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If Yes, enter the name and identifying number of the pasent corporation The books are in care of b THE ORGANIZATION Telephone number b 602 - 285 - 1800 Part Unrelated Trade or Business Income (A) Income (B) Expenses (C) Met 1a Gross recepts or sales 634, 943. Less returns and allowances 2 Cost of poods sold (Schedule A, Iner 7) 2 Gross profit. Subtract line 2 from line 16 4a Capital gain net income (attach Schedule D) b let gain (diss) (Form 4797, Part II, line 17) (attach Form 4797) b let gain (diss) (Form 4797, Part II, line 17) (attach Form 4797) b let gain (diss) (Form 4797, Part II, line 17) (attach Form 4797) b let gain (diss) (Form 4797, Part II, line 17) (attach form 4797) b let gain (diss) (Form 4797, Part II, line 17) (attach statement) 6 Rent income (Schedule C) 7 Unrelated deti-financed income (Schedule E) 1 Interest, annuties, royalies, and rents from controlled organizations (Sch. I) 9 Investment income of as each on 501(c/(7), (9)) (r) (7) organizations (Sch. II) 10 Exploited exempla activity income (Schedule I) 11 Advertising income (Schedule I) 12 Other income (See instructions, attach schedule I) 13 Total. Combine lines 3 inrough 12 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salaines and wapps (Except for contributions, deductions must be directly consensation of officers, directors, and trustees (Schedule K) 16 Spipus and maintenance (Except for contributions (See instructions for limitation rules) 17 Jagreest (attach schedule) 18 Jagreest (attach schedule) 29 Jagreest and licenses 19 21, 926. 20 Jagreest on Clarificath of the device of the consensation of licenses (Schedule I) 20 Jagreest (attach schedule) 21 Less excerned expenses (Schedule I) 22 Less exempt expenses (Schedule I) 23 Confidence on Calment of the device of the contributions of deferred compensation plans 24 Compensation clarified on Schedule A form of the Compensation plans 25 Comployee benefit programs 26 Pages exempt expenses (Schedule I) 27 Excess exempt ex								▶ [Yo	s X No
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Part III Tax Computation 35 Organizations Taxable as Corporations See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here ▶ See instructions a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that ord (1) \$ (2) \$ (3) \$ b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ (2) Additional 3% tax (not more than \$100,000) \$ c Income tax on the amount on line 34				- ,
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36 Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount	int on line 3	4 from		
Tax rate schedule or Schedule D (Form 1041)		•	▶ 36	
37 Proxy tax See instructions		•	▶ 37	
38 Alternative minimum tax			38	
39 Tax on Non-Compliant Facility Income. See instructions			39	
40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies			40	
Part IV Tax and Payments				
41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a	····		
b Other credits (see instructions)	41b	·····	_	
c General business credit. Attach Form 3800	41c		_	
d Credit for prior year minimum tax (attach Form 8801 or 8827)	41d			
e Total credits. Add lines 41a through 41d	***************************************		41e	
42 Subtract line 41e from line 40			42	
43 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form	8866	Other (attach schedule) 43	
44 Total tax Add lines 42 and 43			44	
45 a Payments: A 2016 overpayment credited to 2017	45a			
b 2017 estimated tax payments	45b			
c Tax deposited with Form 8868	45c		7	
d Foreign organizations: Tax paid or withheld at source (see instructions)	45d		-	
e Backup withholding (see instructions)	45e			
f Credit for small employer health insurance premiums (Attach Form 8941)	451		\dashv \vdash	
g Other credits and payments: Form 2439	1		\dashv \vdash	
Form 4136 Other Total	► 45g			
46 Total payments. Add lines 45a through 45g	(308)		46	
47 Estimated tax penalty (see instructions). Check if Form 2220 is attached			47	
			48	
		Defended.	49	
50 Enter the amount of line 49 you want: Credited to 2018 estimated tax Part V Statements Regarding Certain Activities and Other Informat	tion (see	Refunded >	<u>► 50 </u>	,
51 At any time during the 2017 calendar year, did the organization have an interest in or a signature				Yes
over a financial account (bank, securities, or other) in a foreign country? If YES, the organization		•		168
FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the	-			1
here	ie ioreign c	OUTRI Y		
		40.040.000		 -
	i transieroi	to, a toreign trust?		
If YES, see instructions for other forms the organization may have to file. 53 Enter the amount of tax-exempt interest received or accrued during the tax year \$\infty\$\$				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and	statements	and to the heat of multi	wiedne and holi	of it is true
Sign Order perlatines of perjury, redictate that make examined this return, including accompanying schedules and correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer.	arer has any k	nowledge	wende qua asin	o, n 15 ude,
11	التاجة التاريخ التاريخ التاريخ			liscuss this return
- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	JENT'			hown below (see
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			instructions)?	X Yes
Signature of officer Date Title			if PTIN	
Signature of officer Date Title	Date	Check	: D } F 1184	
Signature of officer Print/Type preparer's name Paid Print/Type preparer's name Preparer's signature		self- employe	ed	
Signature of officer Print/Type preparer's name Paid Paid COLUMNIE VANDO COLU	Date 05/13/	self- employe	ed PO	0367616
Signature of officer / Date Title Print/Type preparer's name Preparer's signature Paid Preparer Use Only Signature of officer / Date Title Preparer's signature Preparer's Signature Preparer's Name Pr	05/13,	self- employe	ed PO	0367616 -013388
Signature of officer / Date Title Print/Type preparer's name Preparer's signature Paid Preparer COLETTE KAMPS, CPA COLETTE KAMPS, CPA	05/13,	self- employe	ed PO	

