			** PUBLIC DISCLOSURE COPY	* *									
	Ω	00	Return of Organization Exempt From	n Income Tax	OMB No. 1545-0047								
Forr	n Y	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code	except private foundations	» <b>2017</b>								
Depa	rtment	of the Treasury	Do not enter social security numbers on this form as it m	ay be made public.	Open to Public								
Intern	al Reve	enue Service	Go to www.irs.gov/Form990 for instructions and the latence of the second sec		Inspection								
AF	A For the 2017 calendar year, or tax year beginning JUL 1, 2017 and ending JUN 30, 2018												
B c a	heck if oplicab	C Name of	forganization	D Employer identifica	tion number								
	Address UTILITY CONSUMERS ACTION NETWORK, INC.												
	_chang Name		00010										
	_chang ]Initial	ge Doing bi	usiness as	33-00	02313								
	_returr  Final		and street (or P.O. box if mail is not delivered to street address) Room/su KENYON STREET, SUITE 401		96-6966								
	Ireturr termi		own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	225,591.								
	ated Amer	ded CAN	DIEGO, CA 92110	H(a) Is this a group retu									
	_returr ]Appli		nd address of principal officer: EDWARD LOPEZ		Yes 🔀 No								
	⊥tión pend		AS C ABOVE	H(b) Are all subordinates inclu									
ΙT	ax-ex	empt status:			t. (see instructions)								
			UCAN.ORG	H(c) Group exemption r									
				ear of formation: 1983 M S									
	rt I	Summary			•								
e	1	Briefly describ	e the organization's mission or most significant activities: CONSUMER	ADVOCACY ON B	EHALF OF								
Activities & Governance		UTILITY	CONSUMERS.										
ŝ	2												
Ň	3												
ي م	4	Number of ind	8										
es	5			4									
iviti	6		of volunteers (estimate if necessary)		0								
Act			d business revenue from Part VIII, column (C), line 12		0.								
	b	Net unrelated	business taxable income from Form 990-T, line 34		0.								
	_			Prior Year	Current Year								
ne	8		and grants (Part VIII, line 1h)	<u>182,059.</u> 685,262.	33,862. 191,717.								
Revenue	9		ce revenue (Part VIII, line 2g)	005,202.	-								
Re	10		come (Part VIII, column (A), lines 3, 4, and 7d)	168.	12.								
	11 12		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	867,489.	225,591.								
	13		nilar amounts paid (Part IX, column (A), lines 1-3)	0.	0.								
	14		to or for members (Part IX, column (A), line 4)	0.	0.								
ú		<u> </u>		190,032.	213,881.								
Expenses	16a	Professional fi	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) $\blacktriangleright$ 11,821.	0.	0.								
be	b	Total fundrais	ng expenses (Part IX, column (D), line 25) 11,821.										
ш	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	369,839.	367,887.								
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	559,871.	581,768.								
	19		expenses. Subtract line 18 from line 12	307,618.	-356,177.								
or				Beginning of Current Year	End of Year								
Net Assets or Fund Balances	20	Total assets (F	Part X, line 16)	454,245.	93,765.								
t As Id B	21		(Part X, line 26)	81,365.	77,062.								
	22		fund balances. Subtract line 21 from line 20	372,880.	16,703.								
	rt II	-											
			I declare that I have examined this return, including accompanying schedules and sta		nowledge and belief, it is								
true,	corre	ct, and complete	Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.									

Sign Here	Signature of officer EDWARD LOPEZ, EXECUTIV Type or print name and title	E DIRECTOR	Date							
Paid	Print/Type preparer's name RICHARD HOTZ	Preparer's signature	Date 02/05/19 s <sup>if</sup> s	heck PTIN elf-employed P00452784						
Preparer	Firm's name CONSIDINE & CONS		Firm's E	IN ▶ 95-2694444						
Use Only	Only Firm's address 8989 RIO SAN DIEGO DRIVE, SUITE 250 SAN DIEGO, CA 92108 Phone no.619.231.197									
May the II	RS discuss this return with the preparer shown abo	ove? (see instructions)	· · · · · · · · · · · · · · · · · · ·	X Yes No						

732001 11-28-17 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2017)

	990 (2017) UTILITY CONSUMERS ACTION NETWORK, INC. 33-0002313 Page 2
Pa	Statement of Program Service Accomplishments           Check if Schedule O contains a response or note to any line in this Part III         X
_	
1	Briefly describe the organization's mission: TO PROVIDE INFORMATION TO CONSUMERS AND UTILITY RATEPAYERS AND
	REPRESENT RATEPAYER INTERESTS BEFORE REGULATORY BODIES IN
	ADMINISTRATIVE AS WELL AS JUDICIAL PROCEEDINGS. UCAN INTERVENES IN
	UTILITY CASES BEFORE THE CALIFORNIA PUBLIC UTILITIES COMMISSION,
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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 \$ 460,977. including grants of \$ ) (Revenue \$ 99,003.
	LITIGATION - (REGULATORY ADVOCACY) - UCAN ADVOCATES FOR UTILITY
	RATEPAYERS IN THE AREAS OF ENERGY, WATER AND TELECOMMUNICATIONS. UCAN
	ACCOMPLISHES THIS BY PARTICIPATING IN REGULATORY PROCEEDINGS BEFORE THE
	CALIFORNIA PUBLIC UTILITIES COMMISSION (CPUC), THE AGENCY THAT
	REGULATES INVESTOR OWNED UTILITY SERVICES, AS WELL AS OTHER REGULATORY
	AND ADMINISTRATIVE BODIES. UCAN'S EMPLOYEES AND EXPERTS HAVE SUBJECT
	MATTER EXPERIENCE ON COMPLICATED REGULATORY AND UTILITY RATEPAYER
	ISSUES. THIS EXPERIENCE ALLOWS US TO PARTICIPATE IN LEGAL PROCEEDINGS,
	CONDUCT DISCOVERY, CROSS EXAMINE UTILITY WITNESSES, FILE BRIEFS AND
	SUBMIT COMMENTS TO PROPOSED REGULATORY DECISIONS ADVOCATING FOR STRONG
	UTILITY RATEPAYER PROTECTIONS FOR RESIDENTIAL AND SMALL BUSINESS
	UTILITY CUSTOMERS.
4b	(Code: ) (Expenses \$ 41,813. including grants of \$ ) (Revenue \$ 54,442.
	CONSUMER EDUCATION AND COMPLAINTS - WITH THE HELP OF STAFF, LEGAL
	INTERNS, AND VOLUNTEERS, UCAN PROVIDES ADVOCACY AND
	EDUCATION FOR ANY CONSUMER CALLING IN FOR HELP REGARDING UTILITY
	ISSUES. THESE ISSUES INCLUDE UTILITY SHUT-OFFS, BURDENSOME UTILITY
	PRACTICES, BILLING AND SERVICE DISPUTES. UCAN MEDIATES WITH CONSUMERS
	AND THEIR UTILITY PROVIDERS TO RESTORE SERVICES AND NEGOTIATE BILLING
	AND SERVICE DISAGREEMENTS. UCAN EDUCATES CONSUMERS ON PROPER WAYS TO
	DISPUTE SERVICE ISSUES AND AVOID DISCONNECTION OF SERVICES. UCAN ASSISTS CONSUMERS TO FIND APPROPRIATE UTILITY PROVIDERS AND LEARN ABOUT
	WAYS TO LOWER BILLS. UCAN MAINTAINS A DETAILED WEBSITE WITH
	INFORMATION ABOUT UTILITY ISSUES, WHICH HAS AN INTERACTIVE REQUEST FOR
	ASSISTANCE FORM.
4-	
4C	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
44	Other program services (Describe in Schedule O.)
<del>4</del> 0	
40	(Expenses \$ including grants of \$ ) (Revenue \$ )       Total program service expenses ► 502,790.
	Form <b>990</b> (2017
732004	2 11-28-17
, 5200	2

)

Pa	rt IV Checklist of Required Schedules			
			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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
•	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	<u> </u>		
•	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6		5		
0	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? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		x
7		0		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		x
•	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
	Schedule D, Part III	8		<u> </u>
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?			37
	If "Yes," complete Schedule D, Part IV	9		X
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		X
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		X
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		X
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		X
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? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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		x
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? If "Yes," complete Schedule F, Parts II and IV	15		x
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		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	<u> </u>		
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<b>–</b> "		<u> </u>
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			<u> </u>
13	complete Schedule G. Part III	10		x

Form **990** (2017)

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Form 990 (2017)		CONSUMERS		NETWORK,	INC.						
Part IV Checklist of Required Schedules (continued)											

