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Form 990

Department of the Treasury  
Internal Revenue Service

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung  
benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public  
Inspection

## A For the 2009 calendar year, or tax year beginning

, and ending

## B Check if applicable

Please  
use IRS  
label or  
print or  
type

## C Name of organization

PROPANE GAS ASSOC OF NEW ENG, INC.

Address change

Name change

Initial return

Termination

Amended return

Application pending

## Doing Business As

## Number and street (or P O box if mail is not delivered to street address)

1024 SUNCOOK VALLEY HWY

## Room/suite

# C5

## City or town, state or country, and ZIP + 4

EPSOM NH 03234

## D Employer identification number

22-3048763

## E Telephone number

888-445-1075

## G Gross receipts \$

1,045,540

## H(a) Is this a group return for

affiliates? Yes  No 

## H(b) Are all affiliates

included? Yes  No 

If "No," attach a list (see instructions)

I Tax-exempt status  501(c) ( 6 ) ▶ (insert no)  4947(a)(1) or  527

J Website ► WWW.PGANE.ORG

K Type of organization  Corporation  Trust  Association  Other ►

L Year of formation 2008 M State of legal domicile NH

## Part I Summary

## 1 Briefly describe the organization's mission or most significant activities

TO PROMOTE THE SAFE USE AND OPERATION OF PROPANE GAS.

2 Check this box ►  if the organization discontinued its operations or disposed of more than 25% of its net assets

## 3 Number of voting members of the governing body (Part VI, line 1a)

3 25

## 4 Number of independent voting members of the governing body (Part VI, line 1b)

4 25

## 5 Total number of employees (Part V, line 2a)

5 0

## 6 Total number of volunteers (estimate if necessary)

6 0

## 7a Total gross unrelated business revenue from Part VIII, column (C), line 12

7a

## b Net unrelated business taxable income from Form 990-T, line 34

7b 0

## 8 Contributions and grants (Part VIII, line 1h)

## Prior Year

11,759

## 9 Program service revenue (Part VIII, line 2g)

## Current Year

1,004,114

## 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

855,648

## 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

14,967

## 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)

4,402

875,017 1,045,540

## 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)

## 14 Benefits paid to or for members (Part IX, column (A), line 4)

## 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

## 16a Professional fundraising fees (Part IX, column (A), line 11e)

## b Total fundraising expenses (Part IX, column (D), line 25) ► RECEIVED

## 17 Other expenses (Part IX, column (A), lines 11a-11d, 11-24f)

886,790

## 1,016,362

## 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)

886,790

## 1,016,362

## 19 Revenue less expenses Subtract line 18 from line 12

-11,773

## 29,178

## 20 Total assets (Part X, line 16)

## Beginning of Current Year

640,910 479,552

## 21 Total liabilities (Part X, line 26)

## End of Year

231,872 26,704

## 22 Net assets or fund balances Subtract line 21 from line 20

409,038 452,848

Net Assets or  
Fund Balances

Expenses

Revenue

Activities &amp; Governance

2009

11-9-2010

Date

11-9-2010

Signature

eHere

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

Signature of officer

Type or print name and title

2009

11-9-2010

Date

11-9-2010

Signature

eHere

Signature of officer

Type or print name and title

Paid  
Preparer's  
Use OnlyPreparer's  
signature

SEELYE &amp; SCHULZ PA, CPA

## Date

11/05/10

Check if  
self-  
employedYes  No Preparer's identifying number  
(see instructions)

030-38-0876

Firm's name (or yours  
if self-employed),  
address, and ZIP + 4451 AMHERST ST STE 204  
NASHUA, NH 03063-1200

## EIN

02-0413305

## Phone

no 603-886-1900

May the IRS discuss this return with the preparer shown above? (see instructions)

Yes  No 

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

DAA

Form 990 (2009)

613

**Part III Statement of Program Service Accomplishments**

1 Briefly describe the organization's mission

TO PROMOTE THE SAFE USE AND OPERATION OF PROPANE GAS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

 Yes  No

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?

 Yes  No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses  
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$	including grants of \$	) (Revenue \$	)
----------	--------------	------------------------	---------------	---

CONVENTIONS AND MEETINGS

VARIOUS CONVENTIONS AND MEETINGS ARE HELD TO BENEFIT THE MEMBERSHIP AND THEIR EMPLOYEES CONCERNING THE INDUSTRY.

