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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)

OMB No 1545-0047

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

Open to Public Inspection

<u>A I</u>	For the	2011 calendar year, or tax year beginning and e	ending		
В	Check if applicable	C Name of organization		D Employer identific	cation number
Γ	Addres	IOWA PROPANE GAS ASSOCIATION			
	Name change		36-3059484		
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Termin ated	FO BOX 37100		(515	
	Ameno return	City or town, state or country, and ZIP + 4		G Gross receipts \$	<u>751,180.</u>
	Applic	DES MOINES, IA 50317		H(a) Is this a group re	
	pendir	F Name and address of principal officer DEBRA GROOMS		for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates inc	luded? Yes No
1	Tax-exe	mpt status 501(c)(3) 501(c) (6) ◀ (insert no.) 4947(a)(1) o	or 🔲 527	If "No," attach a	list (see instructions)
J	Websit	e: > WWW.IAPROPANE.ORG		H(c) Group exemption	n number 🕨
K	Form of	organization: X Corporation Trust Association Other	L Year	of formation: 1987 N	State of legal domicile: IA
P	art I	Summary			
6)	1	Briefly describe the organization's mission or most significant activities: IOWA	PROPA	NE GAS ASSO	CIATION
Activities & Governance		SERVES DEALERS, SUPPLIERS, CONSUMERS AND	BUILD	ERS BY PROMO	OTING THE
Ĩ	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	sets
o ve	3	Number of voting members of the governing body (Part VI, line 1a)		3	18
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	18
ŝ	5	Total number of individuals employed in calendar-year 2011 (Part V, line 2a)		5	3
ŧ	6	Total number of volunteers (estimate if necessary)	<u>.</u>	6	30
Ę	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	1	7a	15,650.
⋖	1	Net unrelated business taxable income from Form 990-T, line 34	۱!	7b	278.
		IST ALC O	:/	Prior Year	Current Year
สาร์	8	Contributions and grants (Part VIII, line 1h)	i \square	256,720.	282,463.
H.	5 9	Program service revenue (Part VIII, line 2g)		263,387.	277,139.
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and .7d)	! _	3,037.	2,940.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		226,462.	135,537.
-	ч	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		749,606.	698,079.
AUG	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
V	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		269,265.	293,022.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
3	h	Total fundraising expenses (Part IX, column (D), line 25)	0.		
Ş Ü	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u> </u>	272,956.	317,014.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		542,221.	610,036.
		Revenue less expenses Subtract line 18 from line 12		207,385.	88,043.
L S		Nevenue less expenses Oubtract into 10 non1 into 12	Re	ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	56	1,146,982.	1,140,390.
ASS	21	Total liabilities (Part X, line 16)		586,564.	504,055.
le de	22	Net assets or fund balances Subtract line 21 from line 20		560,418.	636,335.
	art II	Signature Block		300,410.	030,333.
		ties of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the hest of my	knowledge and helief it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of wh			r Knowledge and bollet, it to
iiuc	, соптес	than complete. Deciding from the preparation of preparation of the pre	iicii pi opaici	7 -25	· 12
C:-	_	Signature of officer		Date	· · ·
Sig		▶ DEBRA GROOMS, EXECUTIVE DIRECTOR			
Hei	e	Type or print name and title			
			1	Date Check	PŤIN
Paid	d	Print/Type preparer's name MICHAEL W. MCNICHOLS, CPAMICHAEL W. MCNIC		i	
	parer			Firm's EIN	42-1104473
	Only			(IIIII 9 EIIV	TT0.44/7
USE	Unity	Firm's address 1601 WEST LAKES PARKWAY, SUITE 3	500	Dhone no /	515) 288-3279
	. 45 - 15	WEST DES MOINES, IA 50266		Phone no. (
Ma	y tne IF	IS discuss this return with the preparer shown above? (see instructions)			X Yes No

	990 (2011) IOWA PROPANE GAS ASSOCIATION	<u> 36-3059484</u>	Page 2
Pa	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission		
•		O THODENCE MUE	
		O INCREASE THE	
		HE PROPANE GAS	
	INDUSTRY.		
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?		X No
	If "Yes," describe these new services on Schedule O		
_			X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program ser	vices / Lifes	I LALINO
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program service	ces, as measured by expense	s
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amo	unt of grants and allocations	to
	others, the total expenses, and revenue, if any, for each program service reported.		
4a		(Revenue \$)
	TO PROMOTE AND DEVELOP THE PROPANE GAS INDUSTRY IN I	,	
	INCREASE ITS THE EFFECTIVENESS, EFFICIENCY, KNOWLEDG		212
		E AND SAFETY.	<u> </u>
	MEMBERS SERVED.		
			
4b	(Code) (Expenses \$	(Revenue \$	
	/ texposed	(Hevenue w	
			
			
			
		<u> </u>	
		·	
4c	(Code) (Expenses \$ including grants of \$)	(Revenue \$)
	<u> </u>		
	Other program convene (Decembe in Schodule O.)		
4d	Other program services (Describe in Schedule O)	*	
	(Expenses \$ including grants of \$) (Revenue \$)	
<u>4e</u>	Total program service expenses		
		Form 9	90 (2011)

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	1		<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	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	3_		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
_	during the tax year? If "Yes," complete Schedule C, Part II	4_	-	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_5_	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	_ ا		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
•	Schedule D, Part III	8		х
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	9		Х
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, 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		<u> </u>
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		<u> </u>
đ	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			77
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	v	<u> </u>
_	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	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	111	<u> </u>	
	Schedule D, Parts XI, XII, and XIII	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, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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, Parts II and IV	15		<u>X</u>
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, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			77
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	ا 🛴 ا		v
19	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
13	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	40		Y
20°=	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		<u>X</u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
~	and the state of t	Form	990 ¢	2011)
		2	~ /-	/

