



Public Utilities Commission

42

PUCO USE ONLY - Version 1.08		
Date Received	Renewal Certification Number	ORIGINAL AGG Case Number
	14-	0703 - GA-AGG

FILE

RENEWAL CERTIFICATION APPLICATION COMPETITIVE RETAIL NATURAL GAS BROKERS/AGGREGATORS

Please type or print all required information. Identify all attachments with an exhibit label and title (*Example: Exhibit A-15 - Company History*). All attachments should bear the legal name of the Applicant. Applicants should file completed applications and all related correspondence with the Public Utilities Commission of Ohio, Docketing Division, 180 East Broad Street, Columbus, Ohio 43215-3793.

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

SECTION A - APPLICANT INFORMATION AND SERVICES

A-1 Applicant intends to renew its certificate as: (check all that apply)

☐ Retail Natural Gas Aggregator ☒ Retail Natural Gas Broker

A-2 Applicant information:

Legal Name **ENERGY COST SAVERS, INC.**
Address **3601 GREEN RD., SUITE 304, BEACHWOOD, OHIO 44122**
Telephone No. **216-464-5703** Web site Address **www.energycostsavers.com**
Current PUCO Certificate No. Effective Dates

A-3 Applicant information under which applicant will do business in Ohio:

Name **ROBERT P. WYMAN**
Address **8 DEERFIELD LANE, BEACHWOOD, OH 44122**
Web site Address Telephone No. **216-464-5703**

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

ROBERT P. WYMAN

A-5 Contact person for regulatory or emergency matters:

Name **ROBERT P. WYMAN** Title **PRESIDENT**
Business Address **3601 GREEN RD., STE. 304, BEACHWOOD, OH 44122**
Telephone No. **216-464-5703** Fax No. **216-595-9753** Email Address **costsavers@sbcglobal.net**

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

Name **ROBERT P. WYMAN** Title **PRESIDENT**
Business address **3601 GREEN RD, STE. 304, BEACHWOOD, OH 44122**
Telephone No. **216-464-5703** Fax No. **216-595-9753** Email Address **costsavers@sbcbglobal.net**

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

Customer service address **3601 GREEN RD, STE. 304, BEACHWOOD, OH 44122**
Toll-Free Telephone No. **1-800-449-4679** Fax No. **216-595-9753** Email Address **costsavers@sbcbglobal.net**

A-8 Provide "Proof of an Ohio Office and Employee," in accordance with Section 4929.22 of the Ohio Revised Code, by listing name, Ohio office address, telephone number, and Web site address of the designated Ohio Employee

next page
Name _____ Title _____
Business address _____
Telephone No. _____ Fax No. _____ Email Address _____

A-9 Applicant's federal employer identification number **34-1919523**

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

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

A-11 (Check all that apply) Identify each natural gas company service area in which the applicant is currently providing service or intends to provide service, including identification of each customer class that the applicant is currently serving or intends to serve, for example: residential, small commercial, and/or large commercial/industrial (mercantile) customers. (A mercantile customer, as defined in Section 4929.01(L)(1) of the Ohio Revised Code, means a customer that consumes, other than for residential use, more than 500,000 cubic feet of natural gas per year at a single location within the state or consumes natural gas, other than for residential use, as part of an undertaking having more than three locations within or outside of this state. In accordance with Section 4929.01(L)(2) of the Ohio Revised Code, "Mercantile customer" excludes a not-for-profit customer that consumes, other than for residential use, more than 500,000 cubic feet of natural gas per year at a single location within this state or consumes natural gas, other than for residential use, as part of an undertaking having more than three locations within or outside this state that has filed the necessary declaration with the Public Utilities Commission.)



ENERGY COST SAVERS, INC.

3601 Green Road • Suite 304 • Cleveland, Ohio 44122

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

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

<input checked="" type="checkbox"/> Columbia Gas of Ohio			
<input checked="" type="checkbox"/> Residential	Beginning Date of Service	2000	End Date STILL ACTIVE
<input checked="" type="checkbox"/> Small Commercial	Beginning Date of Service		End Date
<input checked="" type="checkbox"/> Large Commercial	Beginning Date of Service		End Date
<input checked="" type="checkbox"/> Industrial	Beginning Date of Service		End Date
<input checked="" type="checkbox"/> Dominion East Ohio			
<input checked="" type="checkbox"/> Residential	Beginning Date of Service		End Date
<input checked="" type="checkbox"/> Small Commercial	Beginning Date of Service		End Date
<input checked="" type="checkbox"/> Large Commercial	Beginning Date of Service		End Date
<input checked="" type="checkbox"/> Industrial	Beginning Date of Service		End Date
<input checked="" type="checkbox"/> Duke Energy Ohio			
<input checked="" type="checkbox"/> Residential	Beginning Date of Service	TO BE DETERMINED	End Date
<input checked="" type="checkbox"/> Small Commercial	Beginning Date of Service		End Date
<input checked="" type="checkbox"/> Large Commercial	Beginning Date of Service		End Date
<input checked="" type="checkbox"/> Industrial	Beginning Date of Service		End Date
<input type="checkbox"/> Vectren Energy Delivery of Ohio			
<input type="checkbox"/> Residential	Beginning Date of Service		End Date
<input type="checkbox"/> Small Commercial	Beginning Date of Service		End Date
<input type="checkbox"/> Large Commercial	Beginning Date of Service		End Date
<input type="checkbox"/> Industrial	Beginning Date of Service		End Date

A-13 If not currently participating in any of Ohio's four Natural Gas Choice Programs, provide the approximate start date that the applicant proposes to begin delivering services:

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

PROVIDE THE FOLLOWING AS SEPARATE ATTACHMENTS AND LABEL AS INDICATED.

- A-14 Exhibit A-14 "Principal Officers, Directors & Partners,"** provide the names, titles, addresses and telephone numbers of the applicant's principal officers, directors, partners, or other similar officials.
- A-15 Exhibit A-15 "Company History,"** provide a concise description of the applicant's company history and principal business interests.
- A-16 Exhibit A-16 "Articles of Incorporation and Bylaws,"** provide the articles of incorporation filed with the state or jurisdiction in which the applicant is incorporated and any amendments thereto, *only if the contents of the originally filed documents changed since the initial application.*
- A-17 Exhibit A-17 "Secretary of State,"** provide evidence that the applicant is still currently registered with the Ohio Secretary of the State.

