efile GRAPHIC print - DO NOT PROCESS As Filed Data -

# **Return of Organization Exempt From Income Tax**

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

foundations)

▶ Do not enter social security numbers on this form as it may be made public

DLN: 93493311019217 OMB No 1545-0047

Department	the Hensu
Internal Rever	nue Service

Form **990** 

▶ Information about Form 990 and its instructions is at <a href="www.irs.gov/form990">www.irs.gov/form990</a>

Open to Public Inspection

<u>,                                    </u>	Or +L	o 2015 ~	alendar vear or toy year be	aginning 03-01-2016	na 02 29	-2017			
		pplicable	C Name of organization	eginning 03-01-2016 , and endi	iiy ∪∠-28	-201/	D Employ	er identifi	
		pplicable change	NATIONAL PROPANE GAS ASSO	CIATION			36-208		<b></b>
	me ch	-	Doing business as				. 30-208	/303	
Fir			Doning Dustriess as						
	•	nınated d return		if mail is not delivered to street address)	Room/suit	ie .	E Telephor	ne number	
_		on pending	1899 L STREET NW NO 350				(202) 4	66-7200	
			City or town, state or province, WASHINGTON, DC 20036	country, and ZIP or foreign postal code					
			<b>F</b> Name and address of prin	cinal officer		117-1 7 11	<b>G</b> Gross re		499,619
			RICHARD R ROLDAN	cipal officer		H(a) Is the	s a group re dinates?	turn for	□Yes <b>☑</b> No
			1899 L STREET NW NO 350 WASHINGTON, DC 20036			H(b) Are a	ll subordinat	es	Yes No
<b>I</b> Ta	x-exen	npt status	501(c)(3) S01(c)(6	) ◀ (Insert no ) ☐ 4947(a)(1) or ☐	7 527	includ		ist (see	instructions)
J W	ebsit	e:▶ WW	/W NPGA ORG	) ¶ (Insert 110 )	327	H(c) Group	•	•	•
<b>K</b> Forr	n of or	rganızatıon	☑ Corporation ☐ Trust ☐	Association ☐ Other ►		<b>L</b> Year of form	ation 1938	<b>M</b> State (	of legal domicile NJ
В-	-4 T	C							
Pa		Sum Briefly des		on or most significant activities					
e)				THE USE OF PROPANE THROUGH S	OUND PL	BLIC POLICY	•		
JIC.	-								
E E	-								
Governance				discontinued its operations or dispo			of its net a		l
	1		-	rning body (Part VI, line 1a)			•	3	145
Activities &	1		•	s of the governing body (Part VI, iii) n calendar year 2016 (Part V, line 2a			•	5	25
Ĭ			nber of volunteers (estimate if	, , , ,	•		•	6	312
Act			·	Part VIII, column (C), line 12				7a	58,265
	1			from Form 990-T, line 34				7b	-10,722
						Pri	or Year		Current Year
Ravenue	8	Contribut	ions and grants (Part VIII, line	e 1h)			65,8	350	43,845
	9	Program	service revenue (Part VIII, line	≘ 2g)			5,750,2	296	6,217,840
P,ċ.	10	Investme	ent income (Part VIII, column i	(A), lines 3, 4, and 7d )	•		149,6	594	149,426
æ	1		venue (Part VIII, column (A), l	1,698,9					
	_			(must equal Part VIII, column (A), li	-		7,664,8		7,782,917
	1		·	[X, column (A), lines 1–3 )			2,0	010	0
	1			X, column (A), line 4)			3,344,4	0	3,504,829
Expenses		•	onal fundraising fees (Part IX,	, , , , , , , , , , , , , , , , , , , ,	. 5-10)		3,344,	0	3,304,829
8	l <u>.</u>		raising expenses (Part IX, column (	, ,,	•			1	
₹	1		penses (Part IX, column (A), li	·· ·			4,138,4	497	4,460,397
	18	Total exp	enses Add lines 13-17 (must	equal Part IX, column (A), line 25)			7,485,0	001	7,965,226
	19	Revenue	less expenses Subtract line 1	8 from line 12			179,	799	-182,309
<u>≽</u> 8€						Beginning	of Current Y	ear	End of Year
afan a	20	Total acc	ets (Part X, line 16)				0 225 (	244	9 597 602
Ass d B	1		ets (Part X, line 16)		•		8,235,9 3,381,0		8,587,692 3,301,002
Net Assets or Fund Balances	1		s or fund balances Subtract li				4,854,9		5,286,690
Pai			ature Block				.,,,,		
Unde	r pena	alties of p	erjury, I declare that I have e	camined this return, including accom					
	ledge .nowle		f, it is true, correct, and comp	lete Declaration of preparer (other t	than office	er) is based o	n all inform	ation of w	√hich preparer has
<b>.</b>		Signati	* ure of officer			201 Dat	.7-11-02 :e		
Sign Here		N DDTAN	DUNI AD VID EINANCE 9, CEO						
			DUNLAP VP FINANCE & CFO r print name and title						
			rınt/Type preparer's name	Preparer's signature	Da	ite		PTIN	
Paid	t	Ľ	ONG ZHANG CPA	YONG ZHANG CPA			eck LJ If     -employed	P01249785	,
Pre	pare	71 <u>⊢</u>	irm's name RSM US LLP	NAL DRIVE CUITS 100			n's EIN ► 42-		
Use	On	ly   <sup>F</sup>	irm's address ► 1861 INTERNATIO			Pho	one no (703)	336-6400	
			MCLEAN, VA 2210	)2					
				shown above? (see instructions)				✓ Υ	es 🗆 No
For P	aper	work Red	duction Act Notice, see the	separate instructions.		Cat No :	1282Y		Form <b>990</b> (2016)

Form	990 (2016)				Page <b>2</b>
Par	t IIII Statement	of Program Service Ac	complishments		
	Check if Sched	dule O contains a response o	r note to any line in this Part III .		🗹
1	Briefly describe the o		·		
MEM FAVO	BERS, NPGA HAS SET T	THESE STRATEGIC GOALS - RIBUTION AND INCREASED	ROPANE THROUGH SOUND PUBLIC ADVANCE SAFETY THROUGHOUT TH USE OF PROPANE -FOSTER INDUST	IE PROPANE INDUSTRY -ACHIEV	/E PUBLIC POLICIES THAT
2	-	, -	gram services during the year whic	h were not listed on	□Yes ☑No
	the prior Form 990 or		⊔ Yes 💌 No		
_	•	se new services on Schedule			
3	_	<u>.</u>	gnificant changes in how it conduct	s, any program	П., П.,
	services?				🗌 Yes 🗹 No
	If "Yes," describe the	se changes on Schedule O			
4	Section 501(c)(3) and		nplishments for each of its three lar e required to report the amount of <u>c</u> service reported		
4a	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	See Additional Data				·
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	See Additional Data				
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	See Additional Data				
4d	Other program service	es (Describe in Schedule O	1		
	(Expenses \$	ıncludıng	grants of \$	) (Revenue \$	)
4e	Total program serv	ice expenses ►		·	

or X as applicable

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

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

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . .

foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . .

