# <u>990</u>

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

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Internal Revenue Service For the 2017 calendar year, or tax year beginning , 2017, and ending . 20 C Name of organization CONSUMER ENERGY ALLIANCE INC D Employer identification number R Check if applicable: Address change Doing business as 26-1658339 Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Name change 2211 NORFOLK 410 (713)337 - 8800Initial return City or town, state or province, country, and ZIP or foreign postal code Final return/terminated HOUSTON, TX 77098 **G** Gross receipts \$ 3,198,473. Amended return Application pending F Name and address of principal officer: H(a) Is this a group return for subordinates? Yes No DAVID HOLT, 2211 NORFOLK, HOUSTON, TX 77098 **H(b)** Are all subordinates included? Yes No If "No," attach a list. (see instructions) **X** 501(c) ( 4) **◄** (insert no.) ☐ 4947(a)(1) or ☐ 527 Tax-exempt status: Website: ▶ www.consumerenergyalliance.org **H(c)** Group exemption number ▶ Form of organization: X Corporation Trust Association Other ▶ 2008 M State of legal domicile: TX L Year of formation: Part I Briefly describe the organization's mission or most significant activities: To expand the dialogue between the energy & 1 consuming sectors to improve overall understanding of energy security Activities & Governance and the thoughtful development and utilization of energy resources to help create 2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) . . . . . . . 9 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 9 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 0 6 6 Total number of volunteers (estimate if necessary) . . . . . . . . . . . . 0 Total unrelated business revenue from Part VIII. column (C), line 12 7a 0. Net unrelated business taxable income from Form 990-T, line 34 7b 0. **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . . . . 2,582,559 3,198,119. Revenue 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . . . 214 354. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 11 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,582,773. 3,198,473 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . . 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) Professional fundraising fees (Part IX, column (A), line 11e) . . . . . . 16a Total fundraising expenses (Part IX, column (D), line 25) ▶ \_\_\_\_\_0. b 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,230,214. 2,697,449. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 2,230,214. 2,697,449. 19 Revenue less expenses. Subtract line 18 from line 12 . . . . . 352,559. 501,024. **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 1,026,258. 2,407,166. 21 Total liabilities (Part X, line 26) . 479,050. 1,358,934. 22 Net assets or fund balances. Subtract line 21 from line 20 547,208. 1,048,232. Signature Block Part II 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 officer) is based on all information of which preparer has any knowledge. 05/14/2018 Sign Signature of officer Here DAVID HOLT, PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Check X if **Paid** Terry Bleier Paul, CPA 05/12/2018 self-employed P01350720 Terry Bleier Paul, CPA **Preparer** Firm's name ▶ Terry Bleier Paul, CPA Firm's EIN ▶ **Use Only** TX 77554 Phone no. (713)410-1347 Firm's address ▶ 12814 John Reynolds Circle, Galveston, X Yes ☐ No

Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Our mission is to expand the dialogue between the energy & consuming sectors
	to improve overall understanding of the need for a balanced energy policy for America,
	including improved American energy security, better, more balanced national energy policies,
2	stable energy prices for consumers and increased energy education for consumers & stakeholders. Did the organization undertake any significant program services during the year which were not listed on the
2	
2	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 1,754,413. including grants of \$ 0.) (Revenue \$ 0.)
	EDUCATIONAL PROGRAMS AND DIALOGUE PROGRAMSexpanded outreach to States
	to inform businesses and consumers about energy regulations, technology and
	role of public policy in helping to meet our current and future needs.
	This program support CEAs statespecific efforts to education
	citizens in the need for a balanced energy policy.
4b	(Code:) (Expenses \$ 73,082. including grants of \$ 0.) (Revenue \$ 0.)
	ENERGY DAYAcademic festival and related K-12 academic
	competitions to highlight and educate about the importance
	of energy and showcase all forms of energy in an annual
	festival in Houston, Texas.
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 1,827,495.

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

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

	90 (2017)		ŀ	age
Part				
	Check if Schedule O contains a response or note to any line in this Part V			[
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		×
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-		
-	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	- Oa		<u> </u>
~	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	OD		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
u	and services provided to the payor?	70		
L.		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	l _		
		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . <b>10b</b>			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			

×

14a

14b

14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . . .

