

## Section A: Application Information

## Section B: Applicant Managerial Capability and Experience

## Section C: Applicant Financial Capability and Experience

### **C-2. Financial statements**

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

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

File(s) attached

## Section D: Applicant Technical Capacity



Public Utilities  
Commission

# Application Attachments

# 1040 U.S. Individual Income Tax Return

2018

OMB No. 1545-0047

PG Use Only—Do not write or stamp in this space.

Filing status: ☐ Single ☒ Married filing jointly ☐ Married filing separately ☐ Head of household ☐ Qualifying widow(er)

Your first name and initial: **Chris D** Last name: **Smith** Your social security number: [REDACTED]

Your standard deduction: ☐ Someone can claim you as a dependent ☐ You were born before January 2, 1954 ☐ You are blind

If joint return, spouse's first name and initial: [REDACTED] Last name: **Smith** Spouse's social security number: [REDACTED]

Spouse standard deduction: ☐ Someone can claim your spouse as a dependent ☐ Spouse was born before January 2, 1954 ☒ Full-year health care covering or exempt (see inst.)

☐ Spouse is blind ☐ Spouse receives on a separate return or you were dual-status alien

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign: (see inst.) ☒ Yes ☒ No ☐ Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule F. **Springboro OH 45066**

Dependents (see instructions)		(2) Social security number	(3) Relationship to you	(4) If 1 applies to you (see inst.)
(1) First name	Last name			Child for credit Credit for other dependents
[REDACTED]	[REDACTED]	[REDACTED]	Daughter	<input type="checkbox"/> <input checked="" type="checkbox"/>
[REDACTED]	[REDACTED]	[REDACTED]	Son	<input checked="" type="checkbox"/> <input type="checkbox"/>
[REDACTED]	[REDACTED]	[REDACTED]		<input type="checkbox"/> <input type="checkbox"/>

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

Your signature: [REDACTED] Date: [REDACTED] Your occupation: **Managing Director**

Spouse's signature, if a joint return, both must sign. Date: [REDACTED] Spouse's occupation: [REDACTED]

If the IRS sent you an Identity Protection PIN, enter it here (see inst.): [REDACTED]

If the IRS sent you an Identity Protection PIN, enter it here (see inst.): [REDACTED]

**Paid Preparer Use Only** Preparer's name: [REDACTED] Preparer's signature: [REDACTED] PTIN: [REDACTED] Form's PIN: [REDACTED] Check if: ☐ Self-employed ☐ Self-employed

For Checkboxes, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form 1040 (2018)

1 Wages, salaries, tips, etc. Attach Form(s) W-2		10,355
2a Tax-exempt interest	2b Taxable interest	40
3a Qualified dividends	3b Ordinary dividends	1,472
4a IRA, pension, and annuities	4b Taxable amount	
5a Social security benefits	5b Taxable amount	
6 Total income. Add lines 1 through 5. All any amount from Schedule 1, line 22	51,421	51,421
7 Adjusted gross income. If you have no adjustments to income, enter the amount from line 6, otherwise subtract Schedule 1, line 20, from line 6		33,554
8 Standard deduction or itemized deductions (from Schedule 1)		24,050
9 Qualified business income deduction (see instructions)		0
10 Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-		0
11 a Tax (see inst.) b Check (any form) c Form 8871 d Form 4072 e Form 4072		0
12 a Add any amount from Schedule 1, line 22 and check here b Add any amount from Schedule 1, line 22 and check here c Add any amount from Schedule 1, line 22 and check here		0
13 a Child tax credit b Other tax credits		0
14 Total tax. Add lines 11 and 13		0
15 Federal income tax withheld from Forms W-2 and 1099		503
16 Refundable credits: a EIC (see inst.) b Form 8812 c Form 8812		3,000
17 Add any amount from Schedule 3		1,000
18 Add lines 14 and 17. These are your total payments		1,503
19 a If line 18 is more than line 10, subtract line 18 from line 10. This is the amount you overpaid b Amount of line 18 you want refunded to you. If Form 8879 is checked, check here		1,503
20 a Refund b Amount you want refunded to you. If Form 8879 is checked, check here		1,503
21 Amount of line 18 you want applied to your 2019 estimated tax		0
22 Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions		0
23 Estimated tax penalty (see instructions)		0