Part IV Checklist of Required Schedules (continued)

			res	NO
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> X</u>
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			X
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
24 a	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	240		
_	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		
	Section 501(c)(3) and 501(c)(4) organizations. 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 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		<u>X</u>
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):			77
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		_ <u>X</u> _
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	000		Х
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	29		
-	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		х
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		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	33		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	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>X</u>
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u>X</u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			77
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	00	Ţ	
	Note. All Form 990 filers are required to complete Schedule O	38 Form	X agn (20111
		-onn	J JU ()	2011)

	Check if Schedule O contains a response to any question in this Part V				$\overline{}$
_	Check is defined to defination a response to any question in this tart v			V	ليا
10	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	_{1a} 3	\vdash	Yes	No
h	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1a 3	1 1	İ	ĺ
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			į l	ĺ
Ŭ	(gambling) winnings to prize winners?	cportable garning	1c	x	ĺ
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 3		. 1	ĺ
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	<u> </u>	2b		х
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	- /	3a	x	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b	X	
	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	•	4a	. [x
b	If "Yes," enter the name of the foreign country	,			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transfer	action?	5b		х
С	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	he organization solicit			
	any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions or gifts		-	
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				l
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required			l
	to file Form 8282?	1 1	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			l
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont		7f		
9	If the organization received a contribution of qualified intellectual property, did the organization file F	•	7g	\longrightarrow	
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization associations are intrinsically and the contribution of cars, boats, airplanes, or other vehicles, did the organization are intrinsically and the contribution of cars, boats, airplanes, or other vehicles, did the organization are intrinsically and the contribution of cars, boats, airplanes, or other vehicles, did the organization are intrinsically and the contribution of cars, boats, airplanes, or other vehicles, did the organization are intrinsically and the contribution of cars, boats, airplanes, or other vehicles, did the organization are intrinsically and the contribution of cars, boats, airplanes, or other vehicles, did the organization are intrinsically and the contribution of cars, boats, airplanes, or other vehicles, did the organization are intrinsically and the contribution of cars, boats, airplanes, and the contribution of cars, boats, airplanes, and the contribution of cars, and the cars, an		7h	\longrightarrow	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D				
9	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at Sponsoring organizations maintaining donor advised funds.	any time during the year?	8	\longrightarrow	
	Did the organization make any taxable distributions under section 4966?				
	Did the organization make a distribution to a donor, donor advisor, or related person?		9a	-	
10	Section 501(c)(7) organizations. Enter		9b		
.о	Initiation fees and capital contributions included on Part VIII, line 12	10a			ı
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			ı
11	Section 501(c)(12) organizations. Enter				ı
а	Gross income from members or shareholders	11a		1	ı
b	Gross income from other sources (Do not net amounts due or paid to other sources against		.	l	
	amounts due or received from them)	11b	.		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c			
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O	14b		
			Form 9	990 (2	2011)

Form 990 (2011) IOWA PROPANE GAS ASSOCIATION 36-3059484 Page
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

	to line 6a, 6b, or 10b below, describe the circumstances, processes, or changes in Scriedule O. See instructions								
	Check if Schedule O contains a response to any question 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 18								
	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 1								
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?	3		X					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	<u>X</u>						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<u> X</u>					
6	Did the organization have members or stockholders?	6		X					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or								
	more members of the governing body?	7a	_X_						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
	persons other than the governing body?	7b		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а	The governing body?	_8a	X						
b	Each committee with authority to act on behalf of the governing body?	8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)								
			Yes	No					
	Did the organization have local chapters, branches, or affiliates?	10a		X					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a	Х						
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?								
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990								
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	<u> X</u>						
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<u>X</u>						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		3,7						
40	In Schedule O how this was done	12c	X						
13	Did the organization have a written whistleblower policy?	13_	X						
14 15	Did the organization have a written document retention and destruction policy?	14	X						
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?		3.5						
	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	15a	X						
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	15b	X						
16-	·								
·va	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16-		х					
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a							
D	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
	exempt status with respect to such arrangements?	466							
Sec	tion C. Disclosure	16b	l						
17	List the states with which a copy of this Form 990 is required to be filed NONE								
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailah	lo.						
	for public inspection. Indicate how you made these available. Check all that apply	vallab	i C						
	Own website Another's website X Upon request								
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	l finan	cial						
.5	statements available to the public during the tax year.	miail	cial						
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organizate	ion 🕨							
LU	DEBRA GROOMS, EXECUTIVE DIRECTOR - (515) 564-1260	ION P							
	IPGA, 1400 METRO E. DRIVE, PLEASANT HILL, IA 50327								
32006									

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

Check if Schedule O contains a response to any question 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 (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