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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		Х
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		X
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		X
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			v
	Schedule K. If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
А	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disgualified person in a prior year, and	200		
-	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		x
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? If "Yes,"			
	complete Schedule L, Part II	26		X
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		X
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):			v
	A current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		X X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	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? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	200		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		x
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		Х
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? If "Yes," complete Schedule R, Part I	33		X
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		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	051		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30	l	<u> </u>
01	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			<u> </u>
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form **990** (2017)

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Pa	<b>t V</b> Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V											
		<u></u>			Yes	No						
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	7									
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											
	(gambling) winnings to prize winners?			1c	Х							
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	4									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	X							
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)											
	Did the organization have unrelated business gross income of \$1,000 or more during the year?											
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		•									
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X						
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 A			_		v						
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X X						
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans-			5b								
	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 t			0-		x						
<b>b</b>	any contributions that were not tax deductible as charitable contributions?			6a								
a	If "Yes," did the organization include with every solicitation an express statement that such contributive were not tax deductible?		•	66								
7	Organizations that may receive deductible contributions under section 170(c).			6b								
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices n	rovided to the navor?	7a		x						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b								
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v			15								
Ŭ	to file Form 8282?	-		7c		x						
d	d If "Yes," indicate the number of Forms 8282 filed during the year 7d											
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit		xt?	7e								
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f								
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz	ation fi	le a Form 1098-C?	7h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by the	9									
	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	10a										
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b										
11	Section 501(c)(12) organizations. Enter:	11										
a	Gross income from members or shareholders	11a										
b	Gross income from other sources (Do not net amounts due or paid to other sources against											
40-	amounts due or received from them.)	11b		10-								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		2	12a								
	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.			120								
d	Is the organization licensed to issue qualified health plans in more than one state?			13a								
h	Enter the amount of reserves the organization is required to maintain by the states in which the											
b	organization is licensed to issue qualified health plans	13b										
с	Enter the amount of reserves on hand	130 13c										
	Did the exercise time reaction and a meanter for indeer termine convince during the terrorad			14a		X						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu			14b								
	,				1 <b>990</b>							

UTILITY CONSUMERS ACTION NETWORK, INC.

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Form 990 (2017)

Form 990 (2017)
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### UTILITY CONSUMERS ACTION NETWORK, INC.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI					X							
Sec	tion 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	<b>1</b> a		8									
	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	Enter the number of voting members included in line 1a, above, who are independent	1b		8									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	ip with	any other										
	officer, director, trustee, or key employee?												
3													
	of officers, directors, or trustees, or key employees to a management company or other person?												
4													
5													
6													
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a												
	more members of the governing body?			7a		х							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s												
	persons other than the governing body?			7b		х							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year												
а	The governing body?			8a	Х								
b	Each committee with authority to act on behalf of the governing body?			8b	Х								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea												
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		х							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R												
					Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х							
	If "Yes," did the organization have written policies and procedures governing the activities of such c												
	and branches to ensure their operations are consistent with the organization's exempt purposes?												
11a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?												
	<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.												
	2a Did the organization have a written conflict of interest policy? If "No," go to line 13												
b													
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y												
	in Schedule O how this was done			12c	Х								
13	Did the organization have a written whistleblower policy?			13	Х								
14	Did the organization have a written document retention and destruction policy?			14	Х								
15	Did the process for determining compensation of the following persons include a review and approv												
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	)											
а	The organization's CEO, Executive Director, or top management official			15a		Х							
	Other officers or key employees of the organization			15b		Х							
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).												
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment	with a										
	taxable entity during the year?			16a		Х							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its	participation										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nizati	on's										
	exempt status with respect to such arrangements?			16b									
Sec	tion C. Disclosure												
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ CA												
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Sec	tion 501(c)(3)s only	availab	le								
	for public inspection. Indicate how you made these available. Check all that apply.												
	X Own website Another's website X Upon request Other (explain												
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	onflict	of interest policy, a	nd finan	cial								
	statements available to the public during the tax year.												
20	State the name, address, and telephone number of the person who possesses the organization's bo	ooks a	nd records:										
	JANE KRIKORIAN - 619-696-6966												
	3405 KENYON STREET, SUITE 401, SAN DIEGO, CA 9211	_ U											
732000	5 11-28-17			Form	9 <b>90</b>	(2017)							
	6												

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

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 (Ď), (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 report-

able 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.

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

(A)	(B) (C)							(D)	(E)	(F)
Name and Title	Average hours per week	box offic	Position (do not check more than one box, unless person is both an officer and a director/trustee)			than is bot	h an	an compensation ee) from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) HAWLEY RIDENOUR BOARD MEMBER	1.00	x						0.	0.	0.
(2) NANCY HARTLEY	1.00									
CHAIR		x		x				0.	Ο.	0.
(3) PROFESSOR WAYNE ROSENBAUM VICE CHAIR	0.50	x		x				0.	0.	0.
(4) CHRISTINE MAILLOUX	0.50									
TREASURER		x		x				0.	Ο.	0.
(5) GRANT BERGMAN	0.50							_	_	_
SECRETARY		х		X				0.	0.	0.
(6) PAT ZAHAROPOULOS	0.50			v				0	0	0
ADVISOR (7) DONALD KELLY	40.00	X		X				0.	0.	0.
EXECUTIVE DIRECTOR				x				86,192.	0.	0.
		-								
722007 11 29 17	1				•					Form <b>990</b> (2017)

7

732007 11-28-17

Form 990 (2017)

		CONSUME	٢S	AC	CTI	101	N N	JE.	TWORK, INC.	33-00	002	313	Pa	age <b>8</b>
Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	Compensated Employ	es (continued)				
	(A) Name and title	<b>(B)</b> Average hours per week	Average hours per Position (do not check more than box, unless person is bot			than ( is bot	h an	(D) Reportable compensation from	(E) Reportable compensatio from related	tion amoun ed othe				
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization: (W-2/1099-MIS		fr org an	pensa om the anizati d relate anizatio	e ion ed
1h	Sub-total								86,192.		0.			0.
с	Sub-total Total from continuation sheets to Part V Total (add lines 1b and 1c)	I, Section A							0 86,192	,	0.			0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	ed at	ove	e) wh	no re	eceived more than \$10	0,000 of reportab	le		Yes	0 No
3	Did the organization list any <b>former</b> officer, line 1a? <i>If "Yes," complete Schedule J for s</i>											3	100	X
4	For any individual listed on line 1a, is the su and related organizations greater than \$15	um of reportabl 0,000? <i>If</i> "Yes,	le co " <i>coi</i>	omp mple	ensa ete S	ation Sche	n and edule	d otl ə <i>J f</i>	her compensation from for such individual	the organization		4		X
5 Sec	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," com tion <b>B. Independent Contractors</b>	-				-			-			5		X
1	Complete this table for your five highest co the organization. Report compensation for										ıpens			
	(A) Name and business	address	NC	ONE	3			_	(B) Description of	services	C	(C Compe	<b>;)</b> nsatio	n
								_						
2	Total number of independent contractors (i	ncluding but n	ot lir	nite	d to	thos	se lis	stec	d above) who received	more than				
	\$100,000 of compensation from the organi	•				(	•					Form	<b>990</b> ()	2017)

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Form	n 99(	0 (2			JMERS ACT	ION NETWOR	K, INC.	33-000	2313 Page <b>9</b>
Pa	rt V	/	Statement of Rever	nue					
			Check if Schedule O cont	ains a response	or note to any lin				
						<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	( <b>D)</b> Revenue excluded from tax under sections 512 - 514
nts nts	1	а	Federated campaigns	1a					
àrar our			Membership dues						
s, G			Fundraising events						
Contributions, Gifts, Grants and Other Similar Amounts			Related organizations						
ini ini			Government grants (contribut						
tion r S		f	All other contributions, gifts, gran	ts, and					
the			similar amounts not included abo	ve 1f	33,862.				
d O		g	Noncash contributions included in lines	1a-1f: \$					
a C		h	Total. Add lines 1a-1f		►	33,862.			
					Business Code				
e	2	а	INTERVENOR COMP	PENSATIO	900099	191,717.			191,717.
ervi		b							
n Se		с							
ran Sev		d							
Program Service Revenue		е							
Ч			All other program service reve						
		g	Total. Add lines 2a-2f			191,717.			
	3		Investment income (including						
			other similar amounts)						
	4		Income from investment of tax		· · · · · ·				
	5		Royalties						
				(i) Real	(ii) Personal				
			Gross rents						
			Less: rental expenses						
			Rental income or (loss)						
	7	а	Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory						
		D	Less: cost or other basis						
		~	and sales expenses						
			Gain or (loss) Net gain or (loss)						
			Gross income from fundraisin						
Other Revenue	0	a	including \$	•					
evel			contributions reported on line						
Å			Part IV, line 18	-					
the		b	Less: direct expenses						
Ó			Net income or (loss) from func		· ►				
			Gross income from gaming ac						
			Part IV, line 19		.				
		b	Less: direct expenses						
		с	Net income or (loss) from gam	ning activities					
			Gross sales of inventory, less						
			and allowances	a	1				
		b	Less: cost of goods sold						
		с	Net income or (loss) from sale	s of inventory .	►				
			Miscellaneous Revenu	le	Business Code				
	11	а	OTHER INCOME		900099	12.			12.
		b							
		с							
			All other revenue						
		е	Total. Add lines 11a-11d			12.		^	101 500
	12		Total revenue. See instructions.		🕨	225,591.	0.	0	
73200	0 11	20	17						Form <b>990</b> (2017)