**b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Part VI

	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Secti	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		×
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		×
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		×
6	Did the organization have members or stockholders?	6		×
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	70		١
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7a		×
b	stockholders, or persons other than the governing body?	7b		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	,,,		
а	The governing body?	8a	×	
b	Each committee with authority to act on behalf of the governing body?	8b	×	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		×
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		
	<b>-</b>		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	×	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	×	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	×	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40		
12a b	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a 12b	×	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	×	
13	Did the organization have a written whistleblower policy?	13		×
14 15	Did the organization have a written document retention and destruction policy?	14		×
_		150		
a b	The organization's CEO, Executive Director, or top management official	15a 15b		×
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	100		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		V
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	iva		×
	organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure	100		<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	า 501(	c)(3)s	only)
19	☑ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest	policy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	<b>•</b>	

DAVID E. HOLT III, 2211 NORFOLK, HOUSTON, TX 77098 (713)522-2414

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

Form 990 (2017) Page **7** 

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII . . . . . . . . . . . . . . . . .

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A)

(12)

(13)

(14)

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(C) Position

(do not check more than one

(D)

(E)

K Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(B)

Name and Title	Average hours per	per officer and a director						Reportable compensation	Reportable compensation from	Estimated amount of
	week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) JOHN EICHBERGER	0.00									
DIRECTOR		×						0.	0.	0.
(2) CHAD EATON DIRECTOR	0.00	×						0.	0.	0.
(3) JOHN HEIMLICH VICE CHAIR	0.00	×						0.	0.	0.
(4) WAYNE ZEMKE CHAIRMAN	0.00	×						0.	0.	0.
(5) BRIAN WELCH TREASURER	0.00	×						0.	0.	0.
(6) BRETT VASSEY CHAIRMAN	0.00	×						0.	0.	0.
(7) MARK PULLIAM DIRECTOR	0.00	×						0.	0.	0.
(8) DAVID HOLT, EX-OFFICIO DIRECTOR/PRESIDENT	0.00	×		×				0.	0.	0.
(9) RANDY VELARDE DIRECTOR	0.00	×						0.	0.	0.
(10)										
(4.4)										

(F)

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
					(0	C)								
	(A)	(B)	(do n	ot ob		ition	than (	ano	(D) (E)			(1	F)	
	Name and title	(do not check more than on box, unless person is both a				Reportable	Reportable			nated				
		hours per week (list any	office	er and	dad	irect	or/trust	tee)	compensation from	compensation f	rom		unt of her	
		hours for	or Ind	Ins	윷	Ke)	em]	Form	the	organizations	5		nsation	
		related	Individual trustee or director	titut	Officer	Key employee	hes	mer	organization	(W-2/1099-MIS	SC)		the	
		organizations below dotted	tor t	ione		oldı	ee co	,	(W-2/1099-MISC)			-	ization elated	
		line)	rust	l t		yee	npe						zations	
			8	Institutional trustee			Highest compensated employee							
							ed							
(15)														
(16)														
(17)														
(18)														
(4.0)														
(19)														
(00)														
(20)														
(04)											_			
(21)														
(00)											-			
(22)														
(33)														
(23)														
(24)											+			
(24)														
(25)														
<u>\/</u>														
1b	Sub-total							<b></b>	0.		0.			0.
С	Total from continuation sheets to Part	VII. Sectio	n A					<b></b>						
d	Total (add lines 1b and 1c)							<b></b>	0.		0.			0.
2	Total number of individuals (including but						above	e) w	-	ore than \$100	0.000	of		
	reportable compensation from the organi							٠,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	<del>-</del>												Yes	No
3	Did the organization list any former of							emp	oloyee, or high	est compens	sated			
	employee on line 1a? If "Yes," complete s	Schedule J	for su	ıch	indi	ividu	ıal					3		×
4	For any individual listed on line 1a, is the	sum of rep	portal	ole (	con	nper	nsatio	n a	and other comp	ensation fror	n the			
	organization and related organizations	greater that	an \$1	150,	000	)? <i>I</i> :	f "Ye	s, "	complete Sch	edule J for	such			
	individual				•							4		×
5	Did any person listed on line 1a receive of									ation or indiv	ridual			
	for services rendered to the organization	? If "Yes," c	ompl	ete	Sch	nedu	ıle J f	for s	such person			5		×
Section	on B. Independent Contractors													
1	Complete this table for your five highest													
	compensation from the organization. Rep	ort compe	nsatio	on to	or th	ne c	alend	lar y	year ending wit	h or within th	e orga	ınizatio	n's tax	(
	year.													
	<b>(A)</b> Name and business add	ress							(B) Description of s	ervices	C	( <b>C)</b> Compensa	ation	
IID						, "	7000	M -	·					
	Resources, LLC, 2211 Norfolk St							_					58,37	
	tMark Comm, 140 Terry Dr. S. an Analytics, Inc., 2 Wisconsin Center							_					$\frac{34,16}{5}$	
птски	an Analytics, Inc., 2 Wisconsin Center	3. 320, CI	renà (	ııas	c,	עויו	700T2	Pul	DITC ODITION	veseq1CII			)5,50	, U .
2	Total number of independent contractor	rs (includir	na hi	ıt n	ot I	limit	ed to	th	nose listed abo	ove) who				
_	received more than \$100,000 of compens								3	,				