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . .

b Was the organization included in consolidated, independent audited financial statements for the tax year?

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 . . . . . . . . . . . . .

Did the organization receive or hold a conservation easement, including easements to preserve open space,

Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 . . . . . . . If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🛸 🔒 Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸 . . . . . . . . . . .

5 6 7

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9

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11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14b

15

16

17

18

19

Yes

Yes

Yes

Yes

Yes

Nο

Nο

Nο

No

Nο

Nο

Nο

Nο

Nο

Nο

Nο

Nο

Νo

Nο

No

Nο

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Nο Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? 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? Yes 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?

Part IV Checklist of Required Schedules (continued) Yes 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . 20a No b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Nο

Page 4

Nο

Νo

Νo

Nο

Yes

24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

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32

33

34

35a

35h

36

37

Yes

Yes

Yes

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Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic 21 government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . . Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX. 22 column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . . Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's 23

current and former officers, directors, trustees, key employees, and highest compensated employees, If "Yes," 

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I . . . . . . . . . 🔧

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🔧

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, 

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

**d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

instructions for applicable filing thresholds, conditions, and exceptions)

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 25			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1</b> c	Yes	
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			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5.5	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
	, , , , , , , , , , , , , , , , , , , ,	5b		
C	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 the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6</b> b	Yes	
7		_		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
		7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
0-	Did the energering organization make any taxable distributions under section 49662	8		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
10	Section 501(c)(7) organizations. Enter	90		
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
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? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
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	u		
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments of "No," provide an explanation in Schedule O	14b		

OHIII	990 (2	016)					Page C
Par		Governance, Management, and DisclosureFor each "Yes" response to lines 2 th 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedu			" respo	nse to li	nes
		Check if Schedule O contains a response or note to any line in this Part VI					<b>✓</b>
Se	ction	A. Governing Body and Management					
						Yes	No
1a	Enter t	the number of voting members of the governing body at the end of the tax year	1a	145			
	body,	e are material differences in voting rights among members of the governing or if the governing body delegated broad authority to an executive committee or committee, explain in Schedule O					
b	Enter t	the number of voting members included in line 1a, above, who are independent	1b	145			
2		y officer, director, trustee, or key employee have a family relationship or a busines , director, trustee, or key employee?	s rela	tionship with any other	2		No
3		e organization delegate control over management duties customarily performed by ters, directors or trustees, or key employees to a management company or other p			3		No
4	Did the	e organization make any significant changes to its governing documents since the p	prior F	orm 990 was filed?	4		No
5	Did the	e organization become aware during the year of a significant diversion of the organ	nizatio	n's assets?	5		No
6		e organization have members or stockholders?			6	Yes	
		e organization have members, stockholders, or other persons who had the power t	n elec	t or appoint one or more	Ť		
, u		ers of the governing body?		· · · ·	7a	Yes	
b		y governance decisions of the organization reserved to (or subject to approval by) as other than the governing body?	mem	pers, stockholders, or	7b	Yes	
8		e organization contemporaneously document the meetings held or written actions ( lowing	undert	aken during the year by			
а	The go	overning body?			8a	Yes	
b	Each c	committee with authority to act on behalf of the governing body?			8b	Yes	
9	Is ther	re any officer, director, trustee, or key employee listed in Part VII, Section A, who o zation's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	cannol	be reached at the	9		No
Se	ction	B. Policies (This Section B requests information about policies not requi	red b	y the Internal Revenue	e Code	⊋.)	
						Yes	No
10a	Did the	e organization have local chapters, branches, or affiliates?			10a		No
b		s," did the organization have written policies and procedures governing the activitie anches to ensure their operations are consistent with the organization's exempt pu			10b		
11a	Has th form?	e organization provided a complete copy of this Form 990 to all members of its gov	vernin	g body before filing the	11a	Yes	
b	Descri	be in Schedule O the process, if any, used by the organization to review this Form	990				
12a	Did the	e organization have a written conflict of interest policy? If "No," go to line 13 $\cdot$ .			12a	Yes	
b	Were o	officers, directors, or trustees, and key employees required to disclose annually into ts?	erests • •	that could give rise to	12b	Yes	
С		e organization regularly and consistently monitor and enforce compliance with the jule O how this was done	policy •	? If "Yes," describe in	12c	Yes	
13	Did the	e organization have a written whistleblower policy?			13	Yes	
14	Did the	e organization have a written document retention and destruction policy?			14	Yes	
15	Did the	e process for determining compensation of the following persons include a review a is, comparability data, and contemporaneous substantiation of the deliberation and	and ap	proval by independent ion?			
а	The or	ganization's CEO, Executive Director, or top management official			15a	Yes	
b	Other	officers or key employees of the organization			15b	Yes	
	If "Yes	" to line 15a or 15b, describe the process in Schedule O (see instructions)					
16a		e organization invest in, contribute assets to, or participate in a joint venture or sin e entity during the year?	nılar a •	rrangement with a	16a		No
b	ın join	s," did the organization follow a written policy or procedure requiring the organization to the transfer of the transfer and take steps to safeguate the control of the transfer of the transf	ard th				
		with respect to such arrangements?			16b		
		C. Disclosure					
17	List th	e States with which a copy of this Form 990 is required to be filed▶ DC					
18		n 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990 ole for public inspection. Indicate how you made these available. Check all that app		990-T (501(c)(3)s only)			
	□ o	wn website 🔲 Another's website 🗹 Upon request 🔲 Other (explain in Sc	hedul	e O)			
19		be in Schedule O whether (and if so, how) the organization made its governing doc		•			
20		and financial statements available to the public during the tax year		la baalaa a dhaadh			
20		the name, address, and telephone number of the person who possesses the organi N DUNLAP 1899 L STREET NW NO 350 WASHINGTON, DC 20036 (202) 355-1324		's books and records			

orm 990 (2	2016)	Page <b>7</b>
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors	
	Check if Schedule O contains a response or note to any line in this Part VII	
Section	A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	
La Complete	e 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

