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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

- Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
- All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form
- The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2011**Open to Public
Inspection****A** For the 2011 calendar year, or tax year beginning **07/01/11**, and ending **06/30/12****B** Check if applicable:☐ Address change☐ Name change☒ Initial return☐ Terminated☐ Amended return☐ Application pending**C** Name of organization**MIDCONTINENT CHAPTER OF THE GAS
PROCESSORS ASSOCIATION**

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

6526 E 60TH ST

Room/suite

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

TULSA**OK 74145****D** Employer identification number**45-2700107****E** Telephone number**918-493-3872****F** Group Exemption

Number ►

G Accounting Method ☐ Cash ☒ Accrual Other (specify) ►**I** Website: ► **GPAGLOBAL.ORG/CHAPTERS/MIDCONTINENT****J** Tax-exempt status (check only one) ☐ 501(c)(3) ☒ 501(c)(6) (insert no) ☐ 4947(a)(1) or ☐ 527**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.► \$ **106,793****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	730
	2	Program service revenue including government fees and contracts	2	106,055
	3	Membership dues and assessments	3	
	4	Investment income	4	8
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
6b	Gross income from fundraising events (not including of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
6c	Less direct expenses from gaming and fundraising events	6c		
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	106,793	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	35,000
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	887
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	63,060
	17	Total expenses. Add lines 10 through 16	17	98,947
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	7,846
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	81,608
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	89,454

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form **990-EZ** (2011)

SCANNED OCT 22 2013

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Part II Balance Sheets. (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II ☐

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	81,608	22	89,454
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	0	24	
25 Total assets	81,608	25	89,454
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	81,608	27	89,454

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)Check if the organization used Schedule O to respond to any question in this Part III ☒

What is the organization's primary exempt purpose?

SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 TO PROVIDE NETWORKING AND CONTINUING EDUCATION OPPORTUNITIES FOR PROFESSIONALS AND STUDENTS IN THE NATURAL GAS AND PETROLEUM PROCESSING INDUSTRY.		
(Grants\$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29 TO PROVIDE SCHOLARSHIPS FOR COLLEGE STUDENTS PURSUING A CAREER IN NATURAL GAS AND PETROLEUM PROCESSING.		
(Grants\$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30		
(Grants\$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants\$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV.)Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
MIKE STUBENHOFER 2700 NORTH HEMLOCK CT OK 74012	PRESIDENT 1.00	0	0	0
CHAD CAGLE 6120 S YALE, STE 700 OK 74136	VICE-PRESIDENT 1.00	0	0	0
MATTHEW PITCOCK 5300 S ROCKWELL OK 73179	TREASURER 1.00	0	0	0
JASON REED 20602 E 81ST ST OK 74014	SECRETARY 1.00	0	0	0
REX RAMAGE 100 W 5TH ST OK 73759	BOARD MEMBER 1.00	0	0	0
CARLOS CONERLY 20602 E 81ST ST OK 74014	BOARD MEMBER 1.00	0	0	0
WES CHRISTENSEN 100 W 5TH ST OK 74103	BOARD MEMBER 1.00	0	0	0
GERRY WOOTEN 13439 BROADWAY EXTENSION OK 73114	BOARD MEMBER 1.00	0	0	0
RACHEL TRIPP 5118 S 95TH E AVE OK 74145	BOARD MEMBER 1.00	0	0	0
WAYNE TATE 20602 E 81ST ST. OK 74014	BOARD MEMBER 1.00	0	0	0
SUSIE SJULIN 515 CENTRAL PARK DR. BLDG TWO, STE 100 OK 73105	BOARD MEMBER 1.00	0	0	0
ARNOLD KRUSH R2 BOX 89 OK 73768	BOARD MEMBER 1.00	0	0	0

Part II Balance Sheets. (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II ☐

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	0	22
23 Land and buildings	0	23
24 Other assets (describe in Schedule O)	0	24
25 Total assets	0	25 0
26 Total liabilities (describe in Schedule O)	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	0	27 0

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)Check if the organization used Schedule O to respond to any question in this Part III ☐

What is the organization's primary exempt purpose?