4b (Code	(Expenses \$	including grants of \$	) (Revenue \$	)
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MARKETING AND PROMOTION

VARIOUS FAIR EXHIBITS AND SHOWS TO PROMOTE THE USE OF PROPANE GAS FOR RESIDENTIAL AND COMMERCIAL PROPERTIES.

4c (Code	(Expenses \$	including grants of \$	) (Revenue \$	)
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SAFETY EDUCATION

SPONOSORSHIP OF EDUCATIONAL SEMINARS AND TRAINING PROGRAMS FOR INDUSTRY EMPLOYEES.

4d Other program services (Describe in Schedule O)

(Expenses \$

including grants of \$

) (Revenue \$

)

4e Total program service expenses ►

## Part 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		X
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
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		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(c) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		X
● Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		
● 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		
● 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		
● Did the organization report an amount for other assets related 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		
● Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		
● 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? If "Yes," complete Schedule D, Part X		
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional		
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X

## Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States 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 Schedule K. If "No," go to line 25	24a	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	<b>Section 501(c)(3) and 501(c)(4) organizations</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? 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 a grant selection committee member, or to a person related to such an individual? 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)	28a	X
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c	X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	29	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	31	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	32	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	33	X
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	34	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	35	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	36	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	37	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	38	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O		

## Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns. Enter -0- if not applicable	1a 15	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 0	
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	5a	X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c	
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	6a	X
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6b	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	7a	
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>	7b	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7c	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7d	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7e	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7f	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7g	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7h	
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	8	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	9a	
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	9b	
9	<b>Sponsoring organizations maintaining donor advised funds.</b>	10a	
a	Did the organization make any taxable distributions under section 4966?	10b	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	11a	
10	<b>Section 501(c)(7) organizations.</b> Enter	11b	
a	Initiation fees and capital contributions included on Part VIII, line 12	12a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	12b	
11	<b>Section 501(c)(12) organizations.</b> Enter		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

**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.

### Section A. Governing Body and Management

1a Enter the number of voting members of the governing body  
**1a** 25  
**1b** 25

b Enter the number of voting members that are independent

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?

3 Did the organization delegate control over management duties *customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?*

4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?

5 Did the organization become aware during the year of a material diversion of the organization's assets?

6 Does the organization have members or stockholders?

7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?

b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following

a The governing body?

b Each committee with authority to act on behalf of the governing body?

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O

	Yes	No
1a	25	
1b	25	
2		X
3		X
4		X
5		X
6	X	
7a	X	
7b		X
8a	X	
8b		X
9	X	

### Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

10a Does the organization have local chapters, branches, or affiliates?

b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?

11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?

11a Describe in Schedule O the process, if any, used by the organization to review this Form 990

12a Does the organization have a written conflict of interest policy? If "No," go to line 13

b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done

13 Does the organization have a written whistleblower policy?

14 Does the organization have a written document retention and destruction policy?

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

a The organization's CEO, Executive Director, or top management official

b Other officers or key employees of the organization

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 arrangement with a taxable entity during the year?

b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

	Yes	No
10a		X
10b		
11		X
12a		X
12b		
12c		
13	X	
14	X	
15a		X
15b		X
16a		X
16b		

### Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **NONE**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available Check all that apply  
 Own website  Another's website  Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► **JOSEPH ROSE**

1024 SUNCOOK VALLEY HIGHWAY

EPSOM

NH 03234

888-445-1075

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

**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. Use Schedule J-2 if additional space is needed.

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

\$100,000 of reportable compensation from the organization and any related organizations

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee,

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 the organization did not comp

(A)  (B)  (C)  (D)

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
SEE ATTACHED LIST		<input checked="" type="checkbox"/> Former <input checked="" type="checkbox"/> Highest compensated employee <input checked="" type="checkbox"/> Key employee <input type="checkbox"/> Officer <input type="checkbox"/> Institutional trustee <input checked="" type="checkbox"/> Individual trustee or director	0	0	0
JOE ROSE PRESIDENT	40.00	<input checked="" type="checkbox"/>	145,000	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

**1b Total**

145,000

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ► 1

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4		X
5		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
JOE ROSE EPSOM	P.O. BOX 1071 NH 03234	EXECUTIVE
		145,000

## Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	11,759			
	g Noncash contributions included in lines 1a-1f					
<b>h Total. Add lines 1a-1f</b>		<b>11,759</b>				
Program Service Revenue		Busn. Code				
	2a SCHOOLS & SEMINARS		655,892	655,892		
	b MEMBERSHIP DUES		178,340	178,340		
	c MATERIALS		169,882	169,882		
	d					
	e					
	f All other program service revenue					
<b>g Total. Add lines 2a-2f</b>		<b>1,004,114</b>				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		12,554	12,554		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross Rents	(i) Real	(ii) Personal			
	b Less rental exps					
	c Rental inc or (loss)					
	d Net rental income or (loss)					
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
b Less cost or other basis & sales exps						
c Gain or (loss)						
d Net gain or (loss)						
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c)						
See Part IV, line 18	a					
b Less direct expenses	b					
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities						
See Part IV, line 19	a					
b Less direct expenses	b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a					
b Less cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Busn. Code					
11a SEC 481(A) ADJUST, YR 3 OF 4		17,113	17,113			
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		17,113				
<b>12 Total Revenue</b> See instructions		<b>1,045,540</b>	<b>1,033,781</b>	<b>0</b>	<b>0</b>	

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management	190,000			
b Legal	2,775			
c Accounting	1,952			
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	25,310			
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	13,400			
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
a MARKETING OUTREACH	359,579			
b CONVENTIONS & MEETINGS	284,810			
c DUES TO NATIONAL GAS ASSN	54,830			
d OFFICE TRAVEL	33,341			
e MEMBERSHIP DIRECTORY	11,371			
f All other expenses	38,994			
25 Total functional expenses. Add lines 1 through 24f	1,016,362			
26 Joint costs. Check here ► <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

## Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	40,593	1	23,265
	2 Savings and temporary cash investments	88,855	2	78,533
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	206,078	4	14,837
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	3,041	8	3,742
	9 Prepaid expenses and deferred charges	1,181	9	4,670
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D			
	10b Less accumulated depreciation		10c	
	11 Investments—publicly traded securities	300,592	11	351,399
	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	570	15	3,106
	16 Total assets. Add lines 1 through 15 (must equal line 34)	640,910	16	479,552
Liabilities	17 Accounts payable and accrued expenses	77,782	17	26,704
	18 Grants payable		18	
	19 Deferred revenue	154,090	19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons 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 Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	231,872	26	26,704
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34			
	27 Unrestricted net assets	409,038	27	441,584
	28 Temporarily restricted net assets		28	11,264
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	409,038	33	452,848
	34 Total liabilities and net assets/fund balances	640,910	34	479,552

Form 990 (2009)

## Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990	Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____	
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	<input checked="" type="checkbox"/> 2a	X
b Were the organization's financial statements audited by an independent accountant?	<input checked="" type="checkbox"/> 2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	<input type="checkbox"/> 2c	X
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both	<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	<input type="checkbox"/> 3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<input type="checkbox"/> 3b	

Form 990 (2009)

**SCHEDULE D**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.  
► Attach to Form 990 ► See separate instructions.

OMB No 1545-0047

**2009**Open to Public  
Inspection

Name of the organization

PROPANE GAS ASSOC OF NEW ENG, INC.

Employer identification number

22-3048763

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply)	<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
	<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
	<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year		
		<b>Held at the End of the Tax Year</b>
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06	2d	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ►	— — — —	
4 Number of states where property subject to conservation easement is located ►	— — — —	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►	— — — —	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ — — — —		
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements		

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**  
Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items	► \$ — — — —
b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items	► \$ — — — —
(i) Revenues included in Form 990, Part VIII, line 1	► \$ — — — —
(ii) Assets included in Form 990, Part X	► \$ — — — —
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items	► \$ — — — —
a Revenues included in Form 990, Part VIII, line 1	► \$ — — — —
b Assets included in Form 990, Part X	► \$ — — — —

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's acquisition, accession, 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 exchange programs  
 b Scholarly research      e  Other \_\_\_\_\_  
 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 XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets 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" to Form 990, Part IV, line 9, or 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?  Yes  No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10**

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
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					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ► \_\_\_\_\_ %

b Permanent endowment ► \_\_\_\_\_ %

c Term endowment ► \_\_\_\_\_ %

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" to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.**

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
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 10(c)) ►