Form 9	990 (201	7)						Page
Part	: VIII	Statement of Reve	nue					
		Check if Schedule O	contains a res	sponse or note t	o any line in this (A) Total revenue	Part VIII  (B)  Related or exempt function	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns Membership dues . Fundraising events . Related organizations Government grants (contained and similar amounts not inclusion to the contributions including the contribution in the contr	tributions) 1e fts, grants, uded above 1f ed in lines 1a-1f: \$	3,198,119.	3,198,119.	revenue		512-514
Program Service Revenue	2a b c d e f	All other program serv	vice revenue .	Business Code				
	3 4 5 6a b c d 7a	Investment income (and other similar amo Income from investment Royalties	unts)	oond proceeds >	354.	354.	0.	0.
evenue	c d 8a	Gross income from fu events (not including \$	_	•				
Other Revenue	С	of contributions reported See Part IV, line 18. Less: direct expenses Net income or (loss) fr Gross income from gat See Part IV, line 19.	om fundraising ming activities.	events . ►				
	с 10а	Less: direct expenses Net income or (loss) fr Gross sales of in- returns and allowance Less: cost of goods so Net income or (loss) fr Miscellaneous Re	rom gaming activentory, lesses	tivities •	-			
	11a b c	All other revenue .						

0.

0.

**▶** 3,198,473.

354.

Total. Add lines 11a-11d .

Total revenue. See instructions.