SECTION B - APPLICANT MANAGERIAL CAPABILITY AND EXPERIENCE

PROVIDE THE FOLLOWING AS SEPARATE ATTACHMENTS AND LABEL AS INDICATED

- B-1 Exhibit B-1 "Jurisdictions of Operation,"** provide a current list of all jurisdictions in which the applicant or any affiliated interest of the applicant is, at the date of filing the application, certified, licensed, registered, or otherwise authorized to provide retail natural gas service, or retail/wholesale electric services.
- B-2 Exhibit B-2 "Experience & Plans,"** provide a current description of the applicant's experience and plan for contracting with customers, providing contracted services, providing billing statements, and responding to customer inquiries and complaints in accordance with Commission rules adopted pursuant to Section 4929.22 of the Revised Code and contained in Chapter 4901:1-29 of the Ohio Administrative Code.
- B-3 Exhibit B-3 "Summary of Experience,"** provide a concise and current summary of the applicant's experience in providing the service(s) for which it is seeking renewed certification (e.g., number and types of customers served, utility service areas, volume of gas supplied, etc.).
- B-4 Exhibit B-4 "Disclosure of Liabilities and Investigations,"** provide a description of all existing, pending or past rulings, judgments, contingent liabilities, revocations of authority, regulatory investigations, or any other matter that could adversely impact the applicant's financial or operational



Prescribed by **J. Kenneth Blackwell**

Please obtain fee amount and mailing instructions from the **Forms Inventory List** (using the 3 digit form # located at the bottom of this form). To obtain the **Forms Inventory List** or for assistance, please call Customer Service:

Central Ohio: (614)-466-3910 Toll Free: 1-877-SOS-FILE (1-877-767-3453)

Expedite this form

☒ Yes

2-4-2

ARTICLES OF INCORPORATION

(Under Chapter 1701 of the Ohio Revised Code)

Profit Corporation

The undersigned, desiring to form a corporation, for profit, under Sections 1701.01 et seq. of the Ohio Revised Code, do hereby state the following:

FIRST. The name of said corporation shall be:

Energy Cost Savers, Inc.

SECOND. The place in Ohio where its principal office is to be located is

Beachwood

(city, village or township)

Cuyahoga

County, Ohio

THIRD. The purpose(s) for which this corporation is formed is

To engage in any lawful activity for which corporations may be formed under Sections 1701.01 through 1701.98 inclusive, of the Ohio Revised Code.

FOURTH. The number of shares which the corporation is authorized to have outstanding is:

850

(Please state whether shares are common or preferred, and their par value, if any. Shares will be recorded as common with no par value unless otherwise indicated.)

IN WITNESS WHEREOF, we have hereunto subscribed our names, on

01/01/00

(date)

By: _____, Incorporator
Name: _____

By: _____, Incorporator
Name: _____

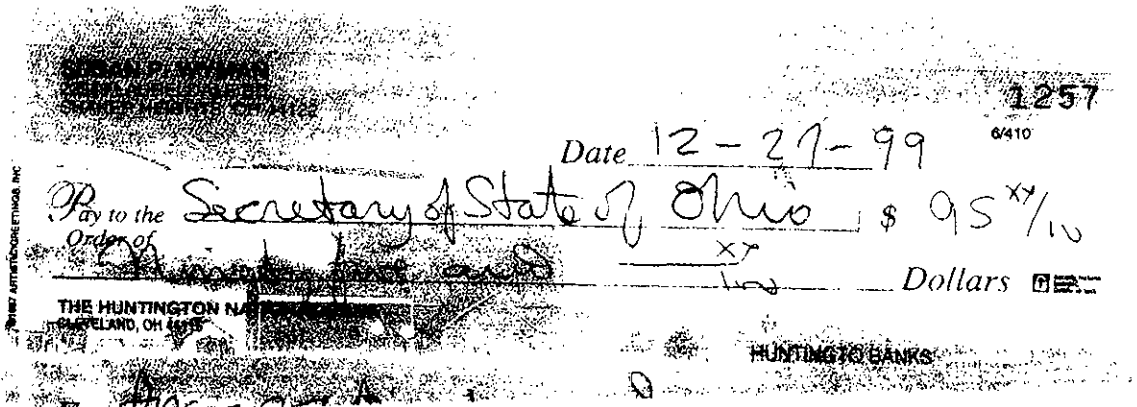


Exhibit A-14 Principals

Robert P. Wyman—President

8 Deerfield Lane

Beachwood, Ohio 44122

Office phone 216-464-5703 Cell 216 287-1531

Home phone 216-464-7340

Exhibit A-15 Company history

Energy Cost Savers, Inc. was formed in 2000 as a utility brokerage and consulting S corporation by me and my wife Susan. Susan has since dropped out of the company. Our focus has always been on finding the best plan, meaning price and quality for retail, commercial, and industrial clients natural gas and electricity needs. We have done a little with transformers and other electrical products to increase their equipment efficiency. Over the last several months we have done some re-lamping with quality LED lamps.

Energy Cost Savers, Inc.

Exhibit-A16 Company History

As the primary, and usually only, salesman I started selling energy 19 years ago. I started working for a broker and a marketer who are both long gone. My wife and I formed our own energy brokering company in 2000. We named it Energy Cost Savers, Inc. (ECS). We started selling natural gas and a little re-lamping. When there was a short-term window to sell deregulated electricity we did so, but that did not last long. About three years when selling deregulated electricity really began we jumped in. We also have sold some transformers and power factor mitigating products.

I suppose that I am more experienced in doing energy work than most of my competitors. For example, when I was awarded to do the energy work for the Greater Cleveland Auto Dealer's Association I had offered to energy survey any of their buildings free. I wound up surveying over 200 buildings and learned from the ground floor up about all kinds of energy issues. I also worked with the Cuyahoga County Energy Manager, who was an engineer and a lighting expert as well as other knowledgeable people. We started to sell the county 65 transformers and then when the economy went bad we had only sold half the deal, which was still a big deal and a great learning experience.

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Exhibit A-16 Secretary of State Certificate

Exhibit B-1 Jurisdictions of Operation

ECS has been selling natural gas in Ohio for about 16 years. We, as stated earlier, had sold some electricity when it was available for a short time a few years ago, and much more over the last three years. Since May 2014, we have been selling natural gas with our Ohio energy license.

We also have done business in Illinois, Michigan, and Pennsylvania where no license was required.

Exhibit B-2 Experience and Plans

Experience is shown above as well as in Exhibit A-14. With the addition of being able to sell electricity, it has energized my going back to cold calling and spending a lot more time prospecting in general.

My strength in this business has been my customer service, which has given us a good retention record. I tell my prospects that I work for them, not any company. My goal has always been to find the best plan for the situation. Please notice that I did not say the cheapest plan. A lot of times a plan seems cheaper to a customer because they are not aware of maybe something they thought was part of the plan they think they got, in actuality, they did not get. Over the years, the most frequent error, I have come across, is that a customer makes is they do not know the difference between the City Gate price and the Burner Tip price and bang they got taken.

Exhibit B-3 Summary of Experience

I pointed out a lot of the answer to this exhibit in A-1, B-1, and B-2.

My customer base is retail space, commercial buildings, apartments, auto dealers, restaurant chains, strip centers, industrial plants, and developers, and community centers. In addition to selling natural gas and electricity I have sold transformers, surge suppressors, lamps, power factor and harmonics mitigation products. And I have done many building energy surveys.

Exhibit B-4 Disclosure of Liabilities and Investigations

We have no outstanding issues of this nature, nor have we ever had a single like issue.

status or ability to provide the services for which it is seeking renewed certification since applicant last filed for certification.

