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Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-1150

2013Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.**A** For the 2013 calendar year, or tax year beginning **11/01/13**, and ending **10/31/14****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 province, country, and ZIP or foreign postal code

LINCOLN**AR 72744****D** Employer identification number**71-0221300****E** Telephone number**479-824-4299****F** Group Exemption

Number ▶

G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶**I** Website: ▶ **N/A****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** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ

▶ \$ **160,481****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 ☒

		1	2	3	4	5c	6d	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21	
Revenue	1	Contributions, gifts, grants, and similar amounts received																					
	2	Program service revenue including government fees and contracts																					
	3	Membership dues and assessments																					
	4	Investment income																					
	5a	Gross amount from sale of assets other than inventory		5a																			
	b	Less: cost or other basis and sales expenses		5b																			
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																					
	6	Gaming and fundraising events																					
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)		6a																			
	b	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																			
c	Less: direct expenses from gaming and fundraising events		6c																				
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																						
7a	Gross sales of inventory, less returns and allowances		7a																				
b	Less: cost of goods sold		7b																				
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																						
8	Other revenue (describe in Schedule O)																						
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																						
Expenses	10	Grants and similar amounts paid (list in Schedule O)																					
	11	Benefits paid to or for members																					
	12	Salaries, other compensation, and employee benefits																					
	13	Professional fees and other payments to independent contractors																					
	14	Occupancy, rent, utilities, and maintenance																					
	15	Printing, publications, postage, and shipping																					
	16	Other expenses (describe in Schedule O)																					
	17	Total expenses. Add lines 10 through 16																					
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)																					
	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)																					
	20	Other changes in net assets or fund balances (explain in Schedule O)																					
	21	Net assets or fund balances at end of year. Combine lines 18 through 20																					

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2013)

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	
35b 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	
35c 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		
37b 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
38b If "Yes," complete Schedule L, Part II and enter the total amount involved		
39 Section 501(c)(7) organizations Enter:		
39a Initiation fees and capital contributions included on line 9		
39b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> ; section 4912 <input type="checkbox"/> ; section 4955 <input type="checkbox"/>		
40b 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		
40c 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		
40d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
40e 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 <input type="checkbox"/> NONE		
42a The organization's books are in care of <input type="checkbox"/> LARRY SNODGRASS Telephone no <input type="checkbox"/> 479-824-4299 PO BOX 10 Located at <input type="checkbox"/> LINCOLN AR ZIP + 4 <input type="checkbox"/> 72744		
42b 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: <input type="checkbox"/>		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
42c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: <input type="checkbox"/>		X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 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
44b 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
44c Did the organization receive any payments for indoor tanning services during the year?		X
44d 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 only

All section 501(c)(3) organizations 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 title of each employee	(b) 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 business address of each independent contractor	(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 ▶ *Larry Snodgrass* Signature of officer ▶ 3/11/15 Date
Type or print name and title LARRY SNOGRASS EXECUTING DIRECTOR

Paid Preparer Use Only ▶ Prent/Type preparer's name GUINN R MASSEY, III Preparer's signature *Guinn R Massey* Date 3/4/15 Check ☐ if self-employed PTIN P00005680
Firm's name MASSEY CPA GROUP, PA 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
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

**Open to Public
Inspection**

ARKANSAS PROPANE GAS ASSOCIATION, I

Employer identification number

71-0221300

FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE

DESCRIPTION	AMOUNT
OTHER INCOME	\$ 701
TOTAL	\$ 701

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

DESCRIPTION	AMOUNT
EXPENSES	
OFFICE	\$ 1,607
TRAVEL	\$ 4,998
CONFERENCES/MEETINGS	\$ 1,263
INSURANCE	\$ 2,939
AUTO EXPENSE	\$ 2,044
PUBLIC RELATIONS	\$ 617
SCHOLARSHIPS PAID	\$ 3,000
AUTO PURCHASE	\$ 17,608
MISCELLANEOUS	\$ 1,170
SAFETY SCHOOL	\$ 7,292
TOTAL	\$ 42,538

FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES

DESCRIPTION	BEG. OF YEAR	END OF YEAR
WITHHOLDING	\$ 406	\$ 406
..	\$ 0	\$ 0

Name of the organization

ARKANSAS PROPANE GAS ASSOCIATION, I

Employer identification number

71-0221300**FORM 990-EZ, PART III - PRIMARY EXEMPT PURPOSE****TRADE ASSOCIATION PROVIDING MEMBERS INDUSTRY INFORMATION****AND SAFETY AND SERVICES SCHOOLS.**

**Arkansas Propane Gas Association, Inc.
2014 – 2015 Officers and Directors**

Officers

President

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

Vice President

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

Past President

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

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

Tom Byrd District 4
Ceba Gas, Inc.
PO Box 337
Murfreesboro, Arkansas 71958

Jim Burcham At Large Member
Pinnacle Propane
PO Box 863
Greenbrier, Arkansas 72058

Donnie Rhea At Large Member
Amerigas Propane, LP
257 Hwy 287
Plumerville, Arkansas 72127

Nathan Dunman District 1
Keiser Oil and LP Gas
P.O. Box 108
Keiser, AR 72351

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

Jerry Kordsmeier` District 2
Ferrellgas
2250 E Grand Ave.
Hot Springs, Arkansas 71901

Billy Prince District 3
Pinnacle Propane
PO Box 863
Greenbrier, Arkansas 72058

Ray Still District 4
Southern LP Gas
PO Box 1010
DeQueen, Arkansas 71832

Brian Morris At Large Member
Izard County Propane
PO Box 505
Melbourne, Arkansas 72556

Ed Williams District 2
Suburban Propane
1214 MLK Blvd.
Malvern, Arkansas 72104

Tom Blackwood District 3
Simmons Energy Solutions
PO Box 430
Decatur, Arkansas 72722

Drew Craft District 1
Craft Propane
PO Box 15105
Jonesboro, Arkansas 72403

Mark Porth At Large Member
CHS
33540 W. 176th Street
Lawson, Missouri 64062

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

Also

Ernest Cunningham
West Helena, Arkansas

Sharon Coates and Tommy Coates
Arkansas LP Gas Board
North Little Rock, Arkansas

Buddy Littlefield
Littlefield Propane
Charleston, Arkansas