12

Check if Schedule O contains a response or note to any line in this Part IX	nn (A).	s must complete colu	ll other organization		Statement of Functional Expenses in 501(c)(3) and 501(c)(4) organizations must con	
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.  1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 .  2 Grants and other assistance to domestic individuals. See Part IV, line 22 .  3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 22 .  4 Benefits paid to of ror members .  5 Compensation of current officers, directors, trustees, and key employees .  5 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(1)) and persons described in section 4958(f)(1)) and persons described of insection 4958(f)(1)) and persons described of section 4958(f)(1) employer contributions (include section 4016)(and 4036) employer contributions (include section 4016) employer contributions (include section 4016	🗆		e in this Part IX .	ise or note to any lin	Check if Schedule O contains a respon	
and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation not included above, to disqualified persons (sa defined under section 4958f()(1) and persons described in section 4958f()(3)(B)  7 Other salaries and wages Pension plan accruals and contributions (include section 401f() and 403(b) employer contributions)  9 Other employee benefits Payroll taxes Pension plan accruals and contributions (include section 401f() and 403(b) employer contributions)  11 Fees for services (non-employees): 12 Adventises 11 Fees for services (non-employees): 12 Adventising and promotion 13 Contributions (include associated	(D) Fundraising expenses	(C) Management and	(B) Program service		t include amounts reported on lines 6b, 7b,	
Individuals. See Part IV, line 22						1
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .  4 Benefits paid to or for members .  5 Compensation of current officers, directors, trustees, and key employees .  6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(1)) and persons described in section 4958(f)(3)(8) .  7 Other salaries and wages .  8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  9 Other employee benefits .  10 Payroll taxes .  11 Fees for services (non-employees):  a Management .  4 Lobbying .  b Legal						2
5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(r)(1)) and persons described in section 4958(r)(3)(B) 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees): a Management 11 Legal 11 Ly27,900. 420,000. 807,900. b Legal 11,178. 0. 11,178. c Accounting 8,051. 0. 8,051. d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees 10 Other, Iff line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0. 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 12 Payments to affiliates 12 Depreciation, depletion, and amortization 13 Insurance 14 Other expensess. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount, list line 24e expenses on Schedule 0.) 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount, list line 24e expenses on Schedule 0.) 25 Expenses on Schedule 0.) 26 Meals & entertainment 27 Expenses on Schedule 0.					organizations, foreign governments, and foreign	3
persons (as defined under section 4958(c)(3)(B) 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees): a Management 1, 227, 900 420,000 807, 900 b Legal 11,178 0 11,178 c Accounting 8,051 0 8,051 d Lobbying 8,051 0 8,051 17 Investment management fees					Compensation of current officers, directors,	
## Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  ## Other employee benefits					persons (as defined under section 4958(f)(1)) and	6
10					Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	
a Management					Payroll taxes	10
b Legal	0.	807 900	420 000	1 227 900		
c Accounting	0.				=	_
d Lobbying	0.					
e Professional fundraising services. See Part IV, line 17 f Investment management fees	0.	0,051.	0.	0,051.		_
f Investment management fees						
Cher. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)						
(A) amount, list line 11g expenses on Schedule O.)						
13 Office expenses	0.				(A) amount, list line 11g expenses on Schedule O.)	g
14         Information technology         23,988.         0.         23,988.           15         Royalties	0.	0.	9,714.	9,714.	= :	12
15 Royalties						13
16 Occupancy	0.	23,988.	0.	23,988.	Information technology	14
Travel					Royalties	15
Payments of travel or entertainment expenses for any federal, state, or local public officials  Conferences, conventions, and meetings . 41,218. 41,218. 0.  Interest					Occupancy	16
for any federal, state, or local public officials  19 Conferences, conventions, and meetings .  20 Interest	0.	2,601.	159,469.	162,070.	Travel	17
20 Interest						18
20 Interest	0.	0.	41,218.	41,218.	Conferences, conventions, and meetings .	19
Payments to affiliates			·			
Depreciation, depletion, and amortization .  Insurance						21
23 Insurance						22
Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)  a Meals & entertainment 55,272. 55,022. 250.	0.	3,114.	4,594.	7,708.	· · · · · · · · · · · · · · · · · · ·	
above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)  a Meals & entertainment 55,272. 55,022. 250.			,	,		
line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)  a Meals & entertainment 55,272. 55,022. 250.						
(A) amount, list line 24e expenses on Schedule O.)         a Meals & entertainment       55,272.       55,022.       250.						
<b>a</b> Meals & entertainment 55,272. 55,022. 250.						
	0.	250	55 022	55 272		а
■ Ducb & Bubbctipcions   J1,10J.  41,430.  10,203.	0.					_
c Printing & Reproductions 8,655. 8,578. 77.	0.					
d Dogtage C ghipping 6 122 E 504 E20	0.				Dogtogo ( ghinning	
e All other expenses 9,707. 8,319. 1,388.	0.					
25 Total functional expenses. Add lines 1 through 24e 2,697,449. 1,827,495. 869,954.						
	0.	009,954.	1,041,495.	4,09/,449.	<u> </u>	
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here   if following SOP 98-2 (ASC 958-720)					organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here	20

Form 990 (2017) Page **11** 

# Part X Balance Sheet

	art X		rt V		
		Check if Schedule O contains a response or note to any line in this Pa			<u>□</u> (B)
			(A) Beginning of year		End of year
	1	Cash-non-interest-bearing	224,748.	1	227,216.
	2	Savings and temporary cash investments	471,823.	2	1,434,810.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	329,687.	4	745,140.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
ets		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
⋖	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13 14	
	14	Intangible assets			
	15	Other assets. See Part IV, line 11	1 006 050	15	2 407 166
	16 17	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	1,026,258.	16 17	2,407,166.
	18	Grants payable	22,802.	18	182,413.
	19	Deferred revenue	456,248.	19	1,176,521.
	20	Tax-exempt bond liabilities	430,240.	20	1,170,521.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
G	22	Loans and other payables to current and former officers, directors,			
ţį	22	trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L		22	
Lia	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	479,050.	26	1,358,934.
<u>ν</u>		Organizations that follow SFAS 117 (ASC 958), check here ▶ 🗵 and	·		
Š		complete lines 27 through 29, and lines 33 and 34.			
<u>la</u>	27	Unrestricted net assets	547,208.	27	1,048,232.
Ва	28	Temporarily restricted net assets		28	
nd	29	Permanently restricted net assets		29	
Ī		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and			
ō	00	complete lines 30 through 34.		00	
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
\ss	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et /	32	Retained earnings, endowment, accumulated income, or other funds .	E 47 000	32	1 040 020
ž	33	Total net assets or fund balances	547,208.	33	1,048,232.
	34	Total liabilities and net assets/fund balances	1,026,258.	34	2,407,166.