(B)

(A)

• List all of the organization's former officers, key employees, or 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

(C)

(D)

Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from the from related compensation any hours director/trustee) organization (Worganizations from the for related 2/1099-MISC) (W- 2/1099organization and Highest compensated employee Individual trustee or director Former organizations MISC) related Institutional Trustee below dotted employee organizations line) See Additional Data Table

(F)

(E)

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

Page **8** 

Par	Section A. Officers, Direct	ors, Trustees	, Key i	Empi	oye	es,	and I	Higi	nest Cor	mpensate	ea Employees	(con	tinuea)	
	<b>(A)</b> Name and Title	(B) Average hours per week (list any hours	than c	ne b	ox, u n off	t che inles ficer	and a	son	Repo compo froi organiz	( <b>D)</b> ortable ensation m the cation (W-	(E) Reportable compensation from related organizations (	w-	Estima amount o compens from	ated of other sation the
		for related organizations below dotted line)	individu or direc	Institut	Officer	Key employee	Highest employ	Former	2/109	9-MISC)	2/1099-MISC	(1)	organizat relat organiza	ed
		·	individual trustee or director	Institutional Trustee		ployee	Highest compensated employee							
				्त क			કલાસ્ત							
See	Addıtıonal Data Table													
c 1	b Sub-Total													
d <u>1</u> 	Total (add lines 1b and 1c)  Total number of individuals (including of reportable compensation from the o	but not limited	to thos			bove	▶ e) who	rece		425,935 re than \$1	.00,000	0		349,551
													Yes	No
3	Did the organization list any <b>former</b> of line 1a? <i>If "Yes," complete Schedule J</i>				ey er •		yee, o	or hi	ghest cor	mpensated	l employee on	3		No
4	For any individual listed on line 1a, is organization and related organizations individual										n the	4	Yes	
5	Did any person listed on line 1a receiv									tion or ind	ıvıdual for	5		No
Se	ection B. Independent Contract	ors												
1	Complete this table for your five higher from the organization Report comper											mper	nsation	
		<b>(A)</b> and business addre	ess								(B) cription of services		(C Comper	
	TOL TAX PARTNERS									LOBBYING				240,000
WASH	CONSTITUTION AVE NW SUITE 67 HINGTON, DC 20001 BLE LLP									LEGAL				139,530
РО ВО	DX 62727 IMORE, MD 21264													133,330
L&A E	NERGY & ENVIRONMENTAL CONSULTING									LOBBYING				120,000
WASH	45TH STREET NW HINGTON, DC 20016 STRIAL TRAINING SERVICES INC									DATARACE	CONSULTING			106,195
310 C	CC LOWRY DRIVE									DATABASE	CONSULTING			100,132
MUKK	RAY, KY 42071													

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

compensation from the organization  $\blacktriangleright$  4

orm 9		·									Page <b>9</b>
Part '	<b>V</b>										
		Check if Schedul	le O contains i	a respo	onse or note to any l	(,	nis Part VIII <b>A)</b> evenue	Rel e: fu	(B) ated or xempt nction venue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
တ္က	1a	Federated campaig	ns	1a							
ant	b	Membership dues		1b							
Gr.		: Fundraising events		1c							
fs. P.A.	c	Related organizatio	ns	1d							
ii Gi	6	Government grants (co	ontributions)	1e							
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions and similar amounts nabove		<b>1</b> f	43,845						
Contrib and Oth		· <del></del>									
S E	h	Total.Add lines 1a-1	lf				43,845				
					Business (						
Program Service Revenue		MEMBERSHIP DUES			900099		02,319	3,702,	_	024 500	
ož L		CONVENTIONS/MEETING	GS			900099	<u>.</u>	59,806 20,624	538, 520,	-	831,588
Š		PERC DOCKET  ASSESSMENT FEES				900099		23,891	323,	-	
₹.		MEETING SPONSORSHI	PS			900099		95,195	323,		295,195
an								6,005	6,	005	,
ogr	f	All other program se	rvice revenue		6.21						
4	g-	<b>Fotal.</b> Add lines 2a-21	f		<b>&gt;</b>	.,,040					
		nvestment income (ii			nterest, and other		146,514	1			146,514
		imilar amounts) . Income from investm	 ent of tay-eye		ond proceeds						
					<b>&gt;</b> [		760,025	5			760,025
		,	(ı) Real		(II) Personal						
	6a	Gross rents	.,		, ,						
	b	Less rental expenses									
	c	Rental income or (loss)									
	d	Net rental income o	r (loss)	•							
			(ı) Securit	ies	(II) Other						
	7a	Gross amount from sales of	7	19,614							
	assets other than inventory										
	b	Less cost or other basis and sales expenses	7	16,702							
	c	Gain or (loss)		2,912							
	d	Net gain or (loss) .			<b>&gt;</b>		2,912	2			2,912
ne		Gross income from for (not including \$ contributions reported)		ents of							
Other Revenue		See Part IV, line 18		а							
æ		Less direct expense		b							
er		Net income or (loss)			ents						
PO		Gross income from g See Part IV, line 19		es							
		•		а	·						
		Less direct expense		b							
		Net income or (loss) Gross sales of invent		activit	ies •						
		returns and allowand		a							
	Ь	Less cost of goods s	sold	b							
	С	Net income or (loss)	from sales of	ınvent	tory ►						
		Miscellaneous			Business Code						
	11:	aPROJECT MANAGEM	IENT REC		900099		461,175	5	461,175		
	b	MANAGEMENT CONS	SULTING		900099		89,214	1	89,214		
	c	ADVERTISING REVE	NUE		900099		58,265	5		58,265	
		All other revenue .  Total. Add lines 11a					3,127	<u>'</u>	3,127		
							611,781	1			
	12	Total revenue. See	Instructions	• •	• • •		7,782,917	,	5,644,573	58,265	2,036,234 Form <b>990</b> (2016)