	Check if Schedule O contains a response	se or note to any line in <sup>.</sup>	this Part IX		X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
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, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,		06 700	10 667	1 500
	trustees, and key employees	98,959.	86,792.	10,667.	1,500.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	00 526	72 051	0 105	1 000
7	Other salaries and wages	82,536.	73,051.	8,485.	1,000.
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	16,752.	14,544.	1 564	644.
9	Other employee benefits			1,564.	198.
10	Payroll taxes	15,634.	13,782.	1,654.	190.
11	Fees for services (non-employees):				
a	Management				
b	Legal	2 6 9 0		2 6 9 0	
С	Accounting	2,680.		2,680.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	206 010	206 010		
	column (A) amount, list line 11g expenses on Sch 0.)	286,810.	286,810.		

17,949.

17,954.

33,402.

581,768.

8,867.

225.

UTILITY	CONSUMERS	ACTION	NETWORK,	INC.	33-00

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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All other expenses

12

13

14

15

16

17

18

19

20

21

22

23

24

a b c d e

25

26

Form 990 (2017)

Part IX Statement of Functional Expenses

Advertising and promotion

Office expenses

Information technology

Royalties

Occupancy

Travel

Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings

Interest

Payments to affiliates \_\_\_\_\_

Depreciation, depletion, and amortization .....

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 0.)

Total functional expenses. Add lines 1 through 24e

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 I if following SOP 98-2 (ASC 958-720)

Insurance

Other expenses. Itemize expenses not covered

Form 990 (2017)

11,821.

8,350.

129.

09490205 757767 UTIL16060419

10

19 2017.05030 UTILITY CONSUMERS ACTION NE UTIL1601

2,819.

15,106.

8,867.

1,019.

502,790.

6,780.

2,848.

32,254.

67,157.

225.

Form 990 (		CONSUMERS	ACTION	NETWORK,	INC.
Part X	Balance Sheet				

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Т

		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	454,245.	1	93,765.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	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			
S		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
Ř	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 10a			
	b	Less: accumulated depreciation 10b		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	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	454,245.	16	93,765.
	17	Accounts payable and accrued expenses	39,605.	17	7,381.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons.			
.iab		Complete Part II of Schedule L		22	
-	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	41 760		CO CO1
		Schedule D	41,760. 81,365.	25	69,681. 77,062.
	26	Total liabilities. Add lines 17 through 25	01,303.	26	11,002.
		Organizations that follow SFAS 117 (ASC 958), check here ► and			
ces	07	complete lines 27 through 29, and lines 33 and 34.		07	
lan	27	Unrestricted net assets		27	
l Ba	28	Temporarily restricted net assets		28 29	
nnc	29	Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ► X		29	
гFi					
Net Assets or Fund Balances	30	and complete lines 30 through 34. Capital stock or trust principal, or current funds	0.	30	0.
sse	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
it A:	32	Retained earnings, endowment, accumulated income, or other funds	372,880.	32	16,703.
Ne	33	Total net assets or fund balances	372,880.	33	16,703.
	34	Total liabilities and net assets/fund balances	454,245.	34	93,765.

Form **990** (2017)

Form	UTILITY CONSUMERS ACTION NETWORK, INC.	33-	-0002313	Pag	e <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5,59	
2	Total expenses (must equal Part IX, column (A), line 25)	2		L,70	
3	Revenue less expenses. Subtract line 2 from line 1	3	-356		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	372	2,88	80.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	16	5,70	03.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	5 5 1			_	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	2		
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	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 Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au			v
	Act and OMB Circular A-133?				X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				

Form **990** (2017)

732012 11-28-17

SCHEDULE A	
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(Form	990	or	990-EZ	'n
	330	UI.	330-LZ	•

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047
2017
Open to Public Inspection

		of the Treasury nue Service			• Attach to Form 990 or I ov/Form990 for instructi			nformation		Inspection
Nam	e of	the organizati		Go to www.iis.go			ne latest i	mormation.	Employer	identification number
				ITY CONSU	MERS ACTION N	ETWOR	K. IN	C.		3-0002313
Pa	rt I	Reason			(All organizations must co					
The	organ	ization is not a	a private found	lation because it is	(For lines 1 through 12, o	check only	one box.)			
1	The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in <b>section 170(b)(1)(A)(i)</b> .									
2					(Attach Schedule E (Forr					
3					ganization described in <b>s</b>			ii).		
4		•	•	•	onjunction with a hospita				)(iii). Enter	the hospital's name,
		city, and stat		·						
5		An organizati	ion operated fo	or the benefit of a c	ollege or university owne	d or opera	ted by a g	overnmental	unit descrit	oed in
		section 170	(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, sta	ate, or local go	vernment or goverr	nmental unit described in	section 1	70(b)(1)(A)	)(v).		
7		An organizati	ion that norma	Ily receives a subs	tantial part of its support	from a gov	rernmenta	l unit or from t	he general	public described in
		section 170(	( <b>b)(1)(A)(vi).</b> (C	omplete Part II.)						
8		A community	rtrust describe	ed in section 170(b	)(1)(A)(vi). (Complete Par	t II.)				
9		An agricultura	al research org	ganization describe	d in section 170(b)(1)(A)	(ix) operate	ed in conju	unction with a	land-grant	college
		or university	or a non-land-g	grant college of agr	iculture (see instructions)	. Enter the	name, cit	y, and state o	f the colleg	je or
		university:								
10	X	An organizati	ion that norma	lly receives: (1) mo	re than 33 1/3% of its sup	oport from	contributi	ons, members	ship fees, a	and gross receipts from
		activities rela	ited to its exen	npt functions - subj	ect to certain exceptions	, and (2) no	o more tha	an 33 1/3% of	its suppor	t from gross investment
		income and u	unrelated busir	ness taxable incom	e (less section 511 tax) fr	om busine	esses acqu	uired by the o	rganization	after June 30, 1975.
				mplete Part III.)						
11		-	-	-	isively to test for public sa	•				
12		-	-	-	isively for the benefit of, t				-	
					bed in <b>section 509(a)(1)</b> o					Check the box in
_					of supporting organizatio					
а					supervised, or controlled	•				
			-		regularly appoint or elect	a majority	of the aire	ctors or truste	ees of the s	upporting
<b>L</b>		7 7		complete Part IV, S					na (a) hu i ha	
b				-	ed or controlled in connect			-		-
			-		ganization vested in the s	ame perso	ons that co	Untrol or mana	age the sup	poned
с					I, Sections A and C. ng organization operated	in connoc	tion with	and functions	lly intograt	od with
U	L		-		ns). You must complete				iny integrat	su with,
d		-	-		porting organization oper				rted organi	ization(s)
ŭ					nization generally must sa					
					omplete Part IV, Section				a an actorn	
е					a written determination fro				II. Type III	
			•		ionally integrated support			51 <i>,</i> 51	, ,,	
f	Ente	er the number			, , , , , , , , , , , , , , , , , , , ,					
g	Prov	vide the follow	ing information		ted organization(s).					· •
	(	(i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the orga in your govern	anization listed ing document?	(v) Amount o	-	(vi) Amount of other
		organizatior	า		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
<b>T</b> . ·										
Tota									duda A (T	
LHA	r or H	-арегwork Ке	SUCCION ACT N	iolice, see the ins	tructions for Form 990 c	л ээu-ez.	/32021 10	-uo-1/ <b>SCNE</b>	uule A (FOI	rm 990 or 990-EZ) 2017

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### Schedule A (Form 990 or 990 EZ) 2017 UTILITY CONSUMERS ACTION NETWORK, INC. 33-0002313 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
See	ction B. Total Support			•		•	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12		etc. (see instructi	ions)		•	12	•
13	First five years. If the Form 990 is for	the organization'				on 501(c)(3)	
	organization, check this box and stop	here			-		
See	ction C. Computation of Publ	ic Support Pe	ercentage				
14	Public support percentage for 2017 (I	ine 6, column (f) d	livided by line 11,	column (f))		14	%
15	Public support percentage from 2016	Schedule A, Part	II, line 14			15	%
	33 1/3% support test - 2017. If the c					more, check this b	ox and
	stop here. The organization qualifies	as a publicly supp	oorted organizatio	n			▶□
b	33 1/3% support test - 2016. If the c						
	and stop here. The organization qual	ifies as a publicly	supported organiz	zation			▶□
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test						
	more, and if the organization meets th	-					
	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio						
_							0 or 990-E7) 2017