723711 01-22-18

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory va	aluation N/A					
1 Inventory at beginning of year	1		6	Inventory at end of yea	r		_6_		
2 Purchases	2		7	Cost of goods sold Su	ubtract	ract line 6			
3 Cost of labor	3			from line 5. Enter here	and in l	Part I,	<u> </u>	1	
4a Additional section 263A costs				line 2					
(attach schedule)	4a		8	Do the rules of section	263A (with respect to		Yes	No
Other costs (attach schedule)	4b		_	property produced or a	cquirec	for resale) apply to		<u> </u>	┿
5 Total. Add lines 1 through 4b	5	 :		the organization?	بسيس	IME D. I. D.		<u></u>	
Schedule C - Rent Income (see instructions)	(From Real I	Property and	Pers	sonal Property L	ease	d With Heal Prop	репту		
1. Description of property									
(1)	•			•					
(2)			_						
(3)									
(4)									
		ed or accrued				3(a) Deductions directl	v conne	cted with the income ii	n
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	e than	of rent for	personal	onal property (if the percentag property exceeds 50% or if ed on profit or income)	ge	columns 2(a) a	ind 2(b)	(attach schedule)	
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column	n (A)	.			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	<u> </u>	<u> </u>	0.
Schedule E - Unrelated Del	ot-Financed	Income (see	ınstru	ctions)					
			2	. Gross income from		3 Deductions directly cor to debt-finan			
1. Description of debt-fi	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	Ì	(b) Other deduction (attach schedule)	
(1)							\top		
(2)	* ***		 		<u> </u>	····	\dashv		
(3)							1		
(4)									
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property n schedule)	6	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)		8 Allocable deduct (column 6 x total of co 3(a) and 3(b))	
(1)		-		%			\dashv	1	
(2)				%					
(3)				%					
(4)				%					
						inter here and on page 1, Part I, line 7, column (A)		Enter here and on pag Part I, line 7, column	
Totals				_		0			0.
Total dividends-received deductions	ncluded in column	n 8							0.

0.

Form 990-T (2017)

(2) (3) (4)

17

0

0.

Totals (carry to Part II, line (5))

Form 990-T (2017)

▶

0.

Total. Enter here and on page 1, Part II, line 14

							
FORM 990-T	DESCRIPTION	OF	ORGANIZATION'S	PRIMARY	UNRELATED	STATEMENT	1
]	BUSINESS ACTIVIT	ľY			

LICENSING AND TRAINING FOR STATE ENERGY EFFICIENCY CONTRACTOR ACCREDIDATION.

TO FORM 990-T, PAGE 1

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
PROFESSIONAL SERVICES TRAVEL INSURANCE OCCUPANCY SUPPLIES LICENSES & FEES TRAINING TELEPHONE MANAGEMENT FEES MEETINGS EXPENSES SUBCONTRACTORS OTHER EXPENSES		2,251. 16,460. 2,662. 65,750. 13,545. 13,582. 3,150. 4,310. 65,194. 3,793. 11,117. 4,871.
TOTAL TO FORM 990-T, PAGE	1, LINE 28	206,685.

FORM 990-T	NET	STATEMENT 3		
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/15 06/30/16	88,191. 25,006.	46,178.	42,013. 25,006.	42,013. 25,006.
NOL CARRYOV	VER AVAILABLE THIS	YEAR	67,019.	67,019.