orr	n 990 (2016)				Page <b>10</b>
	rt IX Statement of Functional Expenses con 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	anızatıons must com	plete column (A)	
	Check if Schedule O contains a response or note to any	line in this Part IX			<u></u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21		·		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,307,513			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	1,684,123			
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	75,295			
9	Other employee benefits	256,706			
10	Payroll taxes	181,192			
11	Fees for services (non-employees)				
a	Management				-
	Legal	270,674			
	Accounting	99,145			
	Lobbying	433,099			-
	Professional fundraising services See Part IV, line 17	,			
	Investment management fees	23,411			
	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	626,970			
12	Advertising and promotion	18,000			
13	Office expenses	312,578			
	Information technology	140,725			
	Royalties				
	Occupancy	297,704			
	Travel	383,461			
	Payments of travel or entertainment expenses for any federal, state, or local public officials	555,102			
19	Conferences, conventions, and meetings	812,714			_
	Interest	,			
	Payments to affiliates	171,243			
	Depreciation, depletion, and amortization	62,915			
	Insurance	78,672			
	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 )	75,072			
	a NPGA PROJECT MANAGEMENT	430,175			
	b PERSONNEL ADMINISTRATIO	113,864			
	c PRINTING & DUPLICATION	94,527			
	d BUSINESS ENTERTAINMENT	41,523			
	e All other expenses	48,997			
25	Total functional expenses. Add lines 1 through 24e	7,965,226			
26	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)				

1	Cash-non-interest-bearing	437,309	1	202,37
2	Savings and temporary cash investments	1,365,692	2	361,068
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	301,746	4	344,823
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part		5	

741,159

602,805

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employees and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L

Notes and loans receivable, net

10a

10b

Form 990 (2016)

Assets

11

12

13

14

15

16

Assets or Fund Balances

Net

27

28

29

30

31

32

33

34

Inventories for sale or use .

b Less accumulated depreciation

Prepaid expenses and deferred charges .

10a Land, buildings, and equipment cost or other

Investments—publicly traded securities .

Other assets See Part IV, line 11 . . .

Investments—other securities See Part IV, line 11 .

Investments—program-related See Part IV, line 11

Total assets.Add lines 1 through 15 (must equal line 34) . . .

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here  $\triangleright$   $\square$  and complete lines 30 through 34.

Capital stock or trust principal, or current funds . . . .

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Unrestricted net assets

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

basis Complete Part VI of Schedule D

Intangible assets . . . . .

5 6 7

8

9

10c

11 12

13

14

15

16

15.681

436.850

191,902

5.172.207

314.557

8.235.944

4.854.930

4,854,930

8.235.944

27

28

29

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32

33

34

Page **11** 

16,311

494.800

138,354

387.038

8.587.692

5.286.690

5,286,690

8.587.692

Form **990** (2016)

6.642.928

	17	Accounts payable and accrued expenses	263,331	17	288,207
	18	Grants payable		18	
	19	Deferred revenue	2,591,613	19	2,463,606
	20	Tax-exempt bond liabilities		20	
Š	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
iabilitie.	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
ab iab		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	

Form	990 (2016)				Page <b>12</b>
Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		7	,782,917
2	Total expenses (must equal Part IX, column (A), line 25)	2		7	,965,226
3	Revenue less expenses Subtract line 2 from line 1	3			182,309
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		4	,854,930
5	Net unrealized gains (losses) on investments	5			590,364
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			23,705
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		5	,286,690
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>		 Yes	No
1	Accounting method used to prepare the Form 990				
•	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	ļ	No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a

3b

Νo

Form **990** (2016)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

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

Audit Act and OMB Circular A-133?

### Additional Data

Software ID:

Software Version:

GOVERNMENT AFFAIRS - TO ACHIEVE PUBLIC POLICIES THAT FAVOR PRODUCTION. DISTRIBUTION AND INCREASED USE OF PROPANE AND TO SERVE AS THE PRINCIPAL

Name: NATIONAL PROPANE GAS ASSOCIATION

Form 990 (2016)

Form 990, Part III, Line 4a:

VOICE OF THE PROPANE INDUSTRY

**EIN:** 36-2087363

# NPGA SOUTHEASTERN CONVENTION & INTERNATIONAL PROPANE EXPO - PROVIDES A WORLD CLASS VENUE THAT SHOWCASES THE LARGEST ARRAY OF PROPANE RELATED PROVIDERS, PRODUCTS AND SERVICES IT OFFERS THE BEST NETWORKING OPPORTUNITIES TO CONNECT THE INDUSTRY'S LEADING SUPPLIERS, MANUFACTURERS AND SERVICE PROVIDERS THE EDUCATIONAL PROGAM AT THE TRADE SHOW OFFERS EDUCATIONAL SESSIONS THAT PROVIDE ESSENTIAL SKILLS AND

Form 990, Part III, Line 4b:

PROVEN STRATEGIES TO TAKE YOUR EMPLOYEES AND PROPANE BUSINESSES TO THE NEXT LEVEL

### Form 990, Part III, Line 4c: REGULATORY & TECHNICAL AFFAIRS - TO ENSURE THAT REGULATIONS AND STANDARDS IMPACTING THE PROPANE INDUSTRY ARE REASONABLE, COST-EFFECTIVE AND SAFETY-BASED NPGA ENGAGES WITH THE VARIOUS FEDERAL GOVERNMENT DEPARTMENTS AND AGENCIES MAKING SURE THAT NPGA HAS A VOICE IN THE DEVELOPMENT OF NEWLY PROPOSED OR CHANGES TO EXISTING REGULATIONS AND STANDARDS. ONE OF THE MANY OBJECTIVES OF THE PROPANE INDUSTRY IS TO

DEVELOP AND USE GUIDELINES OR STANDARDS TO HELP MANUFACTURE EQUIPMENT AND TO PROMOTE FIRE PREVENTION AND SAFE OPERATION WITHIN THE PROPANE