Schedule A (Form 990 or 990-EZ) 2017

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### Schedule A (Form 990 or 990-EZ) 2017 UTILITY CONSUMERS ACTION NETWORK, INC. 33-0002313 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	<b>(d)</b> 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	30,315.	7,750.	28,577.	182,059.	33,862.	282,563.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	22,038.	849,278.	437,835.	685,262.	191,717.	2,186,130.
3	Gross receipts from activities that		-			-	
-	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	52,353.	857,028.	466,412.	867,321.	225,579.	2,468,693.
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons				1,082.	611.	1,693.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						0
	amount on line 13 for the year				1,082.	611.	1,693.
	Add lines 7a and 7b				1,002.	011.	
<u>8</u> Sec	Public support. (Subtract line 7c from line 6.)						2,467,000.
	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	( <b>d)</b> 2016	(e) 2017	(f) Total
	Amounts from line 6	52,353.	857,028.	466,412.	867,321.	225,579.	2,468,693.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						, , -
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				168.	22.	190.
13	Total support. (Add lines 9, 10c, 11, and 12.)	52,353.	857,028.	466,412.	867,489.	225,601.	2,468,883.
14	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
	check this box and stop here						▶∟_
	ction C. Computation of Publ		-				
	Public support percentage for 2017 (		•	olumn (f))		15	99.92 %
	Public support percentage from 2016					16	99.95 %
	ction D. Computation of Invest						0.0
	Investment income percentage for 20			ne 13, column (f))		17	.00 %
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2017. If the						
	more than 33 1/3%, check this box a						►X
b	<b>33 1/3% support tests - 2016.</b> If the						
00	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization	n dia not check a	box on line 14, 19	a, or 190, check th			
/3202	23 10-06-17			15	Sche	edule A (Form 990	or 990-EZ) 2017

### Schedule A (Form 990 or 990-EZ) 2017 UTILITY CONSUMERS ACTION NETWORK, INC. 33-0002313 Page 4

### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2017

Yes

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

No

16

## Schedule A (Form 990 or 990 EZ) 2017 UTILITY CONSUMERS ACTION NETWORK, INC. 33-0002313 Page 5

1 0	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? <i>If</i> " <i>Yes</i> " <i>to a, b, or c, provide detail in</i> <b>Part VI.</b> tion <b>B. Type I Supporting Organizations</b>	11c		
Sec	tion B. Type i Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		162	NO
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	•		
2	organization(s) that operated, supervised, or controlled the supported organization of a life supported in a life supported organization of the result of a life supported organization of a life supported organization of a life supported organization			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations	L		
000			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	•		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
-	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insi	ructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		
732028	5 10-06-17 Schedule A (Form 9	90 or 99	90-EZ)	2017
	17			

Schedule A	(Form 990 or 990-EZ) 2017	UTILITY	CONSUMERS	ACTION	NETWORK,	INC.	33-0002313	Page 6
Part V	Type III Non-Function	onally Integr	ated 509(a)(3) S	Supporting	Organizations	;		

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	y integra	ated Type III supporting org	anization (see

instructions).

1

Schedule A (Form 990 or 990-EZ) 2017

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### Schedule A (Form 990 or 990-EZ) 2017 UTILITY CONSUMERS ACTION NETWORK, INC. 33-0002313 Page 7

Par	rt V   Type III Non-Functionally Integrated 509	9(a)(3) Supporting Org	anizations (continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organization	าร	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is responsiv	e	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in <b>Part VI</b> ). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
С	From 2014			
	From 2015			
-	From 2016			
-	Total of lines 3a through e			
	Applied to underdistributions of prior years			
-	Applied to 2017 distributable amount			
	Carryover from 2012 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions			
6	than zero, explain in <b>Part VI.</b> See instructions. Remaining underdistributions for 2017. Subtract lines 3h			
0	-			
	and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
7				
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

	Form 990 or 990-EZ) 2017 UTILI Supplemental Information. F Part IV, Section A, lines 1, 2, 3b, 3c, 4 line 1; Part IV, Section D, lines 2 and	Provide the explanations 4b. 4c. 5a. 6. 9a. 9b. 9c.	required by Part II, line 1 11a, 11b, and 11c: Part I	); Part II, line 17a or V. Section B. lines 1	and 2: Part IV. Section C.
	Section D, lines 5, 6, and 8; and Part (See instructions.)	V, Section E, lines 2, 5, a	and 6. Also complete this	part for any additio	nal information.
32028 10-06-1	7			Schedul	e A (Form 990 or 990-EZ)

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Namo	of the	organ	ization
name	or the	organ	Ization

Organization type (check one):

## Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

## 2017

Employer identification number

UTILITY	CONSUMERS	ACTION	NETWORK,	INC.	

33-0002313

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

**X** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Schedule B	(Form 990	, 990-EZ,	or 990-PF)	(2017)
------------	-----------	-----------	------------	--------

Name	of	orga	nization

Inization

UTILITY CONSUMERS ACTION NETWORK, INC.

Employer identification number

33-0002313

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$6,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
723452 11-01		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
	- 22		

Employer identification number

33-0002313

### UTILITY CONSUMERS ACTION NETWORK, INC.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. irom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		   \$	

	(Form 990, 990-EZ, or 990-PF) (2017)		Page					
Name of orga	nization		Employer identification number					
UTILIT.	Y CONSUMERS ACTION NET	WORK, INC.	33-0002313					
Part III	Exclusively religious, charitable, etc., cont	tributions to organizations described	t in section 501(c)(7), (8), or (10) that total more than \$1,000 for					
	the year from any one contributor. Complete completing Part III, enter the total of exclusively religiou	us, charitable, etc., contributions of \$1,000 o	willy life effly. For organizations r less for the year. (Enter this info. once.) \$					
	Use duplicate copies of Part III if addition	al space is needed.						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
-								
-		(e) Transfer of git						
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
-								
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I		(0) 030 01 gift						
-								
	(e) Transfer of gift							
-	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee					
-								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
-								
	(e) Transfer of gift							
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
-								
723454 11-01-1	7	24	Schedule B (Form 990, 990-EZ, or 990-PF) (2017					

**SCHEDULE D** 

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

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



Name of the organization

UTILITY CONSUMERS ACTION NETWORK, INC.

Employer identification number 33-0002313

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	ds or A	ccounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin			
		(a) Donor advised funds	1)	b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	-		
	are the organization's property, subject to the organization's	exclusive legal control?		Yes 📖 No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can b	be used o	only
	for charitable purposes and not for the benefit of the donor o	or donor advisor, or for any other purpos	se conferi	ring
				Yes No
Par		-	), Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (e.g., recreation or e			important land area
	Protection of natural habitat	Preservation of a ce	ertified his	storic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the for	m of a co	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b			1	2b
С	Number of conservation easements on a certified historic stru			2c
d	Number of conservation easements included in (c) acquired a			
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by t	he organ	ization during the tax
	year			
4	Number of states where property subject to conservation eas		-	
5	Does the organization have a written policy regarding the per			
	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing co	onservatio	on easements during the year
_				
7	Amount of expenses incurred in monitoring, inspecting, hand	aling of violations, and enforcing conser	vation ea	sements during the year
•				N (1)
8	Does each conservation easement reported on line 2(d) abov			
•	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation			
	include, if applicable, the text of the footnote to the organizat	tion's infancial statements that describe	es the org	Janization's accounting for
Par	conservation easements. t III Organizations Maintaining Collections of	f Art, Historical Treasures, or	Other S	Similar Assets
	Complete if the organization answered "Yes" on Form		e anor e	
12	If the organization elected, as permitted under SFAS 116 (AS		ement an	nd balance sheet works of art
iu	historical treasures, or other similar assets held for public exh			
	the text of the footnote to its financial statements that descri			
b	If the organization elected, as permitted under SFAS 116 (AS		nt and h	alance sheet works of art historical
D.	treasures, or other similar assets held for public exhibition, ec			
	relating to these items:			vice, provide the following amounts
	(i) Revenue included on Form 990, Part VIII, line 1			▶ \$
2	If the organization received or held works of art, historical trea			
2	the following amounts required to be reported under SFAS 1		nai yani,	provide
2				
	Revenue included on Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part Vill, line 1 For Paperwork Reduction Act Notice, see the Instructions			\$

