9,777.</b>	<b>19</b> Pension and profit-sharing plans	<b>19</b>	
<b>10</b> Commissions and fees	<b>10</b>	<b>94,951.</b>	<b>20</b> Rent or lease (see instructions):		
<b>11</b> Contract labor (see instructions)	<b>11</b>		<b>20a</b> Vehicles, machinery, and equipment	<b>20a</b>	
<b>12</b> Depletion	<b>12</b>		<b>20b</b> Other business property	<b>20b</b>	<b>6,000.</b>
<b>13</b> Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	<b>13</b>		<b>21</b> Repairs and maintenance	<b>21</b>	
<b>14</b> Employee benefit programs (other than on line 19)	<b>14</b>		<b>22</b> Supplies (not included in Part III)	<b>22</b>	
<b>15</b> Insurance (other than health)	<b>15</b>		<b>23</b> Taxes and licenses	<b>23</b>	
<b>16</b> Interest:			<b>24</b> Travel, meals, and entertainment:		
<b>a</b> Mortgage (paid to banks, etc.)	<b>16a</b>		<b>a</b> Travel	<b>24a</b>	<b>1,252.</b>
<b>b</b> Other	<b>16b</b>		<b>b</b> Deductible meals and entertainment (see instructions)	<b>24b</b>	<b>281.</b>
<b>17</b> Legal and professional services	<b>17</b>	<b>1,440.</b>	<b>25</b> Utilities	<b>25</b>	<b>8,134.</b>
<b>28</b> Total expenses before expenses for business use of home. Add lines 8 through 27a	<b>28</b>		<b>26</b> Wages (less employment credits)	<b>26</b>	
<b>29</b> Tentative profit or (loss). Subtract line 28 from line 7	<b>29</b>		<b>27a</b> Other expenses (from line 48)	<b>27a</b>	<b>2,340.</b>
<b>30</b> Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30.	<b>30</b>		<b>27b</b> Reserved for future use	<b>27b</b>	
<b>31</b> Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32.	<b>31</b>	<b>223,725.</b>			

**32** If you have a loss, check the box that describes your investment in this activity (see instructions).

• If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3.

• If you checked 32b, you must attach Form 6198. Your loss may be limited.

**32a** ☐ All investment is at risk.**32b** ☐ Some investment is not at risk.

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

**Applicant maintains sufficient financial resources to continue operations as a broker in the State of Ohio. Applicant will not be taking title to electricity on behalf of customers.**



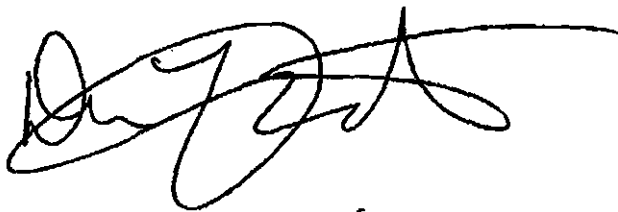
**REVENUE**

Jan	24,019.45
Feb	29,647.55
Mar	37,628.35
Apr	26,748.21
May	26,409.33
Jun	17,646.25
Jul	23,459.45
Aug	38,603.40
Sept	23,909.00
Oct	14,918.97
Nov	20,894.50
Dec	
2014 YTD	283,884.46

**EXPENSES**

1099 Payroll	66,493.00
Meetings	900.00
Car Rental	146.00
Plane	325.00
Hotel	1,024.00
Office Supp	894.00
Comcast	880.00
Verizon	550.00
Rent	5,500.00
Phone	3,300.00
Legal	3,950.00
Insurance	400.00
Donations	14,000.00
Printing	298.00
2014 YTD	98,660.00

**PROFIT / (LOSS) : 185,224.46**



11-18-14

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Accrual Basis

**Stone River Group**  
**Profit & Loss**  
 January through December 2016

	Jan - Dec 16
<b>Ordinary Income/Expense</b>	
<b>Income</b>	
Income	458,265.88
Uncategorized Income	13,318.58
<b>Total Income</b>	471,582.46
<b>Expense</b>	
Advertising	71.22
Commission	147,384.43
Customer Gifts	421.99
Misc	
Dues and Subscriptions	1,295.80
Misc - Other	14,043.02
<b>Total Misc</b>	15,338.82
<b>Office Supplies</b>	
Office Furniture & Decor	400.00
Office Supplies - Other	96.96
<b>Total Office Supplies</b>	496.96
<b>Postage</b>	22.95
<b>Professional Fees</b>	
Accounting	870.23
Legal	260.00
<b>Total Professional Fees</b>	1,130.23
<b>Rent Expense</b>	3,500.00
<b>Utilities</b>	
Cell Phone	2,287.33
Computer and Internet Expenses	4,327.28
<b>Total Utilities</b>	6,614.61
<b>Total Expense</b>	174,981.21
<b>Net Ordinary Income</b>	296,601.25
<b>Other Income/Expense</b>	
<b>Other Expense</b>	
Charitable Contributions	6,990.00
<b>Total Other Expense</b>	6,990.00
<b>Net Other Income</b>	-6,990.00
<b>Net Income</b>	289,611.25



3-27-17

**PROFIT & LOSS - FORECASTED****The Stone River Group (Ohio operations only)****2017-2019****EXHIBIT C-5****FORECASTED FINANCIALS**

Prepared by: Don Frontone, President

(217) 737-5811

	<u>Revenue</u>	<u>Payroll Exp</u>	<u>Other Exp</u>	<u>Profit (Loss)</u>
17 - Apr-	1000			
17 - May-	1500			
17 - Jun-	2000			
17 - Jul-	2000			
17 - Aug-	2500			
17 - Sep-	2500			
17 - Oct-	2500			
17 - Nov-	3000			
17 - Dec-	3000			
18 - Jan-	3000			
18 - Feb-	3000			
18 - Mar-	3000			
<b>12-Mos Subtotal =</b>	<b><u>29000</u></b>	<b><u>15000</u></b>	<b><u>10000</u></b>	<b><u>4000.00</u></b>
18 - Apr-	3000			
18 - May-	3500			
18 - Jun-	3500			
18 - Jul-	4000			
18 - Aug-	4000			
18 - Sep-	4000			
18 - Oct-	4500			
18 - Nov-	4500			
18 - Dec-	4500			
19 - Jan-	4500			
19 - Feb-	4500			
19 - Mar-	4500			
<b>12 Mos Subtotal =</b>	<b><u>49000</u></b>	<b><u>25000</u></b>	<b><u>12500</u></b>	<b><u>11500.00</u></b>

## **Exhibit C-6 Credit Rating**

Not applicable; as a sole proprietorship, Applicant does not maintain a public credit rating.

## **Exhibit C-7 Credit Report**

None.

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

**None.**

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

None.