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

- 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

(A) Name and Title	(B) Average hours per	Average Position						(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional frustee	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) DAVE SCHULTZ	0.30	.,								
DIRECTOR	0.30	X	-	<u> </u>	-	-		0.	0.	0.
(2) TERRY DAVIS	0.50	.		₩.			ŀ		_	_
IMMEDIATE PAST PRESIDENT	0.50	X		X		-	-	0.	0.	0.
(3) TODD PELLETT	0.50	x						0.	0.	0.
STATE DIRECTOR	0.50	^						U •	0.	<u> </u>
(4) ROGER GRUWELL	0.50	X		X				0.	0.	0.
SECRETARY/TREASURER	0.30	^		Δ					0.	0.
(5) GREG HOWARD DIRECTOR	0.30	X				İ		0.	0.	0.
(6) SCOTT VREEMAN	0.50	Λ						0.	<u></u>	<u> </u>
PRESIDENT	1.00	x		х	l			0.	0.	0.
(7) MIKE GERST	1.00	25		23				<u> </u>		<u>.</u>
VICE PRESIDENT	0.50	x		X				0.	0.	0.
(8) MARK HARDER				-					<u> </u>	<u></u>
DIRECTOR	0.30	X				1		0.	0.	0.
(9) CASEY MEACHAM									-	
DIRECTOR	0.30	X						0.	0.	0.
(10) KIRBY SUMMERS										
DIRECTOR	0.30	X						0.	0.	0.
(11) GEORGE JAQUES										
DIRECTOR	0.30	X						0.	0.	0.
(12) TERRY YATES										
DIRECTOR	0.30	X						0.	0.	0.
(13) JASON DONLEA										
DIRECTOR	0.30	X						0.	0.	0.
(14) JEFF LAPAN		İ								
DIRECTOR	0.30	X				L		0.	0.	0.
(15) TODD MEYER										
DIRECTOR	0.30	X						0.	0.	0.
(16) DANIEL MEYER		l ;					i	_	_	_
DIRECTOR	0.30	X				<u> </u>		0.	0.	0.
(17) CHRIS BEHRENS								_	_	_
DIRECTOR 132007 01-23-12	0.30	X						0.	0.	0 . Form 990 (2011)

Section A. Officers, Directors, ITC	isiees, ney Ei	IIDIC	уусс	:5, a	IIQ I	nıgıı	C31	Compensated Employ	ees (continueu)			
(A)	(B) (C) Average Position							(D)	(E)		(F)	
Name and title	Average hours per		not c	heck	more	than		Reportable	Reportable	1	stımate mount	
	week					is bot or/trus			compensation from related	a	other	OI
	(describe	ctor						the	organizations	cor	npensa	ition
	hours for	or dire	يه ا			ated		organization	(W-2/1099-MISC)	1	rom th	
	related organizations	ustee	trustee		يوا	Suadi		(W-2/1099-MISC)		1 '	ganızat	
	in Schedule	dual tr	tonal		ploye	st con				1 1	nd relat Janizati	
	O)	Individual trustee or director	Institutional	Officer	Key employee	Highest compensated employee	Former			5.5	, a, meat	55
(18) DAVE SCHULZ												
DIRECTOR	0.30	X						0.	0.			0.
(19) MIKE GERST									_			_
DIRECTOR	0.30	X	_				_	0.	0.	,		0.
(20) JEFF POTTS	0 20	٦,										^
DIRECTOR	0.30	X			ļ. <u> </u>	-		0.	0.	-		0.
(21) MICHAEL CHERY	0.30	x						0.	0.			0.
EX-OFFICIO (22) ELLEN HAGEN	0.30	┢				├-		- 0.	U .	 		<u> </u>
EX-OFFICIO	0.30	X						0.	0.			0.
(23) KEVIN DAVIS	0.30	1							0.	+		
EX-OFFICIO	0.30	x						0.	0.			0.
(24) DAVE OWEN												
EX-OFFICIO	0.30	X						0.	0.			0.
(25) DEBRA GROOMS												
EXECUTIVE DIRECTOR	40.00			X			L.	86,619.	0.			0.
	<u> </u>					Ļ		0.5.510	•			
1b Sub-total								86,619.	0.	-	_	0.
c Total from continuation sheets to Part VI	II, Section A							86,619.	0.			0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but n	ot limited to th		liete	d al	hove	2) 14/1	r			<u> </u>		0.
compensation from the organization	ot iiitiited to ti	1036	IISLE	u ai	OUV	<i>5)</i> WI	10 1	eceived more than \$100	,000 of reportable			0
Somponoalion from the enganization							-				Yes	No
3 Did the organization list any former officer,	director, or tru	uste	e, ke	y er	nplo	yee,	or	highest compensated e	mployee on			
line 1a? If "Yes," complete Schedule J for s	uch individual									3		X
4 For any individual listed on line 1a, is the su	ım of reportab	le co	omp	ensa	ation	and	d ot	her compensation from	the organization			
and related organizations greater than \$150	0,000 <i>? If "Ye</i> s,	" co	mple	ete S	Sche	edule	e J i	for such individual		4		Х
5 Did any person listed on line 1a receive or a							elat	ted organization or indivi	dual for services			
rendered to the organization? If "Yes," com	plete Schedul	e J f	or si	ıch	pers	son				5	İ	X
Section B. Independent Contractors							4	N-4	Δ400 000 - f			
Complete this table for your five highest co the organization. Report compensation for										sation	Trom	
(A)	ine calendar y	cait	- TIGII	ng v	VILLI	OI W		(B)	yeai			
Name and business	address	NC	ONE	3				Description of s	ervices		ensatio	n
						_	-					
					—		-					
2 Total number of independent contractors (ii	ncluding but n	ot lir	nite	d to	thos	se lis	sted	d above) who received m	ore than			
\$100,000 of compensation from the organization	-)						
										Form	990 (2011)