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Part III       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued)         a       Using the organization's accussion, and other records, check any of the following that are a significant use of its collection items (check all that apply):         a       Public exhibition       d       Loan or sxchange programs         b       Scholarly research       e       Other         c       Preservation for future generations       e       Other         s       Divide a description of the organization's collections and explain how they further the organization's scherpt purpose in Part XIII.         5       During the year, did the organization solet or receive donations of at, historical treasures, or other similar assets         is the organization and Questrolial Arrangements. Complete the organization collection?       Yes       No         Part W       Escrive and Questrolial Arrangements.       Yes       No         b       If 'Yes, 'explain the arrangement in Part XIII and complete the following table:       Yes       No         6       Bagining balance       1d       1d       1d       1d         2a bid the organization include an anount on Form 980. Part X, line 21, for escrew or custodial account liability?       Yes       No         b       If 'Yes, 'explain the arrangement in Part XIII. And complete the following table:       1d       1d       <	Sche		CONSUMERS						33-00			age <b>2</b>
enclose with that apply:       e       Data or exchange programs         e       Determinant       e       Other	Par	t III   Organizations Maintaining C	Collections of A	rt, Histo	rical	Treasures,	or Oth	er Simil	ar Asse	<b>ts</b> (contii	nued)	
a       Public exhibition       c       Clama or exchange programs         b       Scholary research       c       Other         c       Preservation for future generations       Other       Clama or exchange programs         d       Provide a description of the organization scole cloids and explain how they future future surges, or other similar assets       To be sodt or asse funds rather than to be mantiande as part of the organization asswered "Yes" on Form 900, Part N, line 80, or reported an amount on Form 900, Part X, line 21.       No         Part IV       Excorve and Custoficial Arrangements. Complete the organization answered "Yes" on Form 900, Part N, line 80, or reported an amount on Form 900, Part X, line 21.       In the organization anagent, rustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X, line 21.         d       Is the organization include an amount on Form 900, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If "Yes," explain the arrangement in Part XIII.       Glocument year       Int       Int       Int       Int       Int       Int       Int organization anagent, rust year       No         b       If "Yes," explain the arrangement in Part XIII.       Glocument year       Int       Int <t< th=""><th>3</th><th>Using the organization's acquisition, access</th><th>ion, and other record</th><th>ds, check a</th><th>iny of t</th><th>the following th</th><th>nat are a s</th><th>significant</th><th>use of its</th><th>collectio</th><th>n item</th><th>S</th></t<>	3	Using the organization's acquisition, access	ion, and other record	ds, check a	iny of t	the following th	nat are a s	significant	use of its	collectio	n item	S
b Scholary research c Dreservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Diving the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Diving the year, did the organization solic or receive donations of art, historical treasures, or other similar assets to be solid to asset tunds rather than to be maintained as part of the organization collection? Part M Escrow and CutStofial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 8, or resported an amount on Form 990, Part X, line 21. Ta is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X, line 21. Ta bits the organization include an amount on Form 990, Part X, line 21, for eacrow or custodial account liability? C Beginning balance C Beginning balance C Beginning of year balance												
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization's collections of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or Feart IV Secorew and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or Feart IV I Secorew and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or Feart IV Secorew and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or Feart IV Secorew and Custodial Arrangements or other intermediary for contributions or other assets not included on Form 990, Part X / Ine 21.  1 Is the organization an agent, trustee, custodial or other intermediary for contributions or other assets not included on Form 990, Part X / Ine 21.  1 Is the organization and part IV Secore	а	Public exhibition	c	<b>I</b> [] Lo	an or e	exchange prog	Irams					
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.     During the year, did the organization is collection?	b	Scholarly research	e	e 🗌 Ot	her							
S During the year, dd the organization solicit or receive donations of art, historical treasures, or other similar assets     to be solid to raise funds rather than to be mantained as part of the organization's collection?     Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or     reported an amount on Form 990, Part X, line 21.     Is the organization angement in Nastee, custodial or other intermediary for contributions or other assets not included     on Form 990, Part X?     If Yes, "explain the arrangement in Part XIII and complete the following table:         It "Yes," explain the arrangement in Part XIII and complete the following table:         It de         Additions during the year         It de	С	Preservation for future generations										
To be sold to raise funds rather than to be maintained as part of the organization's collection?       Yes       No.         Part IV       Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part V, line 9, or reported an amount on Form 990, Part X, line 21.       14       Is the organization an agent, furstee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       15       15       16       16       Amount       Yes       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount       16       14       14       14       14       14       14       14       14       14       14       14       14       14       14       16       17       18       16       16       16       16       16       17       18       16       16       17       18       16       16       17       16       10       10       10       10       10       10       10       10       10	4	Provide a description of the organization's c	ollections and explai	n how the	/ furthe	er the organiza	tion's exe	empt purp	ose in Par	t XIII.		
Part IV       Escrow and Custodial Arrangements. Complete if the organization answerd "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 980, Part X, line 21.         Ia Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X?       Ves       No         b If "Yes," explain the arrangement in Part XIII and complete the following table:       Image: Complete the following t	5			-						-		-
reported an amount on Form 990, Part X, line 21.         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.         0       bit "Yes," explain the arrangement in Part XIII and complete the following table:         1a       Ite organization include an amount on Form 990, Part X, line 21. for escrew or custodial account liability?         1a       Dit the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability?         2a       Dit the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability?         2a       Dit the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability?         2a       Dit the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability?         Part V       Endforwment Funds. Complete if the organization answered "Ves" on Form 990, Part X, line 21.         1a       Beginning of year balance         6       Other expenditures for facilities         and programs				0								No
1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 90, Part Y       IVes       No         b       If 'Yes,' explain the arrangement in Part XIII and complete the following table:       Image: Complete table:       Image: Completabe table:       Image: Complete tabl	Par			ete if the o	rganiza	ation answered	d "Yes" o	n Form 99	0, Part IV,	line 9, oi	r	
on Form 990, Part X?       Yes       No         b If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount         c Beginning balance       1d         d Additions during the year       1d         d Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Yes       No         b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Yes       No         b If "Yes," explain the arrangement in Part XIII. Check here if the expanzition answered "Yes" on Form 990, Part XIII       Intellity       Yes       No         b Contributions       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         b Contributions       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         c Starts or scholarships       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         c Other expenditures for facilities       (a) Contrent year end balance (line 1g, column (a)) held as:		• •										
b If "Yes," explain the arrangement in Part XIII and complete the following table:  arrows and the set of the	1a									7		7
c       Beginning balance       Id         d       Additions during the year       Id         e       Distributions during the year       Ie         f       Ending balance       If         2       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Image: Check here if the explanation has been provided on Part XIII.       Image: Check here if the explanation has been provided on Part XIII.       Image: Check here if the explanation has been provided on Part XIII.       Image: Check here if the explanation has been provided on Part XIII.       Image: Check here if the explanation has been provided on Part XIII.       Image: Check here if the explanation has been provided on Part XIII.       Image: Check here if the explanation has been provided on Part XIII.       Image: Check here if the explanation has been provided on Part XIII.       Image: Check here if the explanation has been provided on Part XIII.       Image: Check here if the explanation has been provided on Part XIII.       Image: Check here if the explanation has been provided on Part XIII.       Image: Check here if the explanation has been provided on Part XIII.       Image: Check here if the explanation has been provided on Part XIII.       Image: Check here if the explanation has been provided on Part XIII.       Image: Check here if the explanation has been provided on Part XIII.       Image: Check here if the explanation has been p		on Form 990, Part X?							L	Yes		J No
c       Beginning balance       id         id       id       id       id         id       id       id       id         id       id       id       id       id         id       id       id       id       id       id         id       id       id       id       id       id         id       id       id       id       id       id         id       id       id       id       id       id       id         id       id       id       id       id       id       id       id         id       id       id       id       id       id       id       id	b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing tak	ole:							
d Additions during the year       1d         e Distributions during the year       1e         1       1f         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Yes       No         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       (a) Three years back       (b) Prior year       (c) Two years back       (c) Four years back       (d) Three years back       (e) Four years back       (e) F										Amoun	t	
e       Distributions during the year       1e         f       Ending balance       1f         2a       Did the organization incluide an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Not investment earnings, gains, and losses       (d) Carnets repeated the set of a cuitties       (d) Three years back       (e) Four years back         g       Contributions       (e) Two years back       (d) Three years back       (e) Four years back         e       Other expenditures for facilities       (e) Two years back       (e) Four years       (e) Four years         g       End of year balance       (f) Administrative expenses       (f) Administrative expenses       (f) Administrative expenses       (f) Administrative expenses       (f) Four years       (f) Four years         g       End of year balance       (f) Four y												
f       Ending balance       1f         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If "Ves", explain the arrangement in Part XII. Check here if the explanation has been provided on Part XIII       Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         d       Grants or scholarships       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         g       End of year balance       (f) Three years back       (f) Administrative expenditures for facilities       (f) Administrative expenditures for facilities       (f) Administrative expenditures for facilities       (f) Administretwe expenditures for facil												
2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	e											
b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.         Part V       Endowment Funds. complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Other expenditures for facilities       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         g       Grants or scholarships       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         g       Grants or scholarships       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         g       End of year balance       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         g       End of year balance       (b) Prior year       (c) Four years back       (f) Four years back	T O-									No.		
Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (c) Three years back       (e) Four years back         b       Contributions       (b) Current year       (c) Two years back       (c) Three years back       (c) Pure years back       (c) Pure years back       (c) Three years back       (c) Pure ye												<b>סא</b> נ ר
ia       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         ia       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         c       Other expenditures for facilities       (a) Current year end balance       (a) Current year end balance       (iin elast         a Board designated or quasi-endowment												<u> </u>
1a Beginning of year balance   b Contributions   c Net investment earnings, gains, and losses   d Grants or scholarships   e Other expenditures for facilities   and programs									vears hack	(a) Fou	r vears	hack
b Contributions   c Net investment earnings, gains, and losses   d Grants or scholarships   i i<	19	Reginning of year balance	(a) Ourient year		n year				yours buok	(e) 1 001	yours	DUCK
c       Net investment earnings, gains, and losses	h											
d Grants or scholarships	c c											
e Other expenditures for facilities   and programs   f Administrative expenses   g End of year balance   2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:   a Board designated or quasi-endowment ▶  %   b Permanent endowment ▶  %   c Temporarily restricted endowment ▶  %   i) unrelated organizations   (i) unrelated organizations   (ii) related organizations   (iii) related organizations   b If "Yes" on line 32(ii), are the related organization's endowment funds.     Part VI   Land, Buildings, and Equipment.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.   Description of property   (a) Cost or other   b Buildings   c Leasehold improvements   c Leasehold improvements<	b b											
and programs	e											
f       Administrative expenses	•											
g End of year balance	f											
2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:         a       Board designated or quasi-endowment ▶%         b       Permanent endowment ▶%         c       Temporarily restricted endowment ▶%         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) unrelated organizations</li></ul>												
a Board designated or quasi-endowment ▶%         b Permanent endowment ▶%         c Temporarily restricted endowment ▶%         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	-		rrent vear end balance	ce (line 1a.	colum	in (a)) held as:						
b       Permanent endowment ▶      %         c       Temporarily restricted endowment ▶      %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	а		,									
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other b Buildings c Leasehold improvements d Equipment e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	b	• •	%	_								
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other b Buildings c Leasehold improvements d Equipment e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	с	Temporarily restricted endowment	%									
by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 0 Ves. Ves. No. Ves. No. Ves. No. Ves. No. Ves. No. Ves. No. Ves. No. Ves. No. Ves. No. No. No. No. No. No. No. No			ould equal 100%.									
(i)       unrelated organizations       3a(i)       3a(i)         (ii)       related organizations       3a(ii)       3a(ii)         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.       3b       3b         Part VI       Land, Buildings, and Equipment.       3b       3b         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (d) Book value         Description of property       (a) Cost or other       (b) Cost or other       (c) Accumulated         b       Buildings       5a       5a       5a         c       Leasehold improvements       5a       5a       5a         d       Equipment       5a       5a       5a         e       Other       5a       5a       5a       5a         C       Leasehold improvements       5a       5a       5a       5a       5a         c       Leasehold improvements       5a       5a <th>3a</th> <th>Are there endowment funds not in the posse</th> <th>ession of the organiz</th> <th>ation that a</th> <th>are hel</th> <th>ld and adminis</th> <th>tered for</th> <th>the organi</th> <th>zation</th> <th></th> <th></th> <th></th>	3a	Are there endowment funds not in the posse	ession of the organiz	ation that a	are hel	ld and adminis	tered for	the organi	zation			
(ii) related organizations       3a(ii)         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.       3b         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)         b Buildings       (d) Book value         c Leasehold improvements		by:									Yes	No
b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)         b       Buildings         c       Leasehold improvements         d       Equipment         e       Other         Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)       0.		(i) unrelated organizations								3a(i)		
b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)         b       Buildings         c       Leasehold improvements         d       Equipment         e       Other         Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)       0.		(ii) related organizations								3a(ii)		
Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a       Land	b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on Sch	nedule	R?				3b		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land	4			owment fui	nds.							
Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a Land	Par											
basis (investment)     basis (other)     depreciation       1a Land		Complete if the organization answere	ed "Yes" on Form 990	0, Part IV, I	ine 11	a. See Form 99	90, Part X	(, line 10.				
b Buildings		Description of property			• •					( <b>d)</b> Boo	k value	э
b Buildings	1a	Land										
c Leasehold improvements												
d Equipment												
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	d	Equipment										
	Total	Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, column	(B), lin	ne 10c.)	<u></u>					• •