- B-5 Exhibit B-5 "Disclosure of Consumer Protection Violations,"** disclose whether the applicant, affiliate, predecessor of the applicant, or any principal officer of the applicant has been convicted or held liable for fraud or for violation of any consumer protection or antitrust laws since applicant last filed for certification.

☒ No ☐ Yes

If Yes, provide a separate attachment labeled as Exhibit B-5 "Disclosure of Consumer Protection Violations," detailing such violation(s) and providing all relevant documents.

- B-6 Exhibit B-6 "Disclosure of Certification Denial, Curtailment, Suspension, or Revocation,"** disclose whether the applicant or a predecessor of the applicant has had any certification, license, or application to provide retail natural gas or retail/wholesale electric service denied, curtailed, suspended, or revoked, or whether the applicant or predecessor has been terminated from any of Ohio's Natural Gas Choice programs, or been in default for failure to deliver natural gas since applicant last filed for certification.

☒ No ☐ Yes

If Yes, provide a separate attachment, labeled as Exhibit B-6 "Disclosure of Certification Denial, Curtailment, Suspension, or Revocation," detailing such action(s) and providing all relevant documents.

SECTION C - APPLICANT 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, labeled as 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 applicant does not have such filings, it may submit those of its parent company. If the applicant does not have such filings, then the applicant may indicate in Exhibit C-2 whether 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).

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Exhibit B-5 Environmental Disclosure

We have never had any such problem. We deal with marketers who take title and have all of these issues to attend to if they want to stay in business. We continue to do business with registered in Ohio companies and feel very safe doing that.

Exhibit C-1

We have never done an annual report

We are including last year's tax return

Exhibit C-2 SEC Filings

We have never done a SEC filing because we have never been public.

Exhibit C-3

The only thing I can think of is to hope that our last year's return included in C-1 will suffice

C-4 Exhibit C-4 “Financial Arrangements,” provide copies of the applicant's financial arrangements to satisfy collateral requirements to conduct retail electric/gas business activity (e.g., parental or third party guarantees, 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 **NATURAL GAS 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 current 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 current 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.

4:54 PM

04/16/18

Accrual Basis

Energy Cost Savers, Inc.
Profit & Loss Prev Year Comparison
 January through December 2017

	<u>Jan - Dec 17</u>	<u>Jan - Dec 16</u>	<u>\$ Change</u>	<u>% Change</u>
Income				
4001 · Income	94,964.17	104,895.91	-9,931.74	-9.5%
4050 · Lighting Sales	97,829.26	0.00	97,829.26	100.0%
Total Income	<u>192,793.43</u>	<u>104,895.91</u>	<u>87,897.52</u>	<u>83.8%</u>
Gross Profit	192,793.43	104,895.91	87,897.52	83.8%
Expense				
6000 · Office Supplies	1,202.02	788.13	413.89	52.5%
6002 · Bank Charges	0.00	27.00	-27.00	-100.0%
6003 · Rent	10,681.21	11,636.11	-954.90	-8.2%
6004 · Subscriptions	128.00	59.00	69.00	117.0%
6005 · Lighting Purchase/ Sales	133,388.36	0.00	133,388.36	100.0%
6006 · Lighting Installation	24,959.71	0.00	24,959.71	100.0%
6007 · lighting Supplies	1,055.45	0.00	1,055.45	100.0%
6008 · lighting Rebates	226.62	0.00	226.62	100.0%
6010 · Misc. Office Expenses	1,049.53	248.50	801.03	322.4%
6020 · Telephone/Cell Phones	3,135.13	4,721.53	-1,586.40	-33.6%
6021 · Accounting	3,435.00	3,605.00	-170.00	-4.7%
6022 · Internet Service	1,015.30	894.80	120.50	13.5%
6023 · Legal Fees	200.00	0.00	200.00	100.0%
6030 · Commissions Paid	1,100.00	150.00	950.00	633.3%
6506 · Storage Expense	733.68	0.00	733.68	100.0%
66900 · Reconciliation Discrepancies	0.00	0.00	0.00	0.0%
7000 · Salaries - Officer	50,000.00	48,000.00	2,000.00	4.2%
7010 · Payroll Taxes - FICA & Medicare	3,825.00	3,672.00	153.00	4.2%
7015 · Unemployment Taxes	123.00	69.00	54.00	78.3%
7016 · Payroll Taxes - Workers Comp	23.95	163.85	-139.90	-85.4%
7018 · State Sales tax	0.00	0.00	0.00	0.0%
7050 · Consulting	8,635.18	5,132.00	3,503.18	68.3%
8000 · Auto Expenses	3,408.86	4,507.52	-1,098.66	-24.4%
8010 · Auto Lease Expense	4,915.80	4,079.50	836.30	20.5%
8100 · Entertainment Expenses	800.59	108.96	691.63	634.8%
8110 · Travel	628.88	0.00	628.88	100.0%
8200 · Donations	275.00	300.00	-25.00	-8.3%
8201 · Insurance	0.00	514.50	-514.50	-100.0%
8205 · Profit Sharing Expense	0.00	12,000.00	-12,000.00	-100.0%
8210 · Advertising	141.50	448.64	-307.14	-68.5%
8215 · Misc. Taxes & Licenses	197.67	142.09	55.58	39.1%
8500 · Interest Expense	563.04	0.00	563.04	100.0%
Total Expense	<u>255,848.48</u>	<u>101,268.13</u>	<u>154,580.35</u>	<u>152.6%</u>
Net Income	<u>-63,055.05</u>	<u>3,627.78</u>	<u>-66,682.83</u>	<u>-1,838.1%</u>

Exhibit C-4 Financial Arrangements

With our brokerage we do not take title to either electricity, or natural gas, and so we do not need any financial help. Either the regulated utility, or the marketer bills our customers, and we are not involved with any money transfers.

Exhibit C-5 Forecasted Financial Statements

By looking at the ECS last year's tax return, it shows that we are fairly steady in our annual sales. Even if we can greatly increase our business we are not going to be in need of any financial support

Exhibit C-5**Energy Cost Savers, Inc.**

2017 **2018**

Expenses

<u>Rent</u>	<u>\$3,300</u>	<u>\$3,300</u>
<u>Telephone</u>	<u>\$1,230</u>	<u>\$1,230</u>
<u>Salaries</u>	<u>\$24,000</u>	<u>\$26,000</u>
<u>Payroll taxes</u>	<u>\$1,600</u>	<u>\$1,742</u>
<u>Worker's Comp.</u>	<u>\$70</u>	<u>\$80</u>
<u>Office expense</u>	<u>\$600</u>	<u>\$600</u>
<u>Accounting</u>	<u>\$650</u>	<u>\$850</u>
<u>Unemployment</u>	<u>\$55</u>	<u>\$65</u>
<u>Consulting</u>	<u>\$3,500</u>	<u>\$4,000</u>
<u>Misc.</u>	<u>\$1,000</u>	<u>\$1,500</u>

Exhibit C-6 Credit Rating

Attached is the credit report I could get. Credit, Inc. admits that they really do not have much information about us because we have such little buying and collecting. They even had estimated us doing \$600,000 dollars of business a year—I wish.