**Part VII Investments—Other Securities. See Form 990, Part X, line 12.**

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		

**Part VIII Investments—Program Related. See Form 990, Part X, line 13.**

**Part IX Other Assets. See Form 990, Part X, line 15.**

**Total.** (Column (b) must equal Form 990, Part X, col (B) line 15 )

**Part X Other Liabilities. See Form 990, Part X, line 25**

Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1 Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,045,540
2 Total expenses (Form 990, Part IX, column (A), line 25)	2	1,016,362
3 Excess or (deficit) for the year Subtract line 2 from line 1	3	29,178
4 Net unrealized gains (losses) on investments	4	
5 Donated services and use of facilities	5	
6 Investment expenses	6	
7 Prior period adjustments	7	
8 Other (Describe in Part XIV)	8	-17,113
9 Total adjustments (net). Add lines 1 through 8	9	17,113
10 Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	12,065

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1 Total revenue, gains, and other support per audited financial statements	1	1,028,427
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains on investments	2a	
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIV)	2d	
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1	3	1,028,427
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 XIV)	4b	17,113
c Add lines 4a and 4b	4c	17,113
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	1,045,540

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1 Total expenses and losses per audited financial statements	1	1,016,362
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIV)	2d	
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1	3	1,016,362
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	4a	
b Other (Describe in Part XIV)	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	1,016,362

**Part XIV Supplemental Information**

Complete this part to 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, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

PART XI, LINE 8 - RECONCILIATION OF CHANGES - OTHER - - - - -

SEC\_481(A) ADJUST\_YR 3 OF 4 - - - - - \$ - - - 17,113 - - -

PART XII, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER - - - - -

SEC\_481(A) ADJUST\_YR 3 OF 4 - - - - - \$ - - - 17,113 - - -



**SCHEDULE O**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990**Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
► Attach to Form 990.

OMB No 1545-0047

**2009**Open to Public  
Inspection

Name of the organization

PROPANE GAS ASSOC OF NEW ENG, INC.

Employer identification number  
22-3048763

FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS

THE ASSOCIATION IS MADE UP OF NUMEROUS MEMBERS

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS

THE ASSOCIATION'S MEMBERS ELECTS ALL MEMBERS OF THE GOVERNING BODY.

FORM 990, PART VI, LINE 8B - DOCUMENTATION BY COMMITTEE EXPLANATION

THE BOARD DOES NOT HAVE SEPARATE COMMITTEES

FORM 990, PART VI, LINE 9 - OFFICERS WHO CANNOT BE REACHED

SEE ATTACHED LIST OF BOARD MEMBERS

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990

FORM 990 IS REVIEWED BY THE TREASURER BEFORE FILING.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS

ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

## Federal Statements

### Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
	\$ 25,310	\$ 25,310	\$ 0	\$ 0
<b>TOTAL</b>	<b>\$ 25,310</b>	<b>\$ 25,310</b>	<b>\$ 0</b>	<b>\$ 0</b>

### Form 990, Part IX, Line 24f - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
OFFICE SUPPLIES	\$ 10,057	\$ 10,057	\$ 0	\$ 0
TELEPHONE	6,579	6,579	0	0
EQUIPMENT RENTAL	5,504	5,504	0	0
LEGISLATIVE MONITORING	3,494	3,494	0	0
INSURANCE	3,307	3,307	0	0
CREDIT CARD PROCESSING	2,377	2,377	0	0
POSTAGE	2,071	2,071	0	0
COMPUTER	1,526	1,526	0	0
WEATHER SERVICE	1,200	1,200	0	0
INTERNET ACCESS	1,023	1,023	0	0
BOND AMORTIZATION	853	853	0	0
MISCELLANEOUS	775	775	0	0
SERVICE CHARGES	228	228	0	0
<b>TOTAL</b>	<b>\$ 38,994</b>	<b>\$ 38,994</b>	<b>\$ 0</b>	<b>\$ 0</b>

## OFFICERS 2009-2010

### CHAIRMAN

Paul Bogan  
Sea-3 Inc  
190 Shattuck Way  
Newington, NH 03801-2823  
Phone 603-431-5990  
Fax 603-431-5652  
Email [paul.bogan@sea-3.com](mailto:paul.bogan@sea-3.com)