**SCHEDULE 1**  
**(Form 1040)**

**Additional Income and Adjustments to Income**

OMB No. 1545-0046

**2018**  
Attachment  
Sequence No. **01**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 1040.  
▶ Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

Name(s) shown on Form 1040

Chris D & Michelle T Smith

Your social security number

**Additional  
Income**

- 1-99** Reserved
- 10** Taxable refunds, credits, or offsets of state and local income taxes
- 11** Alimony received
- 12** Business income or (loss). Attach Schedule C or C-EZ
- 13** Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐
- 14** Other gains or (losses). Attach Form 4797
- 15a** Reserved
- 16a** Reserved
- 17** Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E
- 18** Farm income or (loss). Attach Schedule F
- 19** Unemployment compensation
- 20a** Reserved
- 21** Other income. List type and amount ▶
- 22** Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23

<b>1-99</b>	
<b>10</b>	0
<b>11</b>	
<b>12</b>	-54,648
<b>13</b>	3,227
<b>14</b>	
<b>15b</b>	
<b>16b</b>	
<b>17</b>	
<b>18</b>	
<b>19</b>	
<b>20b</b>	
<b>21</b>	
<b>22</b>	-51,421

**Adjustments  
to Income**

- 23** Educator expenses
- 24** Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106
- 25** Health savings account deduction. Attach Form 8889
- 26** Moving expenses for members of the Armed Forces. Attach Form 3903
- 27** Deductible part of self-employment tax. Attach Schedule SE
- 28** Self-employed SEP, SIMPLE, and qualified plans
- 29** Self-employed health insurance deduction
- 30** Penalty on early withdrawal of savings
- 31a** Alimony paid to Recipient's SSN ▶
- 32** IRA deduction
- 33** Student loan interest deduction
- 34** Reserved
- 35** Reserved
- 36** Add lines 23 through 35

<b>23</b>	
<b>24</b>	
<b>25</b>	
<b>26</b>	
<b>27</b>	
<b>28</b>	
<b>29</b>	
<b>30</b>	
<b>31a</b>	
<b>32</b>	
<b>33</b>	
<b>34</b>	
<b>35</b>	
<b>36</b>	

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

Schedule 1 (Form 1040) 2018

REV 12/18 1710

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

(Sole Proprietorship)

DMS No. 1545-0074

**2018**

 Attachment  
 Sequence No. **09**

 Department of the Treasury  
 Internal Revenue Service (IRS)

 ▶ Go to [www.irs.gov/ScheduleC](http://www.irs.gov/ScheduleC) for instructions and the latest information.

▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor

Chris D Smith

Social security number (SSN)

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

Solar Power, Energy Efficiency, and Energy Rate Optimization

**B** Enter code from instructions

▶ 15 41 610 10

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

Lighthouse Power Partners

**D** Employer ID number (EIN) (see instructions)

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

City, town or post office, state, and ZIP code Springboro, OH 45066

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

**G** Did you "materially participate" in the operation of this business during 2018? If "No," see instructions for limit on losses

☒ Yes ☐ No

**H** If you started or acquired this business during 2018, check here

☐
**I** Did you make any payments in 2018 that would require you to file Form(s) 1099? (see instructions)

☐ Yes ☒ No

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

☐ Yes ☒ No

**Part I Income**
**1** 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.

 ▶ ☐ 65,634

**2** Returns and allowances

2

**3** Subtract line 2 from line 1

3 65,634

**4** Cost of goods sold (from line 42)

4

**5** Gross profit. Subtract line 4 from line 3

5 65,634

**6** Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)

6

**7** Gross income. Add lines 5 and 6

▶ 7 65,634

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

**18** Office expense (see instructions)

18 608

**9** Car and truck expenses (see instructions)

**19** Pension and profit-sharing plans

19

**10** Commissions and fees

**20** Rent or lease (see instructions):

20a

**11** Contract labor (see instructions)

**20b** Vehicles, machinery, and equipment

20b 20,155

**12** Depletion

**21** Other business property

21 720

**13** Depreciation and Section 179 expense deduction (not included in Part III; see instructions)

**21** Repairs and maintenance

21 24,491

**14** Employee benefit programs (other than on line 13b)

**22** Supplies (not included in Part II)

22 621

**15** Insurance (other than health)

**23** Taxes and licenses

23 845

**16** Interest (see instructions)

**24** Travel and meals

24a

**16a** Mortgage (paid to banks, etc.)

**24b** Deductible meals (see instructions)

24b 6,055

**16b** Other

**25** Utilities

25 1,929

**17** Legal and professional services

**26** Wages (less employment credits)

26 12,267

**28** Total expenses before expenses for business use of home. Add lines 8 through 27a

▶ 28 116,667

**29** Tentative profit or loss. Subtract line 28 from line 7

29 -50,633

**30** 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

**31** Net profit or loss. Subtract line 30 from line 29

31 50,433

• If a profit, enter on both Schedule 1 (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.