Exhibit C-7 Credit Report

We have never had a credit issue. We have zero debt. Once in a while we have a few dollars of receivables for a product like some lamps, but never any big deal. We have never been stiffed, nor have we ever stiffed anybody.

Exhibit C-8 Bankruptcy Information

We have never had anything close to a bankruptcy issue. As a matter of fact, over the last year, we usually kept a bank balance of between \$15,000 and \$20,000 dollars.

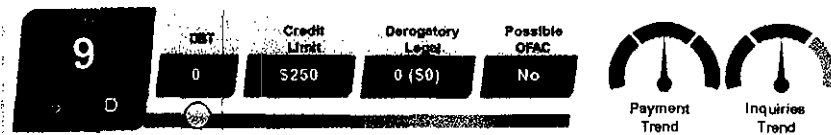


Company Name

ENERGY COST SAVERS INC

Safe Number

US10838750



Company Name

ENERGY COST SAVERS INC

Address

3601 GREEN RD STE 304, BEACHWOOD, OH 44122 5719

Location Type

Headquarters

File Reported Date

3/1/2000

Website

plus.google.com/100361706372416093011/about

Phone Number

2164645703

Company Type

Incorporated

SIC Description

LUMBER & BUILDING MATERIALS DEALERS

- C-8 Exhibit C-8 “Bankruptcy Information,”** provide a list and description of any reorganizations, protection from creditors or any other form of bankruptcy filings made by the applicant, a parent or affiliate organization that guarantees the obligations of the applicant or any officer of the applicant in the current year or within the two most recent years preceding the application.
- C-9 Exhibit C-9 “Merger Information,”** provide a statement describing any dissolution or merger or acquisition of the applicant within the two most recent years preceding the application.
- C-10 Exhibit C-10 “Corporate Structure,”** provide a description of the applicant’s corporate structure, not an internal organizational chart, including a graphical depiction of such structure, and a list of all affiliate and subsidiary companies that supply retail or wholesale electricity or natural gas to customers in North America. If the applicant is a stand-alone entity, then no graphical depiction is required and applicant may respond by stating that they are a stand-alone entity with no affiliate or subsidiary companies.

SECTION D – APPLICANT TECHNICAL CAPABILITY

PROVIDE THE FOLLOWING AS SEPARATE ATTACHMENTS AND LABEL AS INDICATED.

- D-1 Exhibit D-1 “Operations,”** provide a current written description of the operational nature of the applicant’s business functions.
- D-2 Exhibit D-2 “Operations Expertise,”** given the operational nature of the applicant’s business, provide evidence of the applicant’s current experience and technical expertise in performing such operations.
- D-3 Exhibit D-3 “Key Technical Personnel,”** provide the names, titles, email addresses, telephone numbers, and background of key personnel involved in the operational aspects of the applicant’s current business.

Applicant Signature and Title

Sworn and subscribed before me this day of Month Year

Signature of official administering oath

Print Name and Title

My commission expires on

Energy Cost Savers, Inc.

Exhibit C-9 Merger Information

ECS has never had any dissolution, or merger issues. We have nothing on the horizon going forward to discuss.

Exhibit C-10 Corporate Structure

We are a stand-alone entity with no affiliate, or subsidiary companies.

Energy Cost Savers, Inc.

Exhibit D-1 Operations

Energy Cost Savers, Inc. (ECS) is a broker of natural gas and electricity, as well as some other products that deal with mitigating electricity costs to the end user. Our primary job is to act on behalf of the end users to find the best plan, or product. We do the shopping for them and provide answers to their concerns. We work for the customer, not the any one provider. We do not add any extra cost to the customer since we get paid a commission by the provider who wins the sale. The only time we ever handle money is if we do a re-lamping, or, or a cost mitigating product, and even then the provider often will make the sale to the customer and give us a commission. The re-lamping is a tremendous savings for the customer and we are doing more of that.

Exhibit D-2 Operations Expertise

As the only employee of Energy Cost Savers, Inc., I have had over 19 years of experience selling natural gas and about four years selling electricity (when it became deregulated). I explained how I work in D-1. I have dealt with many marketers and know my way around. The latest product ECS is involved with is LED lighting, which is making all other lamps obsolete.

Exhibit D-3 Technical Personnel

Robert Wyman is the only employee and his experience has been as explained above.

When we sold and installed transformers we had total support from the Powersmiths Company, who was the manufacturer. They supplied the expertise including engineering and sales support. The same is true of other products that we have sold. We always do the proper approach and get the support that we need. We do not just do things that are above our knowledge without the proper help.



The Public Utilities Commission of Ohio

Competitive Retail Natural Gas Service
Affidavit Form
(Version 1.07)

In the Matter of the Application of)

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

Case No. []-[]-GA-AGG

County of []
State of []

[Affiant], being duly sworn/affirmed, hereby states that:

- (1) The information provided within the certification or certification renewal application and supporting information is complete, true, and accurate to the best knowledge of affiant.
- (2) The applicant will timely file an annual report of its intrastate gross receipts and sales of hundred cubic feet of natural gas pursuant to Sections 4905.10(A), 4911.18(A), and 4929.23(B), Ohio Revised Code.
- (3) The applicant will timely pay any assessment made pursuant to Section 4905.10 or Section 4911.18(A), Ohio Revised Code.
- (4) Applicant will comply with all applicable rules and orders adopted by the Public Utilities Commission of Ohio pursuant to Title 49, Ohio Revised Code.
- (5) Applicant will cooperate with the Public Utilities Commission of Ohio and its staff in the investigation of any consumer complaint regarding any service offered or provided by the applicant.
- (6) Applicant will comply with Section 4929.21, Ohio Revised Code, regarding consent to the jurisdiction of the Ohio courts and the service of process.
- (7) Applicant will inform the Public Utilities Commission of Ohio of any material change to the information supplied in the certification or certification renewal application within 30 days of such material change, including any change in contact person for regulatory or emergency purposes or contact person for Staff use in investigating customer complaints.
- (8) Affiant further sayeth naught.

Affiant Signature & Title

Robert P. Wynne - Pres.

Sworn and subscribed before me this

16th

day of

APRIL

Month

2018

Year

[Signature]

AMEE LOVEJOY

Print Name and Title



Official Administering Oath
AIMEE J. LOVEJOY
NOTARY PUBLIC
STATE OF OHIO
Comm. Expires
March 09, 2023
Recorded in
Lake County

My commission expires on

3/9/23

Form **8879-S****IRS e-file Signature Authorization for Form 1120S**

OMB No. 1545-0123

Department of the Treasury
Internal Revenue Service

▶ Return completed Form 8879-S to ERO. (Don't send to IRS.)

▶ Go to www.irs.gov/Form8879S for the latest information.**2017**

For calendar year 2017, or tax year beginning , 2017, and ending , 20

Name of corporation

ENERGY COST SAVERS, INC.