### VICE CHAIRMAN

Larry Doughty  
American Welding & Tank  
687 Fay Brook Road  
Sharon, VT 05065  
Phone 802-763-2987  
Fax 802-763-2987  
Email [larrydoughty@awtan.com](mailto:larrydoughty@awtan.com)

### SECRETARY

Steve Rosentel  
Leahy's Propane Gas Service  
P O Box 130  
Danbury, CT 06813-6130  
Phone 203-748-3539  
Fax 203-792-67463  
Email [rosentel@leahys.com](mailto:rosentel@leahys.com)

### TREASURER

Rick Card  
D F Richard Energy  
P O Box 669  
Dover, NH 03821-0669  
Phone 800-649-6457  
Fax 603-742-0033  
Email [rick@dfrichard.com](mailto:rick@dfrichard.com)

### DIRECTOR AT-LARGE

Denis Gagne  
Eastern Propane  
28 Industrial Way, P O Box 1800  
Rochester, NH 03866-1800  
Phone 603-332-2080  
Fax 603-335-0545  
Email [dgagne@eastern.com](mailto:dgagne@eastern.com)

### PRESIDENT/CEO

Joe Rose  
P O Box 1071  
Epsom, NH 03234  
Phone 888-445-1071 x102  
Fax. 888-612-8098  
Email [jose@ccg.org](mailto:jose@ccg.org)

## PGANE OFFICES/STAFF

### Administrator

Assistant  
Kim Pratt  
P O Box 1071  
Epsom, NH 03234  
Phone 888-445-1075 x103  
Fax 888-612-8098  
Email [kpratt@ccg.org](mailto:kpratt@ccg.org)

### Manager of Programs

and Information Technology  
Caryn Gwizdala  
P O Box 1071  
Epsom, NH 03234  
Phone 888-445-1075 x101  
Fax 888-612-8098  
Email [caryn@ccg.org](mailto:caryn@ccg.org)

## NEW ENGLAND DIRECTORS

### REGION 1

VACANT

### REGION 2

Russ Michaud  
Tarantin Tank & Equipment  
P O Box 1855  
Bangor, ME 04401  
Phone 600-695-6265  
Fax. 603-679-4605  
Email [russmi@tarantin.com](mailto:russmi@tarantin.com)

### REGION 3

Norm Guerette  
Dead River Company  
P O Box 17577  
Portland, ME 04112  
Phone 207-773-5841  
Fax 207-773-1302  
Email [norm.guerette@deadriver.com](mailto:norm.guerette@deadriver.com)

### REGION 4

Ken Taylor  
White Mountain Oil & Propane  
P O Box 690, 2820 White Mountain Hwy  
North Conway, NH 03860-0690  
Phone 603-356-6386  
Fax 603-356-7181  
Email [ktaylor@whitemountainoil.com](mailto:ktaylor@whitemountainoil.com)

### REGION 5

Bill Ermer  
Palmer Gas Company, Inc  
P O Box 98  
North Salem, NH 03073  
Phone 603-898-7986  
Fax 603-898-8471  
Email [be@palmergasco.com](mailto:be@palmergasco.com)

### REGION 6

Manny Crafts  
Crafts Training  
P O Box 606  
Waitsfield, VT 05673  
Phone 802-496-2732  
Fax Same  
Email [msc@craftstraining.com](mailto:msc@craftstraining.com)

### REGION 7

John Pratt  
Gas Supply Resources LLC  
One Court Street  
Lebanon, NH 03766  
Phone 603-448-2825  
Fax. 603-448-2847  
Email [jpratt@ccpmidstream.com](mailto:jpratt@ccpmidstream.com)

### REGION 8

Cassandra Barry  
Ray Murray Inc  
P O Box 339, 50 Limestone Rd  
Lee, MA 01238  
Phone 413-243-2164 x503  
Fax 800-243-8341  
Email [cbarry@raymurray.com](mailto:cbarry@raymurray.com)

### REGION 9

Chuck Holden  
Holden Oil Co  
91 Lynnfield Street  
Peabody, MA 01960  
Phone 978-531-2984  
Fax 978-531-4321  
Email [cholden@holdenoil.com](mailto:cholden@holdenoil.com)

### REGION 10

Tim Johnson  
Propane Plus  
177 Winthrop St., Box 38  
Rehoboth, MA 02769  
Phone 508-252-3359  
Fax 508-252-9944  
Email [tim@propaneplus.com](mailto:tim@propaneplus.com)