**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 Schedule 1 (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 8988. Your loss may be limited.

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

**Part III Cost of Goods Sold** (see instructions)

33	Method(s) used to value closing inventory:	a <input type="checkbox"/> Cost	b <input type="checkbox"/> Lower of cost or market	c <input type="checkbox"/> Other (attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory?			
	If "Yes," attach explanation <span style="float:right"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>			
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4.	42		

**Part IV Information on Your Vehicle.** Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43	When did you place your vehicle in service for business purposes? (month, day, year)		► 01/30/2012
44	Of the total number of miles you drove your vehicle during 2018, enter the number of miles you used your vehicle for:		
	a Business	18,195	b Commuting (see instructions)
			c Other 4,805
45	Was your vehicle available for personal use during off-duty hours?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
46	Do you (or your spouse) have another vehicle available for personal use?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
47a	Do you have evidence to support your deduction?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	b. If "Yes," is the evidence written?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**Part V Other Expenses.** List below business expenses not included on lines 8-26 or line 30.

Apps/software/web services	145.
Computers	197.
Furniture	623.
Other business expenses	10,861.
Other tools and equipment	113.
Phone	328.
48 Total other expenses. Enter here and on line 27a	12,267.



**Filing Status**

☐ Single ☒ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)

Check only one box.

If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. **▶**

Your first name and middle initial <b>Chris D</b>		Last name <b>Smith</b>	Your social security number <b>[REDACTED]</b>
If joint return, spouse's first name and middle initial <b>[REDACTED]</b>		Last name <b>[REDACTED]</b>	Spouse's social security number <b>[REDACTED]</b>
Home address (number and street). If you have a P.O. box, see instructions. <b>[REDACTED]</b>			Apt. no. <b>[REDACTED]</b>
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). <b>Springboro OH 45066-8112</b>			
Foreign country name <b>[REDACTED]</b>		Foreign province/state/country <b>[REDACTED]</b>	Foreign postal code <b>[REDACTED]</b>
Standard Deduction Someone can claim: <input type="checkbox"/> You as a dependent <input type="checkbox"/> Your spouse as a dependent <input type="checkbox"/> Spouse itemizes on a separate return or you were a dual status alien			Presidential Election Campaign Check here if you, if your spouse if MFS jointly, want \$3 to go to the fund. Checking a box below will not change your tax status. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Spouse

Age/Blindness You: <input type="checkbox"/> Were born before January 2, 1955 <input type="checkbox"/> Are blind <input type="checkbox"/> Spouse: <input type="checkbox"/> Was born before January 2, 1955 <input type="checkbox"/> Is blind	
<b>Dependents (see instructions)</b>	
(i) First name <b>[REDACTED]</b>	Last name <b>[REDACTED]</b>
(ii) Social security number <b>[REDACTED]</b>	(iii) Relationship to you <b>Daughter</b>
(iv) <input type="checkbox"/> Child tax credit	(v) <input checked="" type="checkbox"/> Credit for other dependents
(i) First name <b>[REDACTED]</b>	Last name <b>[REDACTED]</b>
(ii) Social security number <b>[REDACTED]</b>	(iii) Relationship to you <b>Son</b>
(iv) <input checked="" type="checkbox"/> Child tax credit	(v) <input type="checkbox"/> Credit for other dependents

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	<b>8,190</b>
2a	Tax-exempt interest	2b	
3a	Qualified dividends	3b	<b>504</b>
4a	IRA distributions	4b	
5a	Pensions and annuities	5b	
6a	Social security benefits	6b	
7a	Capital gain or loss. Attach Schedule D if required. If not required, check here	7b	<b>15,050</b>
8a	Other income from Schedule 1, line 8	8b	<b>29,614</b>
9a	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7b, and 8b. This is your total income	9b	<b>5,281</b>
10a	Adjusted taxable gifts. Attach Schedule 1, line 22	10b	<b>5,281</b>
11a	Subtract line 10a from line 9b. This is your adjusted gross income	11b	<b>24,400</b>
12	Standard deduction or itemized deductions from Schedule 1	12	<b>0</b>
13a	Qualified business income deduction. Attach Form 8995 or Form 8995-A	13b	<b>0</b>
14a	Add lines 11b and 12	14b	<b>24,400</b>
15	Taxable income. Subtract line 13a from line 14b. If zero or less, enter 0.	15	<b>0</b>

