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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form
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)

- 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 **11/01/11**, and ending **10/31/12****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization**ARKANSAS PROPANE GAS ASSOCIATION,
INC**

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

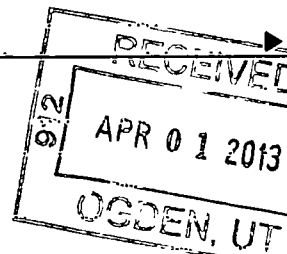
P O BOX 10

Room/suite

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

LINCOLN**AR 72744****D** Employer identification number**71-0221300****E** Telephone number**479-824-1429****F** Group Exemption
Number ►**G** Accounting Method: ☒ Cash ☐ Accrual Other (specify) ►**I** Website: ► **WWW.ARKANSASPROPANE.COM****H** Check ☒ if the organization is not
required to attach Schedule B
(Form 990, 990-EZ, or 990-PF).**J** Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c)(6) (insert no.) ☐ 4947(a)(1) or ☐ 527**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. ► \$ **158,594****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	80,000
	2	Program service revenue including government fees and contracts	2	20,957
	3	Membership dues and assessments	3	55,798
	4	Investment income	4	435
	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	6	
	7a	Gross sales of inventory, less returns and allowances	7a	
Expenses	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	1,404
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	158,594
	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	105,155
	13	Professional fees and other payments to independent contractors	13	7,139
	14	Occupancy, rent, utilities, and maintenance	14	10,475
Net Assets	15	Printing, publications, postage, and shipping	15	18,501
	16	Other expenses (describe in Schedule O)	16	55,479
	17	Total expenses. Add lines 10 through 16	17	196,749
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-38,155
	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	271,240
	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	233,085

See Statement

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	X	
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 40a ; section 4912 40a ; section 4955 40a		
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 40b		
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 40c		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40d		
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 40e		X
41 List the states with which a copy of this return is filed. 41 <u>None</u>		
42a The organization's books are in care of 42a <u>LARRY SNODGRASS</u> Telephone no 42a <u>479-824-4299</u> P.O. BOX 10 Located at 42a <u>LINCOLN</u> AR ZIP + 4 42a <u>72744</u>		
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: 42b		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
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: 42c		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 44a		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 44b		X
c Did the organization receive any payments for indoor tanning services during the year? 44c		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 44d		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a		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) 45b		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		
49a		
49b		

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

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

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

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 **0**

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."

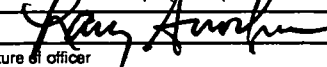
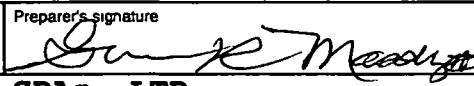
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 **0**

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 2/28/2013			
	LARRY SNODGRASS Type or print name and title	EXECUTIVE DIRECTOR			
Paid Preparer Use Only	Print/Type preparer's name GUINN R MASSEY, III	Preparer's signature 	Date 2/28/13	Check <input type="checkbox"/> if self-employed	PTIN P00005680
	Firm's name Massey & Wood, CPAs, LTD.	Firm's EIN 71-0549045			
	Firm's address 137 Shadow Oaks Dr Sherwood, AR 72120-6056	Phone no 501-834-5757			

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

**ARKANSAS PROPANE GAS ASSOCIATION,
INC**

Employer identification number

71-0221300

Form 990-EZ, Part I, Line 8 - Other Revenue

Description	Amount
MISCELLANEOUS INCOME	\$ 1,404
Total	\$ 1,404

Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
APGA NEWSLETTER	
OFFICE SUPPLIES	\$ 135
Expenses	
Office	\$ 2,239
Travel	\$ 8,925
Conferences/Meetings	\$ 6,799
PUBLIC RELATIONS	\$ 640
AUTO EXPENSE	\$ 20,563
MISCELLANEOUS	\$ 88
SCHOLARSHIPS PAID	\$ 5,000
SAFETY SCHOOL	\$ 11,090
Total	\$ 55,479

Form 990-EZ, Part II, Line 26 - Other Liabilities

Description	Beg. of Year	End of Year
Accounts Payable and Accrued Expenses	\$ 406	\$ 406

Form 990-EZ, Part III - Primary Exempt Purpose

Name of the organization

ARKANSAS PROPANE GAS ASSOCIATION,

Employer identification number

71-0221300

**TRADE ASSOCIATION PROVIDING MEMBERS INDUSTRY INFORMATION
AND SAFETY AND SERVICES SCHOOLS.**

Federal Statements**Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments**

<u>Description</u>	<u>Amount</u>
DEALER MEMBER DUES	\$ 46,673
ASSOC MEMBER DUES	9,125
Total	<u>\$ 55,798</u>

**Arkansas Propane Gas Association, Inc.
2012 - 2013
Officers and Directors**

Officers

President
Donnie Rhea
Amerigas Propane, LP
257 Highway 287
Plumerville, Arkansas 72127

First Vice President
David Hendrix
Russell LP Gas
PO Box 142
Delight, Arkansas 71940

Past President
Tom Byrd
Ceba Gas, Inc.
PO Box 337
Murfreesboro, Arkansas 71958

Sec./Treasurer
B. Rex White
4100 Monticello Drive
North Little Rock, AR 72116

Asst. Sec./Treasurer
Clay Fricks
Fricks Butane Gas, Inc.
2307 East 9th Street
Texarkana, Arkansas 71854

National Propane Gas Association
Representative and State Director
Bill DeClerk
DeClerk LP Gas
PO Box 400
Pocahontas, Arkansas 72455

Executive Director
Larry Snodgrass
PO Box 10
Lincoln, Arkansas 72744

Directors

Gordon Cunningham
Cunningham, Inc.
PO Box 2337
West Helena, Arkansas 72390

Jim Burcham
Reynolds Brothers Propane
PO Box 863
Greenbrier, Arkansas 72058

Nathan Dunman
Keiser Oil and LP Gas
P.O. Box 108
Keiser, AR 72351

Ken Dewitt
Amerigas
1805 N Falls Blvd.
Wynne, Arkansas 72396

**Jerry Kordsmeier
Ferrellgas
2250 E Grand Ave.
Hot Springs, Arkansas 71901**

**Ray Still
Southern LP Gas
PO Box 1010
DeQueen, Arkansas 71832**

**Tommy Vanaman
Synergy Gas
1390 E. Center St.
Beebe, Arkansas 72012**

**Brian Morris
Ferrellgas
1031 E. Johnson
Jonesboro, Arkansas 72403**

**Ed Williams
Independent Propane
1035 Cozy Acres Road
Mountain Pine, Arkansas 71956**

**Billy Prince
Pinnacle Propane
1197 Hwy 65 N
Greenbrier, Arkansas 72058**

**President Associate Members
Kevin Pfalser
Gas Equipment Company
#8 Back Forty
Cabot, Arkansas 72023**

**Supplier Representative
David Fulbright
White River Distributors, Inc.
PO Box 2037
Batesville, Arkansas 72503**