Schedule D (Form 990) 2017

732052 10-09-17

(a) Description of security or category (including name of security)	n Form 990, Part IV, line <b>(b)</b> Book value			end-of-year market value
-	(b) BOOK value		auation. Cost of	enu-or-year market value
Financial derivatives				
Closely-held equity interests Other				
(A) (P)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G) (H)				
(□) al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►				
art VIII Investments - Program Related.				
	n Farma 000 Dart IV line	11a Cas Farma 000 I	Davit V. Jima 10	
Complete if the organization answered "Yes" c (a) Description of investment	(b) Book value			end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►				
art IX Other Assets.				
Complete if the organization answered "Yes" of	n Form 990 Part IV line	11d Soo Form 000	Dart V lina 15	
	escription	110. 0001 0111 330, 1	art A, inte 15.	(b) Book value
	p			
(1) (2)				
(3)				
(3)				
(4)				
(4) (5)				
(4) (5) (6)				
(4) (5) (6) (7)				
(4) (5) (6) (7) (8)				
(4) (5) (6) (7) (8) (9)	15)			
(4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line	15.)			
(4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.		11e or 11f See Form		25
(4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of	n Form 990, Part IV, line			25.
(4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" construction (a) Description of liability	n Form 990, Part IV, line	11e or 11f. See Form <b>(b)</b> Book value		25.
(4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes	n Form 990, Part IV, line	(b) Book value		25.
(4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) ACCRUED LIABILITY	n Form 990, Part IV, line			25.
(4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) ACCRUED LIABILITY (3)	n Form 990, Part IV, line	(b) Book value		25.
(4)         (5)         (6)         (7)         (8)         (9)         tal. (Column (b) must equal Form 990, Part X, col. (B) line         art X         Other Liabilities.         Complete if the organization answered "Yes" or         (a) Description of liability         (1) Federal income taxes         (2) ACCRUED LIABILITY         (3)         (4)	n Form 990, Part IV, line	(b) Book value		25.
(4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) ACCRUED LIABILITY (3) (4) (5)	n Form 990, Part IV, line	(b) Book value		25.
(4)         (5)         (6)         (7)         (8)         (9)         tal. (Column (b) must equal Form 990, Part X, col. (B) line         art X         Other Liabilities.         Complete if the organization answered "Yes" or         (a) Description of liability         (1) Federal income taxes         (2) ACCRUED LIABILITY         (3)         (4)         (5)         (6)	n Form 990, Part IV, line	(b) Book value	1 990, Part X, line	25.
(4)         (5)         (6)         (7)         (8)         (9)         tal. (Column (b) must equal Form 990, Part X, col. (B) line         art X       Other Liabilities.         Complete if the organization answered "Yes" of         (a) Description of liability         (1) Federal income taxes         (2) ACCRUED LIABILITY         (3)         (4)         (5)         (6)         (7)	n Form 990, Part IV, line	(b) Book value		25.
(4)         (5)         (6)         (7)         (8)         (9)         tal. (Column (b) must equal Form 990, Part X, col. (B) line         art X         Other Liabilities.         Complete if the organization answered "Yes" or         (a) Description of liability         (1) Federal income taxes         (2) ACCRUED LIABILITY         (3)         (4)         (5)         (6)         (7)         (8)	n Form 990, Part IV, line	(b) Book value		25.
(4)         (5)         (6)         (7)         (8)         (9)         tal. (Column (b) must equal Form 990, Part X, col. (B) line         art X       Other Liabilities.         Complete if the organization answered "Yes" or         (a) Description of liability         (1) Federal income taxes         (2) ACCRUED LIABILITY         (3)         (4)         (5)         (6)         (7)         (8)         (9)	n Form 990, Part IV, line	(b) Book value 69,681.		25.
(4)         (5)         (6)         (7)         (8)         (9)         tal. (Column (b) must equal Form 990, Part X, col. (B) line         art X       Other Liabilities.         Complete if the organization answered "Yes" or         (a) Description of liability         (1) Federal income taxes         (2) ACCRUED LIABILITY         (3)         (4)         (5)         (6)         (7)         (8)	25.) <b>&gt;</b>	(b) Book value 69,681. 69,681.		