**Standard Deduction for:**  
 • Single or married filing jointly: \$12,200  
 • Married filing jointly or qualifying widow(er): \$18,800  
 • Head of household: \$18,200  
 • If you checked any box under Standard Deduction, see instructions.

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

<b>12a</b> Tax (see inst.) Check if any from Form(s): <input type="checkbox"/> 6514 <input type="checkbox"/> 4572 <input type="checkbox"/> <input type="checkbox"/>	<b>12a</b>	0.
<b>b</b> Add Schedule 2, line 3, and line 12a and enter the total	<b>12b</b>	0.
<b>13a</b> Child tax credit or credit for other dependents	<b>13a</b>	0.
<b>b</b> Add Schedule 3, line 7, and line 13a and enter the total	<b>13b</b>	0.
<b>14</b> Subtract line 13b from line 12b. If zero or less, enter -0-	<b>14</b>	0.
<b>15</b> Other taxes, including self-employment tax, from Schedule 2, line 10	<b>15</b>	0.
<b>16</b> Add lines 14 and 15. This is your total tax	<b>16</b>	0.
<b>17</b> Federal income tax withheld from Forms W-2 and 1099	<b>17</b>	

If you have a qualifying child, attach Form 8832. If you have nonqualifying foster care, see instructions.

<b>18</b> Other payments and refundable credits		
<b>a</b> Earned income credit (EIC)	<b>18a</b>	
<b>b</b> Additional child tax credit. Attach Schedule 6812	<b>18b</b>	
<b>c</b> American opportunity credit from Form 8863, line 8	<b>18c</b>	1,000.
<b>d</b> Schedule 3, line 14	<b>18d</b>	
<b>e</b> Add lines 18a through 18d. These are your total other payments and refundable credits	<b>18e</b>	1,000.
<b>19</b> Add lines 17 and 18e. These are your total payments	<b>19</b>	1,000.

<b>20</b> If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid	<b>20</b>	1,000.
<b>21a</b> Amount of line 20 you want refunded to you. If Form 8879 is attached, check here <input type="checkbox"/>	<b>21a</b>	1,000.
<b>b</b> Routing number	<b>b</b>	
<b>c</b> Account number	<b>c</b>	
<b>d</b> Amount of line 20 you want applied to your 2020 estimated tax	<b>d</b>	20

Direct deposit? See instructions.

<b>22</b> Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions	<b>22</b>	
<b>23</b> Estimated tax penalty (see instructions)	<b>23</b>	

**24** Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. ☐ Yes. Complete below. ☒ No

Designee's name <b>a</b>	Phone no. <b>b</b>	Personal identification number (PIN) <b>c</b>
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**Sign Here** Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature Date Your occupation <b>Managing Director</b>	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
Taxpayer's signature. If a joint return, both must sign. Date Taxpayer's occupation <b>[Redacted]</b>	If the IRS sent your taxpayer an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
Phone no.	Email address

Preparer's name	Preparer's signature	Date	PIN	Check <input type="checkbox"/>
Firm's name is <b>Self-Prepared</b>	Firm's address is	Firm's city is		<input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed

Go to [www.irs.gov/form1040](http://www.irs.gov/form1040) for instructions and the latest information.

BAA

REV 03/2019 TTD

Form 1040 (2019)



**SCHEDULE 1**

(Form 1040 or 1040-SR)

**Additional Income and Adjustments to Income**Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 1040 or 1040-SR.

▶ Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0047

**2019**Attachment  
Sequence No. 01

Name(s) shown on Form 1040 or 1040-SR

Chris D &amp; [REDACTED] Smith

Your social security number

[REDACTED]

At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?

☐ Yes ☒ No**Part I Additional Income**

1	Taxable refunds, credits, or offsets of state and local income taxes	1	0.
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C	3	-29,034.
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶	8	
9	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR line 7a	9	-29,034.