INDUSTRY

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (E) (D) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless compensation compensation amount of other person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the for related (W-2/1099-(W-2/1099organization and Highest compensatemplovee Former Individual trustee or director Institutional MISC) organizations MISC) related below dotted organizations employee line)

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JERRY BRICK	10 00						
CHAIRMAN ELECT	2 00	×	×		0	0	
CHRISTOPHER EARHART	5 00	V	x		0	0	
VICE CHAIRMAN	2.00	^	^		U	U	

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CHRISTOPHER EARHART	5 00	×	х		
VICE CHAIRMAN	2 00	^	`		
RANDY THOMPSON	5 00	×			
TREASURER	2.00	^			

CHARLIE ORY

D D ALEXANDER

JOSEPH ARMENTANO

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DAVID BARRETT

JD BAIN

DOUG AUXIER

IMMEDIATE PAST CHAIRMAN

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless hours per compensation compensation amount of other person is both an officer from related week (list from the compensation any hours and a director/trustee) organizations organization from the for related (W-2/1099-(W-2/1099organization and Highest compen-Office Former Individual truste or director Key employee organizations Institutional MISC) related MISC) below dotted organizations line) Ę

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ROBERT BARRY DIRECTOR	1 00	X				0	0	0
BRENT BATY DIRECTOR	1 00	X				0	0	0
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DIRECTOR		
DAVID BERTELSEN	1 00	_
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JAMES BERTELSMEYER	1 00	
DIRECTOR		X

MICHELLE BIMSON

DIRECTOR

JIM BISHOP

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

**EUGENE BISSELL** 

ROBERT BLACKWELL

STEVE BLAKEMAN

Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless hours per compensation compensation amount of other person is both an officer week (list from the from related compensation any hours and a director/trustee) organizations organization from the for related (W-2/1099-(W-2/1099organization and Highest compensate Former Individual trustee or director Key employee Institutional MISC) MISC) organizations related below dotted organizations line) Trustee

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

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GREG BLAZINA	1 00	l					
DIRECTOR	••••••	×			0	0	
ROGER BOEHLKE	1 00	l ,			0	0	
DIRECTOR		*			٥	U	
DRADLEY BOY	1 00						

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BRADLEY BOX	1 00	×				0	0	
DIRECTOR		,				,	,	
RANDY BRADFORD	1 00	×				O	0	
DIRECTOR		, ,				•		

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DIRECTOR

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STEPHAN CHASE

CHRISTOPHER CAFARELLA

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RANDY BRADFORD	1 00	v				0	0	
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JOHN BROOKS	1 00	V				0		
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DIRECTOR		^			5	o de la companya de		
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DIRECTOR							<u> </u>
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DIRECTOR		^				0	0	
JOSEPH BUSCHUR	1 00	v				0	0	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless compensation compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization organizations from the for related (W-2/1099-(W-2/1099organization and Highest compensatemplovee Former Individual trustee or director Institutional organizations MISC) MISC) related director below dotted organizations employee line) 1 00 TOM CLARK ...... Χ DIRECTOR 1 00 SHAWN COADY Х 0

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DIRECTOR

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DIRECTOR

NANCY COOP

JOE CORDILL

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DIRECTOR

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DIRECTOR

BILLY COX

DIRECTOR

DIRECTOR

DAVID DAY

DIRECTOR

AMY DEAN

DIRECTOR

BRIAN DAVIDSON

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless hours per compensation compensation amount of other person is both an officer week (list from the from related compensation any hours organizations and a director/trustee) organization from the for related (W-2/1099-(W-2/1099organization and Highest compens Former Individual trustee or director Key employee Institutional MISC) organizations MISC) related below dotted organizations line) Trust

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LARRY DOUGHTY	1 00	l			0	0	

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TIM ESTERLING

DIRECTOR

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**ROB FREEMAN** 

**GARY FRANCE** 

MICHAEL FRANGER

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless compensation compensation amount of other person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the for related (W-2/1099-(W-2/1099organization and Highest compensatemplovee Former Individual trustee or director Institutional MISC) related organizations MISC) below dotted organizations employee line) 1 00 DENIS GAGNE ...... Χ 2 00 1 00 Х

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SENIS GAGNE
DIRECTOR
STEVE GENTRY
DIRECTOR
LISA GERWITZ
DIRECTOR

KIM GODLEWSKI

RAMON GONZALEZ

MICHAEL GORHAM

JEFFREY GRESHAM

DIRECTOR

DIRECTOR

DIRECTOR

CHAD GRAY

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

JIM HAMILTON

JIM HAM

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless compensation compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization organizations from the for related (W-2/1099-(W-2/1099organization and Highest compensatemplovee Former Individual trustee or director Institutional related organizations MISC) MISC) below dotted organizations employee line) 1 00 KEITH HANCHETT ...... Χ DIRECTOR

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LYNN HARDIN

MICHAEL HIEFNER DIRECTOR

DIRECTOR

TIM HOLMES

JILL HOPKINS

MICHAEL HOPSICKER

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

BILL JELLISON

FRANK HORNE

CARL HUGHES

THOMAS JAENICKE

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless hours per compensation compensation amount of other person is both an officer from related week (list from the compensation any hours and a director/trustee) organizations organization from the for related (W-2/1099-(W-2/1099organization and Highest compensated employee Former Individual trustee or director Key employee Institutional MISC) related organizations MISC) below dotted organizations line)

ANGELA JOHN	1 00	×			0	0	
DIRECTOR	2 00						
NEAL KANEL	1 00	l			0	0	
DIRECTOR		^			Ĭ		
GEORGE KOLOROUTIS	1 00	l ,				0	
DIRECTOR		^			٥	0	
KEN KRAFT	1 00						

GEORGE KOLOROUTIS	1 00	x			0	0	
DIRECTOR		^					
KEN KRAFT	1 00	×			0	0	
DIRECTOR		^					
RICK LADUE	1 00	×			0	0	

KEN KRAFT	1 00	l 🗸			0	0	
DIRECTOR		_ ^			9		
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DIRECTOR						,	

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DIRECTOR		^					
RICK LADUE	1 00	v			0	0	
DIRECTOR		^					
ANDY LAMBERT	1 00						