### REGION 11

John Armentano  
Paraco Gas Corp.  
800 Westchester Ave., Ste. 604  
Rye Brook, NY 10573  
Phone. 914-250-3700  
Fax 914-251-9444  
Email [jarmentano@paraco-gas.com](mailto:jarmentano@paraco-gas.com)

### REGION 12

Larry Chesler  
Spicer Gas Company  
36 Thames St., P O Box 903  
Groton, CT 06340  
Phone: 860-445-2436  
Fax 860-445-2313  
Email. [lchesler@spicergas.com](mailto:lchesler@spicergas.com)

DISTRICT 1C  
Denis Gagne  
Eastern Propane  
28 Industrial Way, P O Box 1800  
Rochester, NH 03866-1800  
Phone 603-332-2080  
Fax 603-335-3545  
Email [dgagne@eastern.com](mailto:dgagne@eastern.com)

## NATIONAL DIRECTORS

CT Mike Morrissey  
Morrissey Consulting LLC  
332 Strickland Street  
Glastonbury, CT 06033  
Phone 860-633-8781  
Email [morrisseyconsulting@comcast.net](mailto:morrisseyconsulting@comcast.net)

ME David Breed  
Lets Talk Propane  
79 Hanson Avenue  
Gardiner, ME 04345-1958  
Phone 207-496-3011  
Fax. 207-493-3188  
Email [letsalkpropane@gmail.com](mailto:letsalkpropane@gmail.com)

CT Jonathan Holstein  
Spicer Gas Company  
36 Thames Street  
Groton, CT 06340  
Phone 860-445-2436  
Fax 860-445-2313  
Email [holstein@spicergas.com](mailto:holstein@spicergas.com)

MA Vincent Osterman  
E Osterman Inc  
P O Box 29, One Memorial Square  
Whitinsville, MA 01588  
Phone 508-234-9902  
Fax 508-234-0645  
Email [vosterman@ostermaninc.com](mailto:vosterman@ostermaninc.com)

NH Jeff Taylor  
Eastern Propane Gas & Oil  
28 Industrial Way, P O Box 1800  
Rochester, NH 03866-1800  
Phone 603-332-2080  
Fax: 603-335-0545  
Email [jtaylor@eastern.com](mailto:jtaylor@eastern.com)

V Jim Taranovich  
Proctor Gas Inc  
2 Market St  
Proctor, VT 05765  
Phone 802-459-3340  
Fax. 802-459-2151  
Email [jim@proctorgas.com](mailto:jim@proctorgas.com)

## Form 8868 (Rev. 4-2009)

Page 2 ► 

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

**Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).**

Type or print File by the extended due date for filing the return. See instructions	Name of Exempt Organization  PROPANE GAS ASSOC OF NEW ENG, INC	Employer identification number  22-3048763
	Number, street, and room or suite no. If a P.O. box, see instructions  1024 SUNCOOK VALLEY HWY # C5	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions  EPSOM NH 03234	

Check type of return to be filed (File a separate application for each return)

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of ► JOE ROSE  
Telephone No ► 888-445-1075 FAX No. ► 888-612-8098

- If the organization does not have an office or place of business in the United States, check this box ►

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box ►  . If it is for part of the group, check this box ►  and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until 11/15/10

5 For calendar year 2009, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

6 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

7 State in detail why you need the extension

ADDITIONAL TIME IS REQUESTED TO GATHER INFORMATION TO PREPARE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b \$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c \$

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ► 

Title ► CPA

Date ► 08/06/10

Form 8868 (Rev. 4-2009)

Form 8868  
(Rev. April 2009)Department of the Treasury  
Internal Revenue ServiceApplication for Extension of Time To File an  
Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

## Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

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

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization	Employer identification number
File by the due date for filing your return. See instructions	PROPANE GAS ASSOC OF NEW ENG, INC	22-3048763
	Number, street, and room or suite no. If a P O box, see instructions	
	PO BOX 859	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	MOULTONBORO NH 03254	

Check type of return to be filed (file a separate application for each return)

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ► JUDY TAYLOR

Telephone No ► 603-544-2226 FAX No ►

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ►  If it is for part of the group, check this box ►  and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15/10, to file the exempt organization return for the organization named above. The extension is for the organization's return for

►  calendar year 2009 or

►  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

2 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b \$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c \$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)