**Part II Adjustments to Income**

10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN		
c	Date of original divorce or separation agreement (see instructions) ▶		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income. Enter here and on Form 1040 or 1040-SR line 8a	22	

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

REV 05/2019 TTD

Schedule 1 (Form 1040 or 1040-SR) 2019

**SCHEDULE C**  
**(Form 1040 or 1040-SR)**
**Profit or Loss from Business**  
**(Sole Proprietorship)**

OMB No. 1545-0074

**2019**  
 Attachment  
 Sequence No. **09**
Department of the Treasury  
Internal Revenue Service (IRS)Go to [www.irs.gov/ScheduleC](http://www.irs.gov/ScheduleC) for instructions and the latest information.

Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor

Social security number (SSN)

Chris D Smith

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

Solar Power, Energy Efficiency, and Energy Rate Optimization

**B** Enter code from instructions

5 4 1 6 0 0

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

Lighthouse Power Partners

**D** Employer ID number (EIN) (see instructions)**E** Business address (including suite or room no.)

City, town or post office, state, and ZIP code Springboro, OH 45066-6112

**F** Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) \_\_\_\_\_**G** Did you "materially participate" in the operation of this business during 2019? If "No," see instructions for limit on losses ☒ Yes ☐ No**H** If you started or acquired this business during 2019, check here ☐ Yes ☒ No**I** Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions) ☐ Yes ☒ No**J** If "Yes," did you or will you file required Form(s) 1099? ☐ Yes ☒ No
**Part I Income**

<b>1</b>	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employees" box on that form was checked <input type="checkbox"/>	<b>1</b>	49,161.
<b>2</b>	Returns and allowances	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1	<b>3</b>	49,161.
<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>	49,161.
<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>	49,161.

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

8	Advertising	8	5,861.	18	Office expense (see instructions)	18	255.
9	Car and truck expenses (see instructions)	9	5,721.	19	Pension and profit-sharing plans	19	
10	Commissions and fees	10	3,580.	20	Rent or lease (see instructions)	20	
11	Contract labor (see instructions)	11	0.	a	Vehicles, machinery, and equipment	20a	
12	Depreciation	12		b	Other business property	20b	18,538.
13	Depreciation and section 179 expense deduction (not included in Part III (see instructions))	13		21	Repairs and maintenance	21	679.
14	Employee benefit programs (other than on line 16)	14		22	Supplies (not included in Part III)	22	11,678.
15	Insurance (other than health)	15		23	Taxes and licenses	23	0.
16	Interest (see instructions)			24	Travel and meals		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	95.
b	Other	16b		b	Deductible meals (see instructions)	24b	2,744.
17	Legal and professional services	17	9,000.	25	Utilities	25	5,600.
28	Total expenses before expenses for business use of home. Add lines 8 through 27a			26	Wages (less employment credits)	26	
29	Tentative profit or loss. Subtract line 28 from line 7			27a	Other expenses (from line 48)	27a	9,364.
30	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	Reserved for future use	27b	
31	Net profit or loss. Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040 or 1040-SR), line 3 (or Form 1040-NR, line 13) and on Schedule SE, line 2. (If you 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. If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Schedule 1 (Form 1040 or 1040-SR), line 3 (or Form 1040-NR, 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.						
						31	-25,954.

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

**Part III Cost of Goods Sold** (see instructions)

32	Method(s) used to value closing inventory: a <input type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation	<input type="checkbox"/> Yes <input type="checkbox"/> No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35
36	Purchases less cost of items withdrawn for personal use	36
37	Cost of labor. Do not include any amounts paid to yourself	37
38	Materials and supplies	38
39	Other costs	39
40	Add lines 35 through 39	40
41	Inventory at end of year	41
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42

**Part IV Information on Your Vehicle.** Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43	When did you place your vehicle in service for business purposes? (month, day, year)	01/30/2012
44	Of the total number of miles you drove your vehicle during 2019, enter the number of miles you used your vehicle for:	
a	Business	16,121
b	Commuting (see instructions)	
c	Other	0
45	Was your vehicle available for personal use during off-duty hours?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
47a	Do you have evidence to support your deduction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b	If "Yes," is the evidence written?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part V Other Expenses.** List below business expenses not included on lines 8-26 or line 30.

Other items needed to complete projects	9,364
48 Total other expenses. Enter here and on line 27a	9,364

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

**Commission of Ohio Docketing Information System on**

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**in**

**Case No(s). 16-0660-GA-AGG**

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