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DIRECTOR

PAUL LANEY

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

BRUCE LEONARD

ROGER MAIOLINI

THOMAS MANSON

KEN KRAFT	1 00	l			0	,	,
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DIRECTOR		^			ľ	Ĭ	

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent, Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless hours per compensation compensation amount of other person is both an officer from related week (list from the compensation any hours organizations and a director/trustee) organization from the for related (W-2/1099-(W-2/1099organization and Highest compensa Former Individual trustee or director Institutional MISC) organizations MISC) related below dotted organizations employee line) Truste

			ग		£			
ROBERT BOB MATTOCKS II	1 00	×				0	0	
DIRECTOR		^						
ROBERT MAUCH	1 00	×				0	0	
DIRECTOR		^						

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DIRECTOR		^						Ĭ	
DARYL MCCLENDON	1 00						0	0	
DIRECTOR		^					0	0	
KEITH MCMAHAN	1 00	_					0	0	
DIRECTOR		^					Ĭ	١	

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DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

GLENN MILLER

MARK MILLER

STEVE MILLER

SAMUEL MCTIER

SHANNON MCWHORTER

DARYL MCCLENDON					0	0	_
DIRECTOR		_ ^				· ·	
KEITH MCMAHAN	1 00	×			0	0	n
DIRECTOR		,				, and the second	
NASH MCMAHAN	1 00						

Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless hours per compensation compensation amount of other person is both an officer from related week (list from the compensation any hours and a director/trustee) organizations organization from the for related (W-2/1099-(W-2/1099organization and Highest compenso Former Individual trustee or director Institutional MISC) related organizations MISC) below dotted organizations employee line) Truste

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

			र्गे		#ed			
GERRY MISEL	1 00	×				0	0	
DIRECTOR		^					3	
BRUCE MONTROY	1 00	×				0	0	
DIRECTOR		^					0	

BRUCE MONTROY	1 00	<sub>v</sub>			0	0	
DIRECTOR		^			3	0	
KEN MUELLER	1 00	V			0	0	
DIRECTOR		_ ^			U	0	
PAYMOND MIJPPAY	1 00						

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ROBERT B NICHOLSON III

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

LARRY OSGOOD

THOMAS OVERBAUGH

DANIEL OVERPECK

ALLEGRA PACHECO

KEN MUELLER	1 00	×			0	0	(
DIRECTOR							
RAYMOND MURRAY	1 00	×			0	0	
DIRECTOR		^			0	3	

RAYMOND MURRAY	1 00	×			0	0	0
DIRECTOR							
ROBERT NICHOLSON	1 00	v			0	0	0
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Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless compensation compensation amount of other person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the for related (W-2/1099-(W-2/1099organization and Highest compensatemplovee Former Individual trust or director Institutional MISC) related organizations MISC) below dotted organizations employee line)

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

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JOHN PANKRATZ	1 00	×	
DIRECTOR		ζ.	
GARY PAPAY	1 00	V	
DIRECTOR		X	

ROBIN PARSONS

SCOTT PARSONS

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

MIKE PITTS

DIRECTOR

DIRECTOR

WILLIAM PLATZ

NATALIE PEAL

TODD PELLETT

ROLAND PENTA

ANDREW PEYTON

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (C) (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation any hours and a director/trustee) organizations from the organization for related (W-2/1099-(W-2/1099organization and Office Highest compensate Former Individual trustee or director Key employee Institutional MISC) MISC) organizations related below dotted organizations line) Trustee

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HAROLD POLAND	1 00	v			0	0	
DIRECTOR		^					
AARON REECE	1 00	×			0	0	
DIRECTOR		^					
MICHAEL RENTMEESTER	1 00				0	0	
DIRECTOR		_ ^			١		

MICHAEL RENTMEESTER DIRECTOR	1 00	х			0	0	0
JAMES RESSLER	1 00	Х			0	0	0
DIRECTOR	2 00						
CARLTON REVERE	1 00	×			0	0	0
DIRECTOR		,,			Ĭ		
DAN RICHARDSON DIRECTOR	1 00	X			0	0	0
COLIN ROGERS	1 00						

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DIRECTOR							·		
DAN RICHARDSON	1 00								
DIRECTOR	•••••	×					0	0	0
COLIN ROGERS	1 00	l ∨					0	0	0
DIRECTOR		_ ^						J	l
JAMES RONALD	1 00								
DIRECTOR	•••••	×					0	0	0

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COLIN ROGERS	1 00				0	
DIRECTOR		_ ^				
JAMES RONALD	1 00				0	
DIRECTOR		^			Ĭ	
TOM ROSS	1 00					

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DIRECTOR

JEFF ROTH

DIRECTOR

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless hours per compensation compensation amount of other person is both an officer week (list from the from related compensation any hours and a director/trustee) organizations organization from the for related (W-2/1099-(W-2/1099organization and Highest compensated employee Former Individual trustee or director Key employee Institutional MISC) MISC) organizations related below dotted organizations line) Trustee

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RICHARD ROWAN	1 00	×			0	0
DIRECTOR		^			3	3
RANDY RUTHERFORD	1 00	l ,			0	0
DIRECTOR		_ ^			0	0
PETER RYAN	1 00	V			0	0
DIRECTOR		^			0	0
RANDY SAMS	1 00	×			0	0

PETER RYAN	1 00	l			,	ام	
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DIRECTOR

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JAMES SENTY

TIM SCHWEPPE

RANDY SAMS	1 00	l 🗸					0	0	
DIRECTOR		_ ^					0		
GLENN SAUNDERS	1 00	×					0	0	
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J CHARLES SAWYER	1 00	×			0	0	
DIRECTOR						Ĭ	
TIM SAYERS	1 00						

GEENIN SACINDERS		Ιx			n	0	n
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J CHARLES SAWYER	1 00				0	0	0
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TIM SAYERS	1 00						_

DIRECTOR							
TIM SAYERS	1 00	×			0	0	0
DIRECTOR		^			5	3	
RICARDO SCHONDUBE	1 00	×			0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless compensation compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization organizations from the for related (W-2/1099-(W-2/1099organization and Highest compensatemplovee Former Individual trustee or director Institutional organizations MISC) MISC) related below dotted organizations employee line) 1 00 MICHAEL SHEEHAN ...... Χ DIRECTOR 1 00 JEFFREY STEWART . . . . . . . . . . . . . . . . . Х 0