Part VIII Statement of Revenue (D) Revenue excluded from (A) (B) (C) Total revenue Related or Unrelated exempt function business tax under sections 512, 513, or 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a Membership dues 1b Fundraising events 1c 150,539 d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 131,924 similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 282,463 h Total. Add lines 1a-1f Business Code 196,315 900099 196,315 Program Service 2 a MEMBERSHIP DUES 60,480 **b EDUCATION & PROMOTION** 611430 60,480 13,039 TRAINING CENTER RENTAL 532000 13,039. d CONFERENCE INCOME 900099 7,305. 7,305 f All other program service revenue 277,139 q Total, Add lines 2a-2f Investment income (including dividends, interest, and 2,940 2,940. other similar amounts) Income from investment of tax-exempt bond proceeds 4 5 Royalties (i) Real (II) Personal 6 a Gross rents b Less rental expenses Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See 3,754 Part IV. line 18 4,051 b Less. direct expenses c Net income or (loss) from fundraising events -297 -297. 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from garning activities 10 a Gross sales of inventory, less returns 50,921 and allowances b Less. cost of goods sold 49,050 1,871 1,871 c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a ADMINISTRATIVE REIMBUR 561000 86,721 86,721 26,760. 26,760. ь SERVICE AGREEMENT INCO 561000 541800 15,650. 15,650 ADVERTISING INCOME 900099 4,832 4,832 All other revenue Total. Add lines 11a-11d <u>133,963</u> Total revenue See instructions. 698,079. 397, 323. 15,650. 2,643.

Form **990** (2011)

132009 01-23-12

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	Check if Schedule O contains a respons not include amounts reported on lines 6b.	(A)	(B)	(C)	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	107,617.	 		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1.1.			
7	Other salaries and wages	160,362.			
8	Pension plan accruals and contributions (include	,			
	section 401(k) and section 403(b) employer contributions)	4,694.			
9	Other employee benefits	2,666.			
10	Payroll taxes	17,683.			
11	Fees for services (non-employees):				
а	Management				
b	Legal	18,744.			
С	Accounting	9,475.			
đ	Lobbying	41,130.			
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	7,023.			
14	Information technology				
15	Royalties				
16	Occupancy	7,306.			
7	Travel	4,209.			
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials			ļ	
19	Conferences, conventions, and meetings	18,086.			
20	Interest	27,893.			
21	Payments to affiliates	62,680.			
2	Depreciation, depletion, and amortization	32,001.			
3	Insurance	8,785.	4		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	TRAINING PROGRAMS	33,289.			
b	REPAIRS AND MAINTENANCE	16,313.			
c	NEWSLETTER	15,939.			
d	TELEPHONE	6,264.			
	All other expenses	7,877.	•	 	
5	Total functional expenses. Add lines 1 through 24e	610,036.			
6	Joint costs. Complete this line only if the organization				· · · · · · · · · · · · · · · · · · ·
-	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				

orm Par		2011) IOWA PROPANE (Balance Sheet	GAS A	SSOCIATION		<u> 36-</u>	3059484 Page 11
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			33,788.	1	72,744
	2	Savings and temporary cash investments	86,331.	2	76,364		
	3	Pledges and grants receivable, net		3	_		
ı	4	Accounts receivable, net	1,236.	4	1,100		
	5	Receivables from current and former officers, d					
		employees, and highest compensated employe	es Com	plete Part II			
		of Schedule L				5	
ĺ	6	Receivables from other disqualified persons (as	s defined	under section			
		4958(f)(1)), persons described in section 4958(d	c)(3)(B), a	and contributing			
		employers and sponsoring organizations of sec			İ		
		employees' beneficiary organizations (see instri	uctions)			6	
}	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			8		
'	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or other	1 1				
		basis Complete Part VI of Schedule D	10a	856,417.			
	b	Less accumulated depreciation	10b	66,295.	808,642.	10c	790,122
	11	Investments - publicly traded securities		207,592.	11	198,373	
	12	Investments other securities See Part IV, line	11	Ī		12	
	13	Investments - program-related See Part IV, line		13			
	14	Intangible assets		14			
- 1	15	Other assets See Part IV, line 11	9,393.	15	1,687		
	16	Total assets. Add lines 1 through 15 (must equ	1,146,982.	16	1,140,390		
	17	Accounts payable and accrued expenses			9,620.	17	10,702
	18	Grants payable				18	
	19	Deferred revenue			112,050.	19	123,003
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete	Part IV o	f Schedule D		21	
	22	Payables to current and former officers, director	rs, truste	es, key employees,			
		highest compensated employees, and disqualif	fied perso	ons. Complete Part II			
		of Schedule L				22	
	23	Secured mortgages and notes payable to unrel	ated third	d parties	458,447.	23	365,778
	24	Unsecured notes and loans payable to unrelate	ed third p	arties		24	
	25	Other liabilities (including federal income tax, pa	ayables to	o related third			
		parties, and other liabilities not included on line	s 17-24)	Complete Part X of			
	•	Schedule D			6,447.	25	4,572
_	26	Total liabilities. Add lines 17 through 25			<u>586,564.</u>	26	504,055
		Organizations that follow SFAS 117, check h	ere 🕨	X and complete			
3		lines 27 through 29, and lines 33 and 34.					1
	27	Unrestricted net assets			560,418.	27	636,335
	28	Temporarily restricted net assets			28		
	29	Permanently restricted net assets				29	
		Organizations that do not follow SFAS 117, o	heck he	re ▶ 🔲 and			1
		complete lines 30 through 34.					1
	30	Capital stock or trust principal, or current funds	•			30	
	31	Paid-in or capital surplus, or land, building, or ed	quipment	t fund		31	
	32	Retained earnings, endowment, accumulated in	ncome, o	r other funds		32	
:	33	Total net assets or fund balances			560,418.	33	636,335

636,335. 1,140,390. Form **990** (2011)

Total liabilities and net assets/fund balances

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form 990 (2011)

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

See separate instructions.