Form **990** (2017)

Form 990 (2017) Page **12** Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI . . . . . . . 3,198,473. 2 Total expenses (must equal Part IX, column (A), line 25) 2 2,697,449. 3 3 501,024. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . 4 547,208. 5 5 6 Donated services and use of facilities . . . . . . . . . . . . . . 6 7 7 8 8 9 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 10 1,048,232. Part XII **Financial Statements and Reporting** Yes No 1 Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . 2a × If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? 2b × If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:

Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in

As a result of a federal award, was the organization required to undergo an audit or audits as set forth in 

If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Separate basis

Schedule O.

Form **990** (2017)

×

2c

3a

2017

Name
CONSUMER ENERGY ALLIANCE INC

Employer Identification No. 26-1658339

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Web/IT Development	20,433.	20,433.	0.	0.
Media/Production	117,845.	117,845.	0.	0.
Grassroots	120,450.	120,450.		
Communications	232,437.	232,437.	0.	0.
Consulting	547,274.	546,674.	600.	
Web/Internet/Telecom	29,652.	29,652.	0.	0.
Total to Form 990, Part IX, line 11g	1,068,091.	1,067,491.	600.	0.

### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

2017 Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Employer identification number

CONSUMER ENERGY ALLIANCE INC	26-1658339						
Pt VI, Line 19: ALL POLICIES, FINANCIAL STATEMENTS AND TAX RETURNS WILL BE POSTED							
ON BOTH THE ORGANIZATION'S WEBSITE AND ARE AVAILABLE BY REQUEST							
Pt VI, Line 11b: ALL POLICIES, FINANCIAL STATEMENTS AND TAX RETURNS WILL BE							
POSTED ON BOTH THE ORGANIZATION'S WEBSITE AND ARE AVAILABLE BY REQUEST							
Pt VI, Line 12c: COPIES OF EACH BOARD MEMBERS STATEMENT AND	MINUTES ARE RETAINED						

# Form **8879-E0**

Department of the Treasury

## IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2017, or fiscal year beginning , 2017, and ending

▶ Do not send to the IRS. Keep for your records. ▶ Go to www.irs.gov/Form8879EO for the latest information.

OMB No. 1545-1878

Internal Revenue Service Name of exempt organization **Employer identification number** 26-1658339 CONSUMER ENERGY ALLIANCE INC Name and title of officer DAVID HOLT, PRESIDENT Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I. **1a** Form 990 check here ► 🗵 **b Total revenue,** if any (Form 990, Part VIII, column (A), line 12) . . . 2a Form 990-EZ check here ▶ □ b Total revenue, if any (Form 990-EZ, line 9) . . . . . . . . . . . . **b Total tax** (Form 1120-POL, line 22) . . . . . . . . . . . 3a Form 1120-POL check here ► 3b 4a Form 990-PF check here ▶ □ b Tax based on investment income (Form 990-PF, Part VI, line 5) . . . 4b **5a** Form 8868 check here ▶ □ **b Balance Due** (Form 8868, line 3c) . . . . . . . . . . . . . Part II **Declaration and Signature Authorization of Officer** Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization'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 organization'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 organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only to enter my PIN □ I authorize as my signature ERO firm name Enter five numbers, but

do not enter all zeros on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

X As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will at my PIN on the return's disclosure consent screen.

Officer's signature ▶

Date  $\triangleright 05/14/2018$ 

#### Part III **Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

Do not enter all zeros

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

ERO's signature ▶

Date ► 05/12/2018

**ERO Must Retain This Form — See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So