Employer identification number

34-1919523**Part I Tax Return Information** (Whole dollars only)

1	Gross receipts or sales less returns and allowances (Form 1120S, line 1c)	1	192,793.
2	Gross profit (Form 1120S, line 3)	2	85,699.
3	Ordinary business income (loss) (Form 1120S, line 21)	3	-9,112.
4	Net rental real estate income (loss) (Form 1120S, Schedule K, line 2)	4	
5	Income (loss) reconciliation (Form 1120S, Schedule K, line 18)	5	-9,387.

Part II Declaration and Signature Authorization of Officer (Be sure to get a copy of the corporation's return)

Under penalties of perjury, I declare that I am an officer of the above corporation and that I have examined the corporation's 2017 electronic income tax return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the corporation's electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the corporation's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return and, if applicable, the corporation's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize **HOBE & LUCAS CPAS**

ERO firm name

to enter my PIN **44122**

Don't enter all zeros

as my signature on the corporation's 2017 electronically filed income tax return.

☐ As an officer of the corporation, I will enter my PIN as my signature on the corporation's 2017 electronically filed income tax return.

Officer's signature ▶

Title ▶ **PRESIDENT****Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

34544544131

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 3112, IRS e-file Application and Participation, and Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ **HOBE & LUCAS CPAS**Date ▶ **03/09/18**

ERO Must Retain This Form - See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see instructions.

Form **8879-S** (2017)

LHA

Form **1120S****U.S. Income Tax Return for an S Corporation**

OMB No. 1545-0123

Department of the Treasury
Internal Revenue Service▶ Do not file this form unless the corporation has filed or is
attaching Form 2553 to elect to be an S corporation.▶ Go to www.irs.gov/Form1120S for instructions and the latest information.**2017**

For calendar year 2017 or tax year beginning, and ending

A Selection effective date 04/01/2000	Name ENERGY COST SAVERS, INC.	D Employer identification number 34-1919523
B Business activity code number (see instructions) 541990	Number, street, and room or suite no. If a P.O. box, see instructions. 3601 GREEN ROAD, SUITE 304	E Date incorporated 04/01/2000
C Check if Sch. M-3 attached <input type="checkbox"/>	City or town, state or province, country, and ZIP or foreign postal code CLEVELAND, OH 44122	F Total assets (see instructions) \$ 22,601.

G Is the corporation electing to be an S corporation beginning with this tax year? ☐ Yes ☒ No If "Yes," attach Form 2553 if not already filed

H Check if: (1) ☐ Final return (2) ☐ Name change (3) ☐ Address change (4) ☐ Amended return ☐ S election termination or revocation

I Enter the number of shareholders who were shareholders during any part of the tax year **1**

Caution: Include only trade or business income and expenses on lines 1a through 21. See the instructions for more information.

Income	1 a Gross receipts or sales 192,793.	b Return and allowances	c Bal. Subtract line 1b from line 1a	1c	192,793.
	2 Cost of goods sold (attach Form 1125-A)			2	107,094.
	3 Gross profit. Subtract line 2 from line 1c			3	85,699.
	4 Net gain (loss) from Form 4797, line 17 (attach Form 4797)			4	
	5 Other income (loss) (attach statement)			5	
	6 Total income (loss). Add lines 3 through 5			6	85,699.
Deductions (See instructions for limitations)	7 Compensation of officers (see instrs. - attach Form 1125-E)			7	50,000.
	8 Salaries and wages (less employment credits)			8	
	9 Repairs and maintenance			9	
	10 Bad debts			10	
	11 Rents			11	10,681.
	12 Taxes and licenses			12	4,170.
	13 Interest			13	563.
	14 Depreciation not claimed on Form 1125-A or elsewhere on return (attach Form 4562)			14	
	15 Depletion (Do not deduct oil and gas depletion.)			15	
	16 Advertising			16	142.
	17 Pension, profit-sharing, etc., plans			17	
	18 Employee benefit programs			18	
	19 Other deductions (attach statement)			19	29,255.
	20 Total deductions. Add lines 7 through 19			20	94,811.
	21 Ordinary business income (loss). Subtract line 20 from line 6			21	-9,112.
Tax and Payments	22 a Excess net passive income or LIFO recapture tax (see instructions)	22a		22c	
	b Tax from Schedule D (Form 1120S)	22b			
	c Add lines 22a and 22b				
	23 a 2017 estimated tax payments and 2016 overpayment credited to 2017	23a			
	b Tax deposited with Form 7004	23b			
	c Credit for federal tax paid on losses (attach Form 4136)	23c			
	d Add lines 23a through 23c			23d	
	24 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>			24	
	25 Amount owed. If line 23d is less than the total of lines 22c and 24, enter amount owed			25	
	26 Overpayment. If line 23d is larger than the total of lines 22c and 24, enter amount overpaid			26	
27 Enter amount from line 26 Credited to 2018 estimated tax		Refunded	27		

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

Sign Here ▶ Signature of officer **PRESIDENT** Date Title

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

Print/type preparer's name LAWRENCE A DEBALTZO	Preparer's signature	Date 03/09/18	Check if self-employed <input type="checkbox"/>	PTIN P00327960
Firm's name HOBE & LUCAS CPAS	Firm's EIN 31-1488076	Phone no. 216-524-8900		
Firm's address 4807 ROCKSIDE ROAD, #510 INDEPENDENCE, OH 44131				

JWA For Paperwork Reduction Act Notice, see separate instructions.

Form **1120S** (2017)711701
12-20-17

Schedule B Other Information (see instructions)					Yes	No
1 Check accounting method: (a) <input checked="" type="checkbox"/> Cash (b) <input type="checkbox"/> Accrual (c) <input type="checkbox"/> Other (specify) _____						
2 See the instructions and enter the:						
(a) Business activity ENERGY (b) Product or service CONSULTING						
3 At any time during the tax year, was any shareholder in the corporation a disregarded entity, a trust, an estate, or a nominee or similar person? If "Yes," attach Schedule B-1, Information on Certain Shareholders of an S Corporation					X	
4 At the end of the tax year, did the corporation:						
a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total stock issued and outstanding of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below					X	
(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of incorporation	(iv) Percentage of Stock Owned	(v) If Percentage in (iv) is 100%, Enter the Date (if any) a Qualified Subchapter S Subsidiary Election Was Made		
b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more of the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below					X	
(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital		
5a At the end of the tax year, did the corporation have any outstanding shares of restricted stock?					X	
If "yes" complete lines (i) and (ii) below						
(i) Total shares of restricted stock _____						
(ii) Total shares of non-restricted stock _____						
b At the end of the tax year, did the corporation have any outstanding stock options, warrants, or similar instruments?					X	
If "yes" complete lines (i) and (ii) below						
(i) Total shares of stock outstanding at the end of the tax year _____						
(ii) Total shares of stock outstanding if all instruments were executed _____						
6 Has this corporation filed, or is it required to file Form 8878, Material Advisor Disclosure Statement, to provide info. on any reportable transaction?					X	
7 Check this box if the corporation issued publicly offered debt instruments with original issue discount <input type="checkbox"/>						
If checked, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments.						
8 If the corporation: (a) was a C corporation because it elected to be an S corporation or the corporation acquired an asset with a basis determined by reference to the basis of the asset (or the basis of any other property) in the hands of a C corporation and (b) has net unrealized built-in gain in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years _____						
9 Enter the accumulated earnings and profits of the corporation at the end of the tax year _____						
10 Does the corporation satisfy both of the following conditions?						
a The corporation's total receipts (see instructions) for the tax year were less than \$250,000 _____						
b The corporation's total assets at the end of the tax year were less than \$250,000 _____					X	
If "Yes," the corporation is not required to complete Schedules L and M-1						
11 During the tax year, did the corporation have any non-shareholder debt that was cancelled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?					X	
If "Yes," enter the amount of principal reduction _____ \$ _____						
12 During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions					X	
13a Did the corporation make any payments in 2017 that would require it to file Form(s) 1099?					X	
b If "Yes," did the corporation file or will it file all required Forms 1099?					X	