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations. Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

•	Section 501(c)(4), (5), or (6) organiza	ations Complete Part III	.,,,		,
	ne of organization	ations complete rare in		Emp	oyer identification number
	TOWA PR	OPANE GAS ASSOC	TATTON		36-3059484
Pa	art I-A Complete if the or	ganization is exempt un	der section 501(c) or is a section 527 o	rganization.
	•	· · . · · · · · · · · · · · · · ·	•	·	
1	Provide a description of the organi	zation's direct and indirect polit	ical campaign activities	s in Part IV.	
	Political expenditures	·			
3	Volunteer hours				
Pa	art I-B Complete if the or	ganization is exempt un	der section 501(c		
1	Enter the amount of any excise tax	incurred by the organization ur	nder section 4955	> \$	
	Enter the amount of any excise tax		-	. 5 ► \$	
	If the organization incurred a section	on 4955 tax, did it file Form 472	0 for this year?		Yes No
	a Was a correction made?				L Yes No
	o If "Yes," describe in Part IV		day and in E01/a	Variant section FO4	(-)(0)
		ganization is exempt un	<u></u>		
	Enter the amount directly expende	, ,	•		
2	Enter the amount of the filing organ	nization's funds contributed to d	other organizations for s	_	
	exempt function activities				
3	Total exempt function expenditure	s Add lines 1 and 2 Enter here	and on Form 1120-PO	L,	
	line 17b			▶ \$	· — — — —
4	Did the filing organization file Form	1120-POL for this year?			Yes No
5	·	• •			
	made payments For each organiza	·	• •		·
	contributions received that were pi	• •			ite segregated fund or a
	political action committee (PAC) If	additional space is needed, pro	ovide information in Par	τιν ————————————————————————————————————	T
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's	contributions received and promptly and directly
				funds If none, enter -0-	delivered to a separate
					political organization
					If none, enter -0-
		İ			
					ļ
		<u></u>			
		I	I		1

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2011

LHA

132041 01-27-12

Schedule C (Form 990 or 990-EZ) 2011 Part II-A Complete if the org	IOWA PROPAN	NE GAS ASSOC	CIATION	36-	3059484 Page 2
(election under sec		mpt under sectio	on soricijoj and file	ea Form 5/68	
				 -	
			n Part IV each affiliated	group member's na	me, address, EIN,
. —	re of excess lobbying	•			
B Check ► if the filing organiza	tion checked box A a	ind "limited control" pre	ovisions apply	/) Files	(h) A(() / /
	ts on Lobbying Exp∈ ditures" means amo	enditures unts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	uence public opinion	(grass roots lobbying)			
b Total lobbying expenditures to influ	uence a legislative bo	dy (direct lobbying)			
c Total lobbying expenditures (add li	nes 1a and 1b)				
d Other exempt purpose expenditure	es		·		
e Total exempt purpose expenditure	s (add lines 1c and 1	d)			
f Lobbying nontaxable amount Enter	er the amount from th	e following table in bot	th columns		
If the amount on line 1e, column (a) o		bying nontaxable am			
Not over \$500,000		the amount on line 1e			
Over \$500,000 but not over \$1,000	0,000 \$100.0	00 plus 15% of the exc	cess over \$500,000		
Over \$1,000,000 but not over \$1,5		00 plus 10% of the exc			
Over \$1,500,000 but not over \$17,		00 plus 5% of the exce			
Over \$17,000,000	\$1,000				
	1 + .,,				
g Grassroots nontaxable amount (en	ter 25% of line 1f)				· · · · · · · · · · · · · · · · · · ·
h Subtract line 1g from line 1a. If zero	o or less, enter -0-				
i Subtract line 1f from line 1c If zero					
j If there is an amount other than zer	ro on either line 1h or	line 1, did the organiz	ation file Form 4720		
reporting section 4911 tax for this		,			Yes No
	4-Year Av	eraging Period Under	Section 501(h)		
(Some organiz			n do not have to comp	lete all of the five	
co	lumns below. See th	e instructions for line	es 2a through 2f on pag	ge 4.)	
	Lobbying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
				· · ·	1
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2011

Schedule C (Form 990 or 990-EZ) 2011 IOWA PROPANE GAS ASSOCIATION 36-3059484 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description	(a)	(t	o)
of th	e lobbying activity	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or				•
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
C	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	tion 501(c)(5), or se	ction	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		х
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		X
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		3	Х	
1	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes." Dues, assessments and similar amounts from members		(b) Part		5,315.
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	itical			,,,,,,,
_	expenses for which the section 527(f) tax was paid).	licai			
а	Current year		2a	8.4	1,379.
	Carryover from last year		2b		443.
	Total		2c	8.4	1,822.
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		7,973.
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the e	YCess			,,,,,,
-	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
	expenditure next year?	рошоск	4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5	-23	3,151.
Par					,,
Com	plete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5,	Part II-A, and F	Part II-B, lin	e 1 Aiso, o	complete
	part for any additional information		•		•