UTILITY CONSUMERS ACTION NETWORK, INC.

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Schedule D (Form 990) 2017

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Part XI       Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.       1         1       Total revenue, gains, and other support per audited financial statements       1         2       Amounts included on line 1 but not on Form 990, Part VIII, line 12:       2a       2a         2       Amounts included on line 1 but not on Form 990, Part VIII, line 12:       2a       2a         3       Attractive arg ants       2c       2a         4       Other (Describe in Part XIII.)       2d       2e         3       Subtract line 2e from line 1       3       3         4       Amounts included on Form 990, Part VIII, line 12, but not on line 1:       3       4         1       Investment expenses not included on Form 990, Part VIII, line 7b       4a       4b       4c         5       Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)       5       5         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.       Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.       1         1       Total revenue. Add lines 4 and 4b       4c       5       2a       2a       2a       2a       2a       2a       2a	Schedule D (Form 990) 2017 UTILITY CONSUMERS ACTI	ON NETWORK, INC.	33-0002313 Page 4
1       Total revenue, gains, and other support per audited financial statements       1         2       Amounts included on line 1 but not on Form 990, Part VIII, line 12:       2a         a Net unrealized gains (losses) on investments       2a         b Donated services and use of facilities       2b         c       2c         d Other (Describe in Part XIII.)       2d         e Add lines 2a through 2d       3         3       3         4       Amounts included on Form 990, Part VIII, line 12, but not on line 1:         a Investment expenses not included on Form 990, Part VIII, line 7b       4a         b Other (Describe in Part XIII.)       4c         c       Add lines 4a and 4b       4c         5       Total expenses not included financial statements       1         Complete if the organization answered "Yes" on Form 990, Part I, line 12.)       5         1       Total expenses and losses per audited financial statements       1         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       1         2       Amounts included on Form 990, Part IX, line 25:       1         2       Donated services and use of facilities       2a         b Prior year adjustments       1       2a         2       Donated services and use	Part XI Reconciliation of Revenue per Audited Financial St	atements With Revenue p	
2       Amounts included on line 1 but not on Form 990, Part VIII, line 12:       2a       2a         a       Net unrealized gains (losses) on investments       2a       2b       2b         b       Donated services and use of facilities       2b       2c       2d         c       Recoveries of prior year grants       2c       2d       2d         d       Other (Describe in Part XIII.)       2d       2e       3         s       Subtract line 2e from line 1       3       3         4       Amounts included on Form 990, Part VIII, line 12, but not on line 1:       4a       4b       4c         5       Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> )       5       5         Part XIII       Reconcilication of Expenses per Audited Financial Statements With Expenses per Return.       5       5         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.       1       1         1       Total expenses and losses per audited financial statements       2a       2a       2a         2       Amounts included on line 1 but not on Form 990, Part IV, line 25:       2a       3       3       3 </th <th>Complete if the organization answered "Yes" on Form 990, Part IV,</th> <th>ine 12a.</th> <th></th>	Complete if the organization answered "Yes" on Form 990, Part IV,	ine 12a.	
a Net unrealized gains (losses) on investments       2a         b Donated services and use of facilities       2b         c Recoveries of prior year grants       2c         d Other (Describe in Part XIII.)       2d         e Add lines 2a through 2d       3         3 Subtract line 2e from line 1       3         4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:       a         a Investment expenses not included on Form 990, Part VIII, line 7b       4a         b Other (Describe in Part XIII.)       4b         c Add lines 4a and 4b       4c         5 Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> )       5         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.       1         1 Total expenses and losses per audited financial statements       1         2 Amounts included on line 1 but not on Form 990, Part IV, line 25:       2a         a Donated services and use of facilities       2a         b Prior year adjustments       2a         c Other losses       2c         d Other (Describe in Part XIII.)       2d         e Add lines 2a through 2d       3         3 Subtract line 2e from line 1       3	<b>1</b> Total revenue, gains, and other support per audited financial statements		1
b       Donated services and use of facilities       2b         c       Recoveries of prior year grants       2c         d       Other (Describe in Part XIII.)       2d         e       Add lines 2a through 2d       3         3       Subtract line 2e from line 1       3         4       Amounts included on Form 990, Part VIII, line 12, but not on line 1:       4a         a       Investment expenses not included on Form 990, Part VIII, line 7b       4a         b       Other (Describe in Part XIII.)       4b       4c         c       Add lines 4a and 4b       4c       5         Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> )       5       5         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.       1         1       Total expenses and losses per audited financial statements       1         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       1         2       Donated services and use of facilities       2a         b       Prior year adjustments       2b       2c         c       Other (Describe in Part XIII.)       2d       2d         4 </th <th>2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:</th> <th></th> <th></th>	2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
c Recoveries of prior year grants 2c   d Other (Describe in Part XIII.) 2d   e Add lines 2a through 2d 2e   3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a   a Investment expenses not included on Form 990, Part VIII, line 7b 4a   b Other (Describe in Part XIII.) 4b   c Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5   Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 1 1 1 1 2 2 2 2 3 b Prior year adjustments c 2 1 1 2 2 2 3 2 2 2 3 3 4 5 5 5 6 6 6 7 7 7	a Net unrealized gains (losses) on investments		
d Other (Describe in Part XIII.)       2d       2e         a Add lines 2a through 2d       2e         3 Subtract line 2e from line 1       3         4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:       a         a Investment expenses not included on Form 990, Part VIII, line 7b       4a         b Other (Describe in Part XIII.)       4b         c Add lines 4a and 4b       4c         5 Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> )       5         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.       1         1 Total expenses and losses per audited financial statements       1         2 Amounts included on line 1 but not on Form 990, Part IV, line 25:       2a         a Donated services and use of facilities       2b         b Prior year adjustments       2d         c Other Iosses       2c         d Other (Describe in Part XIII.)       2d         e Add lines 2a through 2d       3         3 Subtract line 2e from line 1       3         4 Amounts included on Form 990, Part IX, line 25, but not on line 1:       3         a Investment expenses not included on Form 990, Part VIII, line 7b       4a	<b>b</b> Donated services and use of facilities		
e Add lines 2a through 2d       2e         3 Subtract line 2e from line 1       3         4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:       4a         a Investment expenses not included on Form 990, Part VIII, line 7b       4a         b Other (Describe in Part XIII.)       4b         c Add lines 4a and 4b       4c         5 Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> )       5         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.       1         1 Total expenses and losses per audited financial statements       1         2 Amounts included on line 1 but not on Form 990, Part IX, line 25:       2a         a Donated services and use of facilities       2a         b Prior year adjustments       2b         c Other (Describe in Part XIII.)       2d         e Add lines 2a through 2d       2e         3 Subtract line 2e from line 1       3         4 Amounts included on Form 990, Part IX, line 25, but not on line 1:       3         a Investment expenses not included on Form 990, Part VIII, line 7b       4a         b Other (Describe in Part XIII.)       4b       4c         c Add lines 4a and 4b       4c	c Recoveries of prior year grants		
3       Subtract line 2e from line 1       3         4       Amounts included on Form 990, Part VIII, line 12, but not on line 1:       a       a         a       Investment expenses not included on Form 990, Part VIII, line 7b       4a       4a         b       Other (Describe in Part XIII.)       4b       4c         c       Add lines 4a and 4b       4c       5         7 total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> )       5       5         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.       5         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.       1       7         1       Total expenses and losses per audited financial statements       1       2a         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       2a       2a         3       Donated services and use of facilities       2a       2b       2c         4       Other (Describe in Part XIII.)       2d       2d       2e       3         4       Add lines 2a through 2d       2e       3       4       4       4a       4a       4a       4a         5       Other (Describe in Part XIII.)       4a       4a       4a       4a<	d Other (Describe in Part XIII.)		
4       Amounts included on Form 990, Part VIII, line 12, but not on line 1:       a         a       Investment expenses not included on Form 990, Part VIII, line 7b       4a         b       Other (Describe in Part XIII.)       4b         c       Add lines 4a and 4b       4c         5       Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)       5         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.       1         1       Total expenses and losses per audited financial statements       1         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       1         a       Donated services and use of facilities       2a         b       Prior year adjustments       2b         c       Other (Describe in Part XIII.)       2d         e       Add lines 2a through 2d       2e         3       3       3         4       Amounts included on Form 990, Part IX, line 7b       4a         b       Other (Describe in Part XIII.)       2e         3       3       3         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:       3	e Add lines 2a through 2d		2e
a       Investment expenses not included on Form 990, Part VIII, line 7b       4a         b       Other (Describe in Part XIII.)       4b         c       Add lines 4a and 4b       4c         5       Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)       5         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.       1         1       Total expenses and losses per audited financial statements       1         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       2a         a       Donated services and use of facilities       2a         b       Prior year adjustments       2b       2c         c       Other (Describe in Part XIII.)       2d       2e         3       Subtract line 2e from line 1       3       3         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:       3       4a         a       Investment expenses not included on Form 990, Part VIII, line 7b       4a       4a         b       Other (Describe in Part XIII.)       4b       4b       4c         c       Subtract line 2e from line 1       3       4a       4b       4c <th>3 Subtract line 2e from line 1</th> <th></th> <th> 3</th>	3 Subtract line 2e from line 1		3
b       Other (Describe in Part XIII.)       4b         c       Add lines 4a and 4b       4c         5       Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> )       5         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.       1         1       Total expenses and losses per audited financial statements       1         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       2a         a       Donated services and use of facilities       2a         b       Prior year adjustments       2b       2c         c       Other (Describe in Part XIII.)       2d       2d         e       Add lines 2a through 2d       2e       3         3       4       Amounts included on Form 990, Part IX, line 25, but not on line 1:       3         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:       3         a       Investment expenses not included on Form 990, Part IX, line 25, but not on line 1:       3         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:       3         a       Investment expenses not included on Form 990, Part VIIII, line 7b       4a	4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
c Add lines 4a and 4b 4c   5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5   Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.   Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1   1 Total expenses and losses per audited financial statements 1   2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a   a Donated services and use of facilities 2a   b Prior year adjustments 2b   c Other losses 2c   d Other (Describe in Part XIII.) 2d   e Add lines 2a through 2d 2e   3 Subtract line 2e from line 1 3   4 Amounts included on Form 990, Part VIII, line 7b 4a   b Other (Describe in Part XIII.) 4b   c Add lines 4a and 4b 4c	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
5       Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.)</i> 5         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.       1         1       Total expenses and losses per audited financial statements       1         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       1         a       Donated services and use of facilities       2a         b       Prior year adjustments       2b       2c         c       Other losses       2c       2d         d       Other (Describe in Part XIII.)       2d       2e         3       Subtract line 2e from line 1       3       3         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:       3       4         a       Investment expenses not included on Form 990, Part VIII, line 7b       4a       4b         b       Other (Describe in Part XIII.)       4b       4c         5       Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 18.</i> )       5	<b>b</b> Other (Describe in Part XIII.)		
Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         1       Total expenses and losses per audited financial statements       1         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       2a         a       Donated services and use of facilities       2a         b       Prior year adjustments       2b       2c         c       Other losses       2c       2d         d       Other (Describe in Part XIII.)       2d       2e         3       Subtract line 2e from line 1       3         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:       3         a       Investment expenses not included on Form 990, Part VIII, line 7b       4a         b       Other (Describe in Part XIII.)       4b       4c         c       Add lines 4a and 4b       4c       4c			
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         1       Total expenses and losses per audited financial statements         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:         a       Donated services and use of facilities         b       Prior year adjustments         c       Other losses         d       Other (Describe in Part XIII.)         e       Add lines 2a through 2d         3       Subtract line 2e from line 1         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:         a       Investment expenses not included on Form 990, Part VIII, line 7b         b       Other (Describe in Part XIII.)         c       Amounts included on Form 990, Part IX, line 25, but not on line 1:         a       Investment expenses not included on Form 990, Part VIII, line 7b         4       4a         b       Other (Describe in Part XIII.)         c       Add lines 4a and 4b         5       Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			
1       Total expenses and losses per audited financial statements       1         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       2a         a       Donated services and use of facilities       2a         b       Prior year adjustments       2b         c       Other losses       2c         d       Other (Describe in Part XIII.)       2d         e       Add lines 2a through 2d       2e         3       Subtract line 2e from line 1       3         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:       a         a       Investment expenses not included on Form 990, Part VIII, line 7b       4a         b       Other (Describe in Part XIII.)       4b         c       Add lines 4a and 4b       4c         5       Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)       5		•	per Return.
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c       Other losses       2c       2d         d       Other (Describe in Part XIII.)       2d       2e         e       Add lines 2a through 2d       2e         3       Subtract line 2e from line 1       3         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:       3         a       Investment expenses not included on Form 990, Part VIII, line 7b       4a         b       Other (Describe in Part XIII.)       4b       4c         c       Add lines 4a and 4b       4c         5       Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)       5			
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e       Add lines 2a through 2d       2e         3       Subtract line 2e from line 1       3         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:       3         a       Investment expenses not included on Form 990, Part VIII, line 7b       4a         b       Other (Describe in Part XIII.)       4b       4c         5       Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)       5			
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4 Amounts included on Form 990, Part IX, line 25, but not on line 1:       4a         a Investment expenses not included on Form 990, Part VIII, line 7b       4a         b Other (Describe in Part XIII.)       4b         c Add lines 4a and 4b       4c         5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)       5			
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b       Other (Describe in Part XIII.)       4b         c       Add lines 4a and 4b       4c         5       Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)       5		1 1	
c       Add lines 4a and 4b       4c         5       Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)       5			
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5		4b	
		18.)	5