Schedule K Shareholders' Pro Rata Share Items

		Total amount
Income (Loss)	1 Ordinary business income (loss) (page 1, line 21)	1 -9,112.
	2 Net rental real estate income (loss) (attach Form 8825)	2
	3a Other gross rental income (loss)	3a
	b Expenses from other rental activities (attach statement)	3b
	c Other net rental income (loss). Subtract line 3b from line 3a	3c
	4 Interest income	4
	5 Dividends: a Ordinary dividends	5a
	b Qualified dividends	5b
	6 Royalties	6
	7 Net short-term capital gain (loss) (attach Schedule D (Form 1120S))	7
Deductions	8a Net long-term capital gain (loss) (attach Schedule D (Form 1120S))	8a
	b Collectibles (28%) gain (loss)	8b
	c Unrecaptured section 1250 gain (attach statement)	8c
	9 Net section 1231 gain (loss) (attach Form 4797)	9
	10 Other income (loss) (see instructions) Type	10
	11 Section 179 deduction (attach Form 4562)	11
	12a Charitable contributions	12a 275.
	b Investment interest expense	12b
	c Section 59(e)(2) expenditures (1) Type	12c(2)
	(2) Amount	12d
Credits	13a Low-income housing credit (section 42(j)(5))	13a
	b Low-income housing credit (other)	13b
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468)	13c
	d Other rental real estate credits (see instructions) Type	13d
	e Other rental credits (see instructions) Type	13e
	f Biofuel producer credit (attach Form 6478)	13f
	g Other credits (see instructions) Type	13g
Foreign Transactions	14a Name of country or U.S. possession	14a
	b Gross income from all sources	14b
	c Gross income sourced at shareholder level	14c
	Foreign gross income sourced at corporate level	14d
	d Passive category	14e
	e General category	14f
	f Other (attach statement)	14g
	Deductions allocated and apportioned at shareholder level	14h
	g Interest expense	14i
	h Other	14j
	Deductions allocated and apportioned at corporate level to foreign source income	14k
	i Passive category	14l
	j General category	14m
Alternative Minimum Tax (AMT) Items	k Other (attach statement)	14n
	Other information	14o
	l Total foreign taxes (check <input type="checkbox"/> Paid <input type="checkbox"/> Accrued)	14p
	m Reduction in taxes available for credit (attach statement)	14q
	n Other foreign tax information (attach statement)	14r
	15a Post-1986 depreciation adjustment	15a
Items Affecting Shareholder Basis	b Adjusted gain or loss	15b
	c Depletion (other than oil and gas)	15c
	d Oil, gas, and geothermal properties - gross income	15d
	e Oil, gas, and geothermal properties - deductions	15e
	f Other AMT items (attach statement)	15f
	16a Tax-exempt interest income	16a
Items Affecting Shareholder Basis	b Other tax-exempt income	16b
	c Nondeductible expenses	16c 400.
	d Distributions (attach statement if required)	16d
	e Repayment of loans from shareholders	16e

Schedule K Shareholders' Pro Rata Share Items (continued)		Total amount
Other Information	17a Investment income	17a
	b Investment expenses	17b
	c Dividend distributions paid from accumulated earnings and profits	17c
	d Other items and amounts (att. stmt.)	
Reconciliation	18 Income/loss reconciliation. Combine the amounts on lines 1 through 10 in the far right column. From the result, subtract the sum of the amounts on lines 11 through 12d and 14i	18 -9,387.

Schedule L Balance Sheets per Books		Beginning of tax year	End of tax year
Assets	(a)	(b)	(c)
1 Cash		19,715.	3,897.
2 a Trade notes and accounts receivable			
b Less allowance for bad debts			
3 Inventories			17,494.
4 U.S. government obligations			
5 Tax-exempt securities			
6 Other current assets (att. stmt.)	STATEMENT 6	1,210.	1,210.
7 Loans to shareholders		16,000.	
8 Mortgage and real estate loans			
9 Other investments (att. stmt.)			
10 a Buildings and other depreciable assets	20,000.		20,000.
b Less accumulated depreciation	20,000.	0.	20,000.
11 a Depletable assets			
b Less accumulated depletion			
12 Land (net of any amortization)			
13 a Intangible assets (amortizable only)			
b Less accumulated amortization			
14 Other assets (att. stmt.)			
15 Total assets		36,925.	22,601.
Liabilities and Shareholders' Equity			
16 Accounts payable			
17 Mortgages, notes, bonds payable in less than 1 year			
18 Other current liabilities (att. stmt.)	STATEMENT 7	12,000.	496.
19 Loans from shareholders		5,940.	12,907.
20 Mortgages, notes, bonds payable in 1 year or more			
21 Other liabilities (att. stmt.)			
22 Capital stock		86,000.	86,000.
23 Additional paid-in capital		5,500.	5,500.
24 Retained earnings	STATEMENT 8	-72,515.	-82,302.
25 Adjustments to shareholders' equity (att. stmt.)			
26 Less cost of treasury stock			
27 Total liabilities and shareholders' equity		36,925.	22,601.

JWA

Form 1120S (2017)

FOOTNOTES

STATEMENT 1

TREAS. REG. SECTION 1.263(A)-1(F)
DEMINIMIS SAFE HARBOR ELECTION

TAXPAYER IS HEREBY MAKING THE DEMINIMIS SAFE HARBOR ELECTION
UNDER TREAS. REG. 1.263(A)-1(F).