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DIRECTOR

CHUCK STRAWN

JANE STROUPE

MILT SWENSON

RICHARD TARANTIN

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

PAT WALKER

**BOB WALLACE** 

FRANK TAYLOR

TOM VANBUREN

Compensated Employees, and Independent Contractors (D) (E) Name and Title Average Position (do not check more Reportable Reportable hours per than one box, unless compensation compensation amount of other person is both an officer week (list from the from related any hours and a director/trustee) organization organizations for related (W-2/1099-(W-2/1099organization and 25 Highest compensatemplovee Former MISC) MISC)

(F)

Estimated

compensation

from the

related organizations

78,460

57,533

24,783

22,124

54,642

0

0

362,079

203,263

177,229

188,732

138,669

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

	below dotted line)	idividual trustee ridirector	
RANDY WARNER	1 00		Ī
		X	ı
DIRECTOR	2 00		

JOE WESTBY

**ERICH WOLF** 

CODY WRAY

DIRECTOR

RICHARD ROLDAN

PRESIDENT & CEO

SR VP PUBLIC & GOVERNMENTAL AFFAIRS

VP REGULATORY & TECHNICAL SERVICES

PHILIP SQUAIR

BRIAN DUNLAP

JEFFREY PETRASH

VP GENERAL COUNSEL

MICHAEL CALDARERA

VP FINANCE & ADMIN & CFO

DIRECTOR

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DIRECTOR	2 00	^			٥		
LESLIE WOODWARD	1 00				0	0	
DIRECTOR		,,			Ĭ	]	

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employee

Compensated Employees, and Independent, Contractors (D) (E) Name and Title Average Position (do not check more Reportable Reportable than one box, unless hours per compensation compensation

(F)

Estimated

amount of other

41,268

115,538

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

40 00

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LESLEY GARLAND

DIRECTOR, STATE AFFAIRS

	week (list any hours for related organizations below dotted line)		r/tr	office Highest compensated	from the organization (W- 2/1099- MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
MOLLIE O'DELL	40 00			x	111,962	0	19,049
VP COMMUNICATIONS							
BRUCE SWIECICKI SENIOR TECHNICAL ADVISOR	40 00			x	128,463	o	51,692

**SCHEDULE C** (Form 990 or 990-

Department of the Treasury

EZ)

## **Political Campaign and Lobbying Activities**

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

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

DLN: 93493311019217

Open to Public Inspection

Interna	al Revenue Service		<u></u>				Inspection
			n Form 990, Part IV, Line 3, or Form 9		ne 46 (Polit	ical Campaig	n Activities), then
			nplete Parts I-A and B Do not complete		D		,
	Section 50 I(c) (otne Section 527 organiza		i01(c)(3)) organizations Complete Part re Part I-A only	s I-A and C below	Do not co	mpiete Part I-E	3
If the	e organization ansv	vered "Yes <sup>:</sup> " oı	n Form 990, Part IV, Line 4, or Form 9				
			have filed Form 5768 (election under s				
			t have NOT filed Form 5768 (election ui n Form 990, Part IV, Line 5 (Proxy Ta				
(Prox	ky Tax) (see separa	ate instruction	s), then	.,,,			
	Section 501(c)(4), (5 me of the organization	<u>,, , , , , , , , , , , , , , , , , , ,</u>	zations Complete Part III			F1	entification number
	TONAL PROPANE GAS A					Employer lu	entification number
						36-2087363	
Par	t I-A Complete	e if the orga	nization is exempt under section	on 501(c) or is	a sectio	n 527 organ	nization.
1 2			ization's direct and indirect political car	mpaign activities i	n Part IV	_	
3	Political expenditui Volunteer hours	res				•	\$
		e if the orga	nization is exempt under section	on 501(c)(3).			<del>.</del>
1	-		ex incurred by the organization under s				
2		•	ex incurred by the organization under so ex incurred by organization managers u		:		<sup>⊅</sup>
3		•	tion 4955 tax, did it file Form 4720 for		•	•	Yes No
	Was a correction n			umo y cu.			
4a							☐ Yes ☐ No
b Date	If "Yes," describe i		nization is exempt under section	on 501(c) eve	ent secti	on 501(c)(3	8)
1		<del>_</del>	ed by the filing organization for section				\$
2			anization's funds contributed to other c	•			<b>*</b>
-	function activities	or the ming org	anizacion s funds contributed to other c	organizacions for s	eccion 527	<b>►</b>	\$
3	Total exempt funct	tion expenditure	es Add lines 1 and 2 Enter here and o	n Form 1120-POL,	line 17b	<b>&gt;</b>	\$
4	Did the filing organ	nızatıon file <b>Fori</b>	m 1120-POL for this year?				☐ Yes ☐ No
5			employer identification number (EIN) of each organization listed, enter the am				
	of political contribu	itions received	that were promptly and directly deliver	ed to a separate p	olitical org	anızatıon, such	
	fund or a political a	action committe	ee (PAC) If additional space is needed,	provide informati	on in Part I	V	
	(a) Name		(b) Address	(c) EIN		ount paid from	
						organization's If none, enter	contributions received and promptly and
					Tanas	-0-	directly delivered to a
							separate political organization. If none,
							enter -0-
2							
3							
4							
5							
6							
	aperwork Reduction	Act Notice, see t	the instructions for Form 990 or 990-EZ.	Cat	No 500845	Schedule (	(Form 990 or 990-EZ) 2016

Schedule C (Form 990 or 990-EZ) 2016

Total lobbying expenditures

Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots nontaxable amount

Grassroots lobbying expenditures

activity

2a

1

2

3

1

2

c Total

Part IV

3

Part III-A

Part III-B

Current year

Carryover from last year

expenditure next year?

Return Reference

(b)

Amount

Yes

1

2

No

No

No

3,702,319

1,080,695

-641.950

438.745

806,983

-368,238

(a)

Yes

No

During the year, did the filing organization attempt to influence foreign, national, state or local legislation, 1 including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? b Media advertisements? Mailings to members, legislators, or the public?