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28		
(Grants\$) If this amount includes foreign grants, check here	28a	
29		
(Grants\$) If this amount includes foreign grants, check here	29a	
30		
(Grants\$) If this amount includes foreign grants, check here	30a	
31 Other program services (describe in Schedule O)		
(Grants\$) If this amount includes foreign grants, check here	31a	
32 Total program service expenses (add lines 28a through 31a)	32	

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV.)Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
RON COLEMAN ONE WILLIAMS CENTER, WRC 3-3 TULSA OK 74172	BOARD MEMBER 1.00	0	0	0
SAM JOHNSON 4150 S 100 E AVE TULSA OK 74146	BOARD MEMBER 1.00	0	0	0
JOE RAGSDALE 9906-A E 43RD ST TULSA OK 74146	BOARD MEMBER 1.00	0	0	0
CHRIST LINDENBERG 10702 E 11TH ST. TULSA OK 74128	BOARD MEMBER 1.00	0	0	0
DAVE WOFFORD 110 W 7TH ST TULSA OK 74119	BOARD MEMBER 1.00	0	0	0
STEVE O'BRIEN 5300 S ROCKWELL OKLAHOMA CITY OK 73179	BOARD MEMBER 1.00	0	0	0
JOE SOERRIES PO BOX 871 TULSA OK 74102	BOARD MEMBER 1.00	0	0	0
DENNIS MILLER 6100 S YALE AVE, STE 1200 TULSA OK 74136	BOARD MEMBER 1.00	0	0	0
ANDY DECK PO BOX 24300 OKLAHOMA CITY OK 74136	BOARD MEMBER 1.00	0	0	0
RYAN PIVONKA 20 N BROADWAY OKLAHOMA CITY OK 73102-8260	BOARD MEMBER 1.00	0	0	0
RYAN DILLMAN 20 NORTH BROADWAY OKLAHOMA CITY OK 73102	YP-PRESIDENT/COCHAIR 1.00	0	0	0
BRIAN LEEDY 20602 EAST 81ST ST BROKEN ARROW OK 74014	YP-VP/CO-CHAIR 1.00	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ , section 4955 ▶		
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41 List the states with which a copy of this return is filed ▶ OK		
42a The organization's books are in care of ▶ MIDCONTINENT CHAPTER OF THE GPA Telephone no ▶ 405-833-4183 6526 E 60TH ST Located at ▶ TULSA OK ZIP + 4 ▶ 74145		
b 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)? 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.	Yes	No
c At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶		X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
c Did the organization receive any payments for indoor tanning services during the year?		X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
45b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

47 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

	Yes	No
47		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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b If "Yes," was the related organization a section 527 organization?

49b		
-----	--	--

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶

52 Did the organization complete Schedule A? **Note** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

▶ ☐ Yes ☐ No

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.

Sign Here	Signature of officer	Date	
	RYAN COCKLIN	9-18-13	
Paid Preparer Use Only	Type or print name and title		TREASURER
	Print/Type preparer's name	Preparer's signature	Date
	MICHAEL BRAUN		9-18-13
	Firm's name ▶	COLE & REED, P.C.	Firm's EIN ▶
	Firm's address ▶	531 COUCH DR OKLAHOMA CITY, OK 73102-2251	
		Phone no	405-239-7961

May the IRS discuss this return with the preparer shown above? See instructions

▶ ☒ Yes ☐ No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization

**MIDCONTINENT CHAPTER OF THE GAS
PROCESSORS ASSOCIATION**

Employer identification number

45-2700107

FORM 990-EZ, PART I, LINE 10 - GRANTS/SIMILAR AMTS PAID TO ORGANIZATIONS

NAME AND ADDRESS	CLASS OF ACTIVITY	DATE OF GIFT
	DESC. OF PROPERTY	
	CASH CONTRIB.	NONCASH CONTRIB.
	BOOK VALUE	BV EXPL. FMV EXPL.
OKLAHOMA STATE UNIVERSITY FOUNDATIO		
PO BOX 1749		
STILLWATER, OK 74076-1749	\$ 35,000	\$ 0
	\$ 35,000	

FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES

DESCRIPTION	AMOUNT
EXPENSES	
OFFICE	\$ 195
CONFERENCES/MEETINGS	\$ 6,493
YOUNG PROFESSIONALS EXP	\$ 6,447
DUES AND SUBSCRIPTIONS	\$ 69
CLAY SHOOT EVENT EXPENSE	\$ 31,245
LICENSES AND FEES	\$ 875
BANK FEES	\$ 88
GOLF TOURNAMENT EXPENSE	\$ 17,648
TOTAL	\$ 63,060

FORM 990-EZ, PART III - PRIMARY EXEMPT PURPOSE

TO SERVE AS A FORUM FOR THE EXCHANGE OF IDEAS AND INFORMATION CONCERNED

Name of the organization

MIDCONTINENT CHAPTER OF THE GAS

Employer identification number

45-2700107

**WITH THE GAS PROCESSING INDUSTRY WITH A VIEW TO IMPROVING PLANT OPERATIONS
AND RELATED ACTIVITIES CONCERNING ALL PHASES OF GAS UTILIZATION.**