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 Inspection

Name of the organization

Employer identification number

	IOWA PROPANE GAS A		36-3059484
Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 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 fi	ınde
3	are the organization's property, subject to the organization's	_	Yes No
6	Did the organization inform all grantees, donors, and donor a		
0			
	for charitable purposes and not for the benefit of the donor impermissible private benefit?	or donor advisor, or for any other purpose com	Yes No
Pai		gapization answered "Yes" to Form 990. Part II	
	· · ·		v, litte i
1	Purpose(s) of conservation easements held by the organization		ally was a stant to a diameter
	Preservation of land for public use (e.g., recreation or	· —	•
	Protection of natural habitat	Preservation of a certified	nistoric structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form of a	conservation easement on the last
	day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
þ	Total acreage restricted by conservation easements		2b
	Number of conservation easements on a certified historic st	` '	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the orga	anization during the tax
	year >		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
_	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting		
7	Amount of expenses incurred in monitoring, inspecting, and Does each conservation easement reported on line 2(d) abo		
8	and section 170(h)(4)(B)(ii)?	ve satisfy the requirements of section 170(f)(4)	Yes No
•	In Part XIV, describe how the organization reports conservat	tion accompate in its revenue and evacage state	
9	include, if applicable, the text of the footnote to the organization	•	
	conservation easements	mon s mandar statements that describes the C	organization's accounting to
Pai	t III Organizations Maintaining Collections of	of Art. Historical Treasures, or Other	r Similar Assets.
	Complete if the organization answered "Yes" to Form		
12	If the organization elected, as permitted under SFAS 116 (A)		and halance sheet works of art
	historical treasures, or other similar assets held for public ex		
	the text of the footnote to its financial statements that descr		or public corvice, provide, in transport,
h	If the organization elected, as permitted under SFAS 116 (AS		halance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e		
	relating to these items:	decation, or rescaron in factional or public of	civios, provide ale leneving ameante
	(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 tre	easures or other similar assets for financial cair	
~	the following amounts required to be reported under SFAS 1	_	i, provide
а	Revenues included in Form 990, Part VIII, line 1	To vaco ood relating to these items	▶ \$
b	Assets included in Form 990, Part X		► \$ ► \$
J	, woods moradou in rouni 550, rait A		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 01-23-12

Schedule D (Form 990) 2011

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_	dule D (Form 990) 2011 IOWA PR	OPANE GAS A				or Other		-3059484 Assets (contr	
3	Using the organization's acquisition, accessi								
•	(check all that apply)	,	,	,					
а	Public exhibition	d		Loan or exc	hange progra	ams			
b	Scholarly research	e			go progra				
c	Preservation for future generations	·					— 		
4	Provide a description of the organization's co	ollections and explain	n how ti	hev further t	he organizatio	on's exemn	ot purpose	ın Part XIV	
5	During the year, did the organization solicit o			=	-	· -			
Ū	to be sold to raise funds rather than to be ma					or orrinar a	55515	` Yes	□ No
Pa	t IV Escrow and Custodial Arran					"Yes" to Fo	orm 990, Pa		
	reported an amount on Form 990, Par	t X, line 21	-						
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for	contribution	ns or other as	sets not in	cluded		_
	on Form 990, Part X?							Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing	table					
								Amount	<u> </u>
С	Beginning balance						_1c		
d	Additions during the year						1d		
е	Distributions during the year						1e		
f	Ending balance						1f		
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21?					Yes	No
b	If "Yes," explain the arrangement in Part XIV								
Pai	rt V Endowment Funds. Complete	f the organization an	swered	"Yes" to Fo	rm 990, Part	IV, line 10			
		(a) Current year	(b) F	Prior year	(c) Two year	rs back (d	Three year	s back (e) Four	years back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships			· · · · · ·					
е	Other expenditures for facilities								
	and programs							1	
f	Administrative expenses								
g	End of year balance				-				
2	Provide the estimated percentage of the curi	ent year end balanc	e (line 1	a. column (a	a)) held as:				
а	Board designated or quasi-endowment	,	%	3 , (-	.,,				
b	Permanent endowment ▶	%							
c	Temporarily restricted endowment ▶								
	The percentages in lines 2a, 2b, and 2c shou	ld equal 100%							
За	Are there endowment funds not in the posse	•	ation tha	at are held a	nd administe	red for the	organizatio	on	
	by						3	Г	Yes No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" to 3a(II), are the related organizations	listed as required o	n Sche	dule R?				3b	
4	Describe in Part XIV the intended uses of the	· ·							
Pai	t VI Land, Buildings, and Equipm								
	Description of property	(a) Cost or of		1	or other	(c) Accı	umulated	(d) Book	value
	. , , ,	basis (investri			(other)		ciation	(3)	
1a	Land		· ·		1,915.	·		131	L,915.
b	Buildings				5,112.	- 3	30,317		1,795.
c	Leasehold improvements								
d	Equipment			4	7,700.	1	9,077	. 28	3,623.
_	Other				1,690.		6,901	. 14	1,789.
	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colur				>),122.