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.

EZ
OMB No. 1545-0047
2017
Open to Public
Inspection
Employer identification number

33-0002313

INC.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

UTILITY CONSUMERS ACTION NETWORK,

ADVOCATES POLICY INITIATIVES, EDUCATES, AND GUARDS AGAINST CORPORATE

ABUSES.

FORM 990, PART VI, SECTION B, LINE 11B:

THE BOARD RECEIVES A FULL COPY OF THIS FORM 990 FOR REVIEW PRIOR TO

FINALIZING THE RETURN AND FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

DIRECTORS AND SENIOR OFFICERS ARE REQUIRED TO VOLUNTARILY DISCLOSE

CONFLICTS OF INTEREST. ONCE A YEAR THE SENIOR OFFICERS AND BOARD DIRECTORS

ARE PROVIDED WITH UCAN'S CONFLICT-OF-INTEREST POLICY AND PLEDGE TO ABIDE BY

THE POLICY AND ATTEST THAT THEY HAVE NO CONFLICTS AS DESCRIBED IN THE

POLICY.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND

FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES

286,810.

286,810.

Ο.

Ο.

MANAGEMENT AND GENERAL EXPENSES

FUNDRAISING EXPENSES

TOTAL EXPENSES

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 286,810.

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2017)

 732211
 09-07-17

29

(Rev. January 2017)

Department of the Treasury

Internal Revenue Service

### Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Enter filer's identifying number

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile*, click on Charities & Non-Profits, and click on *e-file* for *Charities and Non-Profits*.

### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

					a sidentinyi	ng number	
Type or	Name of exempt organization or other filer, see instru	Employer identification number (EIN) of					
print					33-0002313		
File by the	UTILITY CONSUMERS ACTION NETWORK, INC.						
due date for filing your return. See	Ate for Number, street, and room or suite no. If a P.O. box, see instructions. S your 3405 KENYON STREET SUITTE 401					er (SSN)	
instructions.	City, town or post office, state, and ZIP code. For a f SAN DIEGO, CA 92110	oreign add	ress, see instructions.				
Enter the	Return Code for the return that this application is for (fi	le a separa	te application for each return)			01	
Applicati	on	Return	Application			Return	
Is For		Code	Is For	Code			
Form 990	or Form 990-EZ	01	Form 990-T (corporation)	07			
Form 990	BL	02	Form 1041-A			08	
Form 472	0 (individual)	03	Form 4720 (other than individual)	09			
Form 990	PF	04	Form 5227			10	
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990-T (trust other than above) 06 Form 8870						12	
<ul> <li>If this is</li> <li>box ▶ [</li> <li>1 I refor</li> <li>▶[</li> </ul>	brganization does not have an office or place of busines is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box $\blacktriangleright$ quest an automatic 6-month extension of time until the organization named above. The extension is for the calendar year or X tax year beginning JUL 1, 2017	Group Exe and atta MA organizatio	emption Number (GEN) I ch a list with the names and EINs o Y 15, 2019, to file	f this is fo f all memb e the exen	r the whole g	nsion is for.	
	ne tax year entered in line 1 is for less than 12 months, o			Final retur	'n		
 3a lfth	☐ Change in accounting period nis application is for Forms 990-BL, 990-PF, 990-T, 4720	or 6060	enter the tentative tax less any				
	arefundable credits. See instructions.	, 01 0009,	enter the tentative tax, less any	3a	\$	0.	
	nis application is for Forms 990-PF, 990-T, 4720, or 6069	) ontor an	v rofundable credite and	3a	φ		
	imated tax payments made. Include any prior year over	· ·		Зb	\$	0.	
	ance due. Subtract line 3b from line 3a. Include your pa				Ψ		
	using EFTPS (Electronic Federal Tax Payment System).	-		3c	\$	0.	
Caution: instructio	If you are going to make an electronic funds withdrawa	l (direct de	bit) with this Form 8868, see Form 8			9-EO for payment	

29.1