FIXED ASSET CAPITALIZATION POLICY

A FIXED ASSET IS ANY TANGIBLE ASSET PURCHASED FOR USE IN THE
DAY-TO-DAY OPERATIONS OF THE COMPANY FROM WHICH AN
ECONOMIC BENEFIT WILL BE DERIVED OVER A PERIOD GREATER THAN
ONE YEAR. FIXED ASSETS INCLUDE ITEMS OF PROPERTY AND
EQUIPMENT SUCH AS BUILDINGS, LEASEHOLD IMPROVEMENTS, OFFICE
FURNITURE, FIXTURES, COMPUTERS AND OTHER RELATED TECHNOLOGY
EQUIPMENT. AT THE TIME A FIXED ASSET IS ACQUIRED, ITS COST
IS CAPITALIZED UNLESS IT HAS A VALUE OF \$500 OR LESS IN
WHICH CASE THE ASSET IS EXPENSED IN THE PERIOD ACQUIRED.
AMOUNTS PAID FOR PROPERTY WITH AN ESTIMATED USEFUL LIFE OF
12 MONTHS OR LESS WITH A VALUE OF \$500 OR LESS ARE EXPENSED
IN THE PERIOD ACQUIRED AS WELL.

THIS CAPITALIZATION POLICY IS EFFECTIVE AS OF
JANUARY 1, 2014.

THIS POLICY WAS APPROVED BY THE COMPANY.

FORM 1120S	TAXES AND LICENSES	STATEMENT	2
------------	--------------------	-----------	---

DESCRIPTION	AMOUNT
PAYROLL TAXES	3,948.
PUCO LICENSE	198.
WORKERS COMP	24.
TOTAL TO FORM 1120S, PAGE 1, LINE 12	4,170.

FORM 1120S	OTHER DEDUCTIONS	STATEMENT	3
------------	------------------	-----------	---

DESCRIPTION	AMOUNT
ACCOUNTING	3,435.
AUTO EXPENSES	3,409.
AUTO LEASE	4,916.
COMMISSIONS PAID	1,100.
CONSULTING FEES	8,635.
INTERNET SERVICE	1,015.
LEGAL FEES	200.
MEALS AND ENTERTAINMENT	401.
OFFICE SUPPLIES AND MISC EXPENSES	2,252.
SUBSCRIPTIONS	128.
TELEPHONE	3,135.
TRAVEL	629.
TOTAL TO FORM 1120S, PAGE 1, LINE 19	29,255.

SCHEDULE K	CHARITABLE CONTRIBUTIONS	STATEMENT	4
------------	--------------------------	-----------	---

DESCRIPTION	NO LIMIT	50% / 100% LIMIT	30% LIMIT	20% LIMIT
VARIOUS QUALIFYING ORGANIZATIONS		275.		
TOTALS TO SCHEDULE K, LINE 12A		275.		

SCHEDULE K	NONDEDUCTIBLE EXPENSES	STATEMENT	5
------------	------------------------	-----------	---

DESCRIPTION	AMOUNT
EXCLUDED MEALS AND ENTERTAINMENT EXPENSES	400.
TOTAL TO SCHEDULE K, LINE 16C	400.

SCHEDULE L	OTHER CURRENT ASSETS	STATEMENT	6
------------	----------------------	-----------	---

DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
DEPOSITS	1,210.	1,210.
TOTAL TO SCHEDULE L, LINE 6	1,210.	1,210.

SCHEDULE L	OTHER CURRENT LIABILITIES	STATEMENT	7
------------	---------------------------	-----------	---

DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
PROFIT SHARING ACCRUAL	12,000.	
SALES TAX PAYABLE		496.
TOTAL TO SCHEDULE L, LINE 18	12,000.	496.

SCHEDULE L	ANALYSIS OF TOTAL RETAINED EARNINGS PER BOOKS	STATEMENT	8
------------	---	-----------	---

DESCRIPTION	AMOUNT
BALANCE AT BEGINNING OF YEAR	-72,515.
NET INCOME PER BOOKS	-9,787.
DISTRIBUTIONS	0.
OTHER INCREASES (DECREASES)	
BALANCE AT END OF YEAR - SCHEDULE L, LINE 24, COLUMN (D)	-82,302.

SCHEDULE M-2 ACCUMULATED ADJUSTMENTS ACCOUNT- OTHER REDUCTIONS STATEMENT 9

DESCRIPTION	AMOUNT
CHARITABLE CONTRIBUTIONS	275.
NONDEDUCTIBLE EXPENSES	400.
TOTAL TO SCHEDULE M-2, LINE 5 - COLUMN (A)	675.

SCHEDULES M-2/L RECONCILIATION OF ENDING SCHEDULE M-2 AND RETAINED EARNINGS STATEMENT 10

DESCRIPTION	AAA	OAA	SCRIPT	OTHER ADJUSTMENTS
SCH. M-2 BALANCES	-81,116.			
AUTO LEASE INCLUSION				-1,186.
SUBTOTALS	-81,116.			-1,186.
TOTAL RECONCILED SCHEDULE M-2 BALANCES				-82,302.
ENDING RETAINED EARNINGS FROM SCHEDULE LINE 24				-82,302.

FORM 1125-A OTHER COSTS STATEMENT 11

DESCRIPTION	AMOUNT
INSTALLATION	24,960.
REBATES	227.
STORAGE	734.
SUPPLIES	1,055.
TOTAL TO LINE 5	26,976.

Schedule K-1
(Form 1120S)

2017

☐ Final K-1☐ Amended K-1

OMB No. 1545-0123

Department of the Treasury
Internal Revenue ServiceFor calendar year 2017, or tax
year beginning _____
ending _____**Shareholder's Share of Income, Deductions,
Credits, etc.** ▶ See separate instructions.**Part I Information About the Corporation****A** Corporation's employer identification number
34-1919523**B** Corporation's name, address, city, state, and ZIP codeENERGY COST SAVERS, INC.
3601 GREEN ROAD, SUITE 304
CLEVELAND, OH 44122**C** IRS Center where corporation filed return
E-FILE**Part II Information About the Shareholder****D** Shareholder's identifying number
294-28-6536**E** Shareholder's name, address, city, state and ZIP codeROBERT WYMAN
23949 LAURELDALE ROAD
SHAKER HTS, OH 44122**F** Shareholder's percentage of stock
ownership for tax year 100.000000**Part III Shareholder's Share of Current Year Income,
Deductions, Credits, and Other Items**

1	Ordinary business income (loss)	13	Credits
	-9,112.		
2	Net rental real estate inc (loss)		
3	Other net rental income (loss)		
4	Interest income		
5a	Ordinary dividends		
5b	Qualified dividends		Foreign transactions
6	Royalties		
7	Net short-term capital gain (loss)		
8a	Net long-term capital gain (loss)		
8b	Net capital gain (loss)		
	Unrecaptured sec 1250 gain		
9	Net section 1231 gain (loss)		
10	Other income (loss)	15	Alternative min tax (AMT) items
11	Section 179 deduction	16	Items affecting shareholder basis
		C*	400.
12	Other deductions		
A	275.		
		17	Other information

*See attached statement for additional information.

For IRS Use Only

SCHEDULE K-1

NONDEDUCTIBLE EXPENSES, BOX 16, CODE C

DESCRIPTION	AMOUNT	SHAREHOLDER FILING INSTRUCTIONS
EXCLUDED MEALS AND ENTERTAINMENT EXPENSES	400.	SEE SHAREHOLDERS INSTRUCTIONS
TOTAL	400.	