Schedule D (Form 990) 2011

_	dule D (Form 990) 2011 IOWA PROPANE GAS ASSOCIATIO		-1-1-01-1		<u>3059484</u>	Page 4
	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited Finan	ciai State	ement		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1			<u>,079.</u>
2	Total expenses (Form 990, Part IX, column (A), line 25)		2			<u>,036.</u>
3	Excess or (deficit) for the year Subtract line 2 from line 1		3			<u>,043.</u>
4	Net unrealized gains (losses) on investments		4		<u>-12</u>	<u>,126.</u>
5	Donated services and use of facilities		5			
6	Investment expenses		6			
7	Prior period adjustments		7			
8	Other (Describe in Part XIV)		8			
9	Total adjustments (net) Add lines 4 through 8		9			<u>,126.</u>
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and		10			<u>,917.</u>
Pai	t XII Reconciliation of Revenue per Audited Financial Statemen	nts With Rever	nue per H	<u> Return</u>		
1	Total revenue, gains, and other support per audited financial statements			1	749	<u>,854.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1 4				
а	Net unrealized gains on investments	2a -1	<u>2,126.</u>	4		
b	Donated services and use of facilities	2b		4]		
С	Recoveries of prior year grants	2c		1 1		
, d	Other (Describe in Part XIV)	2d 6	3,901.	4 1		
е	Add lines 2a through 2d			2e		<u>,775.</u>
3	Subtract line 2e from line 1			3	<u>698</u>	<u>,079.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		4		
b	Other (Describe in Part XIV.)	4b		4 1		_
С	Add lines 4a and 4b			4c		0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	A VACIDE E		5		<u>,079.</u>
	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents with Expe	nses per	Hetur	·	000
1	Total expenses and losses per audited financial statements			1	673	<u>,937.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1				
a	Donated services and use of facilities	2a		1 1		
b	Prior year adjustments	2b		- 1		
C	Other losses	2c	2 001	-		
đ	Other (Describe in Part XIV)	2d 6	3,901.	7 }	63	0.01
e	Add lines 2a through 2d			2e		<u>,901.</u>
3	Subtract line 2e from line 1			3	910	<u>,036.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1.1				
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		-		
b	Other (Describe in Part XIV)	4b	· · ·	┨. │		^
	Add lines 4a and 4b			4c	610	0.
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) t XIV Supplemental Information			5	610	<u>,036.</u>
Com _l	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also complete X, LINE 2: MANAGEMENT IS UNAWARE OF ANY	ete this part to pro	vide any ad	ditional	information.	4, Part
AT	DECEMBER 31, 2011 AND 2010. INTEREST AND	PENALTIES	ASSOC	CIATE	ED WITH	
INC	OME TAX MATTERS WOULD BE PRESENTED AS COMP	ONENTS OF	INCOM	E TA	X EXPE	NSE.
THE	RE WERE NO INTEREST OR PENALTY CHARGES DUR	RING 2011	AND 20	10.	THE	
<u>ASS</u>	OCIATION'S PRIOR THREE YEARS' TAX RETURNS	REMAIN SU	BJECT	TO E	XAMINA!	rion
BY	THE INTERNAL REVENUE SERVICE.					
PAF	T XII, LINE 2D - OTHER ADJUSTMENTS:					

Schedule D (Form 990) 2011

132054 01-23-12

Schedule D (Form 990) 2011 IOWA PROPANE GAS ASSOCIATION Part XIV Supplemental Information (continued)	36-3059484 Page 5
FUNDRAISING COSTS	4 051
COST OF SALES	
REIMBURSEMENT FOR COST OF NEWSLETTER	-
TOTAL TO SCHEDULE D, PART XII, LINE 2D	62 001
PART XIII, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING COSTS	4,051.
COST OF SALES	49,050.
REIMBURSEMENT FOR COST OF NEWSLETTER	10,800.
TOTAL TO SCHEDULE D, PART XIII, LINE 2D	63,901.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

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.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

IOWA PROPANE GAS ASSOCIATION

Employer identification number 36-3059484

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
GROWTH OF THE PROPANE GAS INDUSTRY AND THE MANY BENEFITS OF PROPANE AS
A SUPERIOR ENERGY SOURCE.
FORM 990, PART VI, SECTION A, LINE 4: THE BY-LAWS WERE UPDATED TO NOTE
THAT THE SAFETY DIRECTOR IS AN EMPLOYEE OF THE ORGANIZATION AND IS NOT
ELIGIBLE TO VOTE.
FORM 990, PART VI, SECTION A, LINE 7A: IPGA MEMBERS REPRESENT THE
FOLLOWING MEMBERSHIP CLASSIFICATIONS:
PROPANE MARKETER - SELLS MORE THAN 100,000 GALLONS OF LP ANNUALLY.
SUPPLIER - PERSON OR COMPANY ASSOCIATED WITH LP GAS AND INTERESTED IN THE
IPGA MISSION.
INDIVIDUAL - PERSON EMPLOYED BY A MARKETER, SUPPLIER THAT WANTS THEIR OWN
MAILINGS.
CASUAL MEMBER - BOTTLE FILLERS OR SELLS LESS THAN 100,000 GALLONS OF LP
ANNUALLY.
HEATING & COOLING/AFFILIATE MEMBER - HEATING & COOLING, PLUMBERS, APPLIANCE
SERVICE PERSONNEL.
ALL ARE ELIGIBLE FOR ELECTION AS AN ACTIVE MEMBER OF THE ORGANIZATION.
FORM 990, PART VI, SECTION B, LINE 11: THE ORGANIZATION PROVIDES THE FORM
990 TO ITS BOARD OF DIRECTORS FOR REVIEW PRIOR TO FILING.

DISCUSSED AND SIGNED ANNUALLY AT THE SUMMER BOARD MEETING BY ALL OF THE LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2011) 132211 01-23-12

FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY IS

SCHEDULE R (Form 990)

Name of the organization

Part I

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Related Organizations and Unrelated Partnerships

► See separate instructions.

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33)

IOWA PROPANE GAS ASSOCIATION

OMB No 1545-0047

Open to Public Inspection

▶ Attach to Form 990.

Employer identification number 36-3059484

(g) Section 512(bX13) controlled Schedule R (Form 990) 2011 ž × entity? Direct controlling Yes entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year) Direct controlling End-of-year assets status (if section e Public charity 501(c)(3)) Total income Exempt Code ত্ত section 501(C)(6) Legal domicile (state or Legal domicile (state or foreign country) foreign country) OWA PROPANE SAFETY EDUCATION Primary activity Primary activity AND RESEARCH For Paperwork Reduction Act Notice, see the Instructions for Form 990. - 42-1479879, 1400 METRO E, DRIVE, PLEASANT IOWA PROPANE EDUCATION AND RESEARCH COUNCIL Name, address, and EIN Name, address, and EIN of related organization of disregarded entity 50327 HILL, IA Part II

29

Páge 2 36-3059484 IOWA PROPANE GAS ASSOCIATION

Schedule R (Form 990) 2011

General or Percentage managing ownership partner? Percentage ownership Schedule R (Form 990) 2011 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year) Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year) Share of end-of-year assets Code V-UBI amount in box n 20 of Schedule L K-1 (Form 1065) **y** Share of total ate allocations? Disproportion-Yes No $\widehat{\boldsymbol{\varepsilon}}$ Type of entity (C corp, S corp, or trust) Share of end-of-year assets **e** (d)
(Direct controlling entity Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal domicile (state or foreign country) <u>ပ</u> <u>e</u> 30 Primary activity (d)
| Direct controlling | 9 (c)
Legal
domicile
(state or
foreign Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization 132162 01-23-12 Part III Part IV

Page 3

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Yes

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IOWA PROPANE GAS ASSOCIATION Schedule R (Form 990) 2011

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36) Part V

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

- 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
- a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
 - **b** Gift, grant, or capital contribution to related organization(s)
 - Gift, grant, or capital contribution from related organization(s)
 - d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)
- Sale of assets to related organization(s)
- Purchase of assets from related organization(s)
- Exchange of assets with related organization(s)
- i Lease of facilities, equipment, or other assets to related organization(s)
- j Lease of facilities, equipment, or other assets from related organization(s)
- Performance of services or membership or fundraising solicitations for related organization(s)
- Performance of services or membership or fundraising solicitations by related organization(s)
- Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Ε
- Sharing of paid employees with related organization(s)
- Reimbursement paid to related organization(s) for expenses
- Reimbursement paid by related organization(s) for expenses
- q Other transfer of cash or property to related organization(s)

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Other transfer of cash or property from related organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete the	iis line, including covered r	elationships and transaction thresholds
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
IOWA PROPANE EDUCATION AND RESEARCH	ບ	150,539.	
IOWA PROPANE EDUCATION AND RESEARCH (2) COUNCIL	0	158,087.	
IOWA PROPANE EDUCATION AND RESEARCH (3) COUNCIL	¥	160,565.	
(4)			
(9)			
(9)			

132163 01-23-12

Schedule R (Form 990) 2011

Page 4

Schedule R (Form 990) 2011 IOWA PROPANE GAS ASSOCIATION

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a)	(3)	9	(5)	(0)	9)	5	3	9	٤	1
Name, address, and EIN of entity	Primary activity	_ 2 ₽	t income related,	Are all partners sec 501(c)(3) orgs ?	Share of total	Share of end-of-year	Dispropor- tionate	Dispropor- Dispropor-	General o managing	Percentage ownership
		country)	under section 512-514) Yes	S S	ıncome	assets	Yes No	(Form 1065)	Yes No	
									-	
					_				_	
					-					
				-	-					
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Schedule R (Form 990) 2011

Schedule R	(Form 990) 2011	AWOI	PROPANE	GAS	ASSOCIATION	36-3059484 Pa	age 5
Part VII	(Form 990) 2011 Supplemental I	nformation					.,
	Complete this part t	o provide additio	nal information	for reco	onses to questions on Sche	dule R (see instructions)	
	Complete this part t	o provide additio	mai imormation	ioi iespi	onaea to questions on ache	udie it (see instructions)	
			·-·				
	-	·					
							
			 				
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	.	·					
	·····					 	
		<u> </u>			-	·	
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			· ·				
		- 					

Form **8868**

(Rev. January 2012)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

► File a separate application for each return.

OMB No 1545-1709

Form 8868 (Rev 1-2012)

 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. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which 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 and click on e-file for Charities & Nonprofits 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 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 Type or Name of exempt organization or other filer, see instructions Employer identification number (EIN) or print IOWA PROPANE GAS ASSOCIATION 36-3059484 File by the Number, street, and room or suite no. If a P.O box, see instructions Social security number (SSN) filing your PO BOX 57188 return See instructions City, town or post office, state, and ZIP code For a foreign address, see instructions DES MOINES, IA 50317 0 | 1 Enter the Return code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Code Is For Code Form 990 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A Form 990-EZ 01 Form 4720 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) Form 8870 12 DEBRA GROOMS, EXECUTIVE DIRECTOR The books are in the care of ➤ IPGA, 1400 METRO E. DRIVE - PLEASANT HILL, IA 50327 Telephone No \triangleright (515) 564-1260 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 is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2012 , to file the exempt organization return for the organization named above. The extension is for the organization's return for ► X calendar year 2011 or tax year beginning . and ending If the tax year entered in line 1 is for less than 12 months, check reason Initial return L___ Change in accounting period If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any За nonrefundable credits. See instructions. За 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 Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions

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.

LHA