CLIENT COPY

This list identifies the codes used on Schedule K-1 for all shareholders and provides summarized reporting information for shareholders who file Form 1040. For detailed reporting and filing information, see the separate Shareholder's Instructions for Schedule K-1 and the instructions for your income tax return.

	Code	Report on
1. Ordinary business income (loss). Determine whether the income (loss) is passive or nonpassive and enter on your return as follows:		
Passive loss	M Credit for increasing research activities	See the Shareholder's Instructions
Passive income	N Credit for employer social security and Medicare taxes	
Nonpassive loss	O Backup withholding	
Nonpassive income	P Other credits	
2. Net rental real estate income (loss)		
3. Other net rental income (loss)		
Net income		
Net loss		
4. Interest income		
5a. Ordinary dividends		
5b. Qualified dividends		
6. Royalties		
7. Net short-term capital gain (loss)		
8a. Net long-term capital gain (loss)		
8b. Collectibles (28%) gain (loss)		
8c. Unrecaptured section 1250 gain		
9. Net section 1231 gain (loss)		
10. Other income (loss)		
Code		
A Other portfolio income (loss)		
B Involuntary conversions		
C Sec. 1256 contracts & straddles		
D Mining exploration costs recapture		
E Other income (loss)		
11. Section 179 deduction		
12. Other deductions		
A Cash contributions (50%)		
B Cash contributions (30%)		
C Noncash contributions (50%)		
D Noncash contributions (30%)		
E Capital gain property to a 50% organization (30%)		
F Capital gain property (20%)		
G Contributions (100%)		
H Investment interest expense		
I Deductions - royalty income		
J Section 59(e)(2) expenditures		
K Deductions - portfolio (2% floor)		
L Deductions - portfolio (other)		
M Preproductive period expenses		
N Commercial revitalization deduction from rental real estate activities		
O Reforestation expense deduction		
P Domestic production activities information		
Q Qualified production activities income		
R Employer's Form W-2 wages		
S Other deductions		
13. Credits		
A Low-income housing credit (section 42(j)(5)) from pre-2008 buildings		
B Low-income housing credit (other) from pre-2008 buildings		
C Low-income housing credit (section 42(j)(5)) from post-2007 buildings		
D Low-income housing credit (other) from post-2007 buildings		
E Qualified rehabilitation expenditures (rental real estate)		
F Other rental real estate credits		
G Other rental credits		
H Undistributed capital gains credit		
I Biofuel producer credit		
J Work opportunity credit		
K Disabled access credit		
L Empowerment zone employment credit		
14. Foreign transactions		
A Name of country or U.S. possession		
B Gross income from all sources		
C Gross income sourced at shareholder level		
Foreign gross income sourced at corporate level		
D Passive category		
E General category		
F Other		
Deductions allocated and apportioned at shareholder level		
G Interest expense		
H Other		
Deductions allocated and apportioned at corporate level to foreign source income		
I Passive		
J General		
K Other		
Other information		
L Total foreign taxes paid		
M Total foreign taxes accrued		
N Deductions available for credit		
O Foreign-sourced gross receipts		
P Extraterritorial Income exclusion		
Q Other foreign transactions		
15. Alternative minimum tax (AMT) items		
A Post-1986 depreciation adjustment		
B Adjusted gain or loss		
C Depletion (other than oil & gas)		
D Oil, gas, & geothermal - gross income		
E Oil, gas, & geothermal - deductions		
F Other AMT items		
16. Items affecting shareholder basis		
A Tax-exempt interest income		
B Other tax-exempt income		
C Nondeductible expenses		
D Distributions		
E Repayment of loans from shareholders		
17. Other information		
A Investment income		
B Investment expenses		
C Qualified rehabilitation expenditures (other than rental real estate)		
D Basis of energy property		
E Recapture of low-income housing credit (section 42(j)(5))		
F Recapture of low-income housing credit (other)		
G Recapture of investment credit		
H Recapture of other credits		
I Look-back interest - completed long-term contracts		
J Look-back interest - income forecast method		
K Dispositions of property with section 179 deductions		
L Recapture of section 179 deduction		
M Section 453(j)(3) information		
N Section 453A(c) information		
O Section 1260(b) information		
P Interest allocable to production expenditures		
Q CCF nonqualified withdrawals		
R Depletion information - oil and gas		
S Reserved		
T Section 108(i) information		
U Net investment income		
V Other information		

**Application for Automatic Extension of Time To File Certain
Business Income Tax, Information, and Other Returns**

OMB No. 1545-0233

► **File a separate application for each return.**
► **Go to www.irs.gov/Form7004 for instructions and the latest information.**

**Print
or
Type**

Name

ENERGY COST SAVERS, INC.

Identifying number

34-1919523

Number, street, and room or suite no. (If P.O. box, see instructions.)

3601 GREEN ROAD, SUITE 304

City, town, state, and ZIP code (If a foreign address, enter city, province or state, and country (follow the country's practice for entering postal code)).

CLEVELAND, OH 44122

Note: File request for extension by the due date of the return. See instructions before completing this form.

Part I Automatic Extension for Certain Business Income Tax, Information, and Other Returns. See instructions.

1 Enter the form code for the return listed below that this application is for

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Application Is For:	Form Code	Application Is For:	Form Code
Form 706-GS(D)	01	Form 1120-ND	19
Form 706-GS(T)	02	Form 1120-ND (section 495 taxes)	20
Form 1041 (bankruptcy estate only)	03	Form 1120-PC	21
Form 1041 (estate other than a bankruptcy estate)	04	Form 1120-POL	22
Form 1041 (trust)	05	Form 1120-REIT	23
Form 1041-N	06	Form 1120-SC	24
Form 1041-QFT	07	Form 1120S	25
Form 1042	08	Form 1120-SF	26
Form 1065	09	Form 3520-A	27
Form 1065-B	10	Form 8612	28
Form 1066	11	Form 8613	29
Form 1120	12	Form 8725	30
Form 1120-C	13	Form 8804	31
Form 1120-F	14	Form 8831	32
Form 1120-FSC	15	Form 8876	33
Form 1120-H	16	Form 8924	35
Form 1120-L	17	Form 8928	36

Part II All Filers Must Complete This Part

- 2** If the organization is a foreign corporation that does not have an office or place of business in the United States, check here ☐
- 3** If the organization is a corporation and is the common parent of a group that intends to file a consolidated return, check here ☐
If checked, attach a statement listing the name, address, and employer identification number (EIN) for each member covered by this application.
- 4** If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, check here ☐
- 5a** The application is for calendar year **2017**, or for year beginning _____, and ending _____
- b Short tax year.** If this tax year is less than 12 months, check the reason: ☐ Initial return ☐ Final return
☐ Change in accounting period ☒ Consolidated return to be filed ☐ Other (see instructions - attach explanation)

6 Tentative total tax	6	0.
7 Total payments and credits (see instructions)	7	0.
8 Balance due. Subtract line 7 from line 6 (see instructions)	8	0.

LHA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form **7004** (Rev. 12-2017)