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)

and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

Explanation

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?

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?

Did the organization agree to carry over lobbying and political expenditures from the prior year?

Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political

Were substantially all (90% or more) dues received nondeductible by members?

Did the organization make only in-house lobbying expenditures of \$2,000 or less?

instructions), and Part II-B, line 1 Also, complete this part for any additional information

Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?

answered "Yes."

Dues, assessments and similar amounts from members

Supplemental Information

expenses for which the section 527(f) tax was paid).

Other activities?

Total Add lines 1c through 1i

(6).

If "Yes," enter the amount of any tax incurred under section 4912

Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes?

Direct contact with legislators, their staffs, government officials, or a legislative body?

Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political Taxable amount of lobbying and political expenditures (see instructions)

4 5

Schedule C (Form 990 or 990EZ) 2016

1

2a

2b

2c

3

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D** 

As Filed Data -

DLN: 93493311019217

OMB No 1545-0047

# **Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Open to Public

Department of the Treasury

(Form 990)

Internal Revenue Service Information about Schedule D (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

	me of the organization		Employer identification number
NAI	TONAL PROPANÉ GAS ASSOCIATION		36-2087363
Pa	Organizations Maintaining Donor Complete if the organization answere	Advised Funds or Other Similar Fund	is or Accounts.
	complete if the organization answere	(a) Donor advised funds	(b)Funds and other accounts
1	Total number at end of year	(a) bondi autiboa ianab	(2) and and accounts
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor funds are the organization's property, subject to t		r advised
6	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?		
Pa	rt III Conservation Easements. Complet	e if the organization answered "Yes" on l	Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the	e organization (check all that apply)	
	$\square$ Preservation of land for public use (e g , rec	reation or education) $\qed$ Preservation o	f an historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization leasement on the last day of the tax year	neld a qualified conservation contribution in the	e form of a conservation  Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easemen	ts	2b
С	Number of conservation easements on a certified	` ,	2c
d	Number of conservation easements included in (c) structure listed in the National Register	) acquired after 8/17/06, and not on a historic	2d
3	Number of conservation easements modified, trartax year ▶	nsferred, released, extinguished, or terminated	by the organization during the
4	Number of states where property subject to conse	ervation easement is located >	<u>_</u>
5	Does the organization have a written policy regar and enforcement of the conservation easements i		ing of violations,  Yes No
6	Staff and volunteer hours devoted to monitoring,  •	inspecting, handling of violations, and enforcing	ng conservation easements during the year
7	Amount of expenses incurred in monitoring, insper	ecting, handling of violations, and enforcing co	nservation easements during the year
8	Does each conservation easement reported on lin and section $170(h)(4)(B)(ii)^2$	e 2(d) above satisfy the requirements of section	on 170(h)(4)(B)(I)
9	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text		xpense statement, and
Par		tions of Art, Historical Treasures, or	Other Similar Assets.
1a	Complete if the organization answere If the organization elected, as permitted under SF art, historical treasures, or other similar assets he	FAS 116 (ASC 958), not to report in its revenueld for public exhibition, education, or research	in furtherance of public service,
b	If the organization elected, as permitted under SF	FAS 116 (ASC 958), to report in its revenue sta	atement and balance sheet works of art,
	historical treasures, or other similar assets held for following amounts relating to these items	or public extiluition, education, or research in f	
	i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
•	ii)Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, following amounts required to be reported under		
а	Revenue included on Form 990, Part VIII, line 1		<b>*</b> \$
b	Assets included in Form 990, Part X		<b>▶</b> \$

Par	<u> </u>	Organizations M	aintaining Col	lections of Art,	Historica	<u>Il Trea</u>	sures, or	Other	Similar Asse	ts (con	itinued)
3		the organization's acq (check all that apply)	quisition, accessior	n, and other records	s, check an	y of the	following tl	hat are a	significant use	of its co	ollection
а		Public exhibition			d	Lo.	an or excha	inge prog	ırams		
b		Scholarly research			е	☐ Ot	her				
c		Preservation for future	e generations								
4	Provi Part )	de a description of the	organization's col	lections and explair	how they	further	the organiz	atıon's ex	kempt purpose	ın	
5		ig the year, did the org is to be sold to raise fui							_	Yes	□ No
Par	t IV	Escrow and Cust Complete if the or X, line 21.			orm 990, I	Part IV,	, line 9, or	reporte	ed an amount	on For	m 990, Part
1a		e organization an agent ded on Form 990, Part		an or other interme	diary for co	ntributi	ons or othe	r assets I		Yes	□ No
b	If "Y∈	es," explain the arrange	ement in Part XIII	and complete the f	ollowing ta	ble	Γ		Amo	unt	
С		nning balance		'	,		Ī	1c			
d	-	ions during the year					Ī	1d			_
e		butions during the yea	ır				Ī	1e			
f		ng balance					Ī	1f			
2a		he organization include	an amount on Fo	rm 990. Part X. line	e 21. for es	crow or	custodial a	ccount lia	ability? F	Yes	
b		es," explain the arrange		, ,	,				, L		∐ No □
Pa	rt V	Endowment Fun									
				(a)Current year	<b>(b)</b> Prio		_	ars back		back (e	)Four years back
la	Beginn	ing of year balance .		2,535,056		2,472,17	1	2,281,326	2,244		2,223,60
b	Contrib	outions		101,116		62,88	5	190,845	37	,257	20,46
С	Net inv	estment earnings, gair	ns, and losses								
d	Grants	or scholarships									
		expenditures for faciliti	es								
f	Admını	strative expenses .									
g	End of	year balance		2,636,172		2,535,05	6	2,472,171	2,281	.,326	2,244,06
2	Provi	de the estimated perce	entage of the curre	ent year end balanc	e (line 1g,	column	(a)) held as	5			
а	Board	d designated or quasi-e	endowment 🟲								
b	Perm	anent endowment 🕨	100 000 %								
С	Temp	orarily restricted endo	wment <b>▶</b>								
	The p	ercentages on lines 2a	a, 2b, and 2c shou	ld equal 100%							
3a		here endowment funds nization by	not in the posses	sion of the organiza	ation that a	re held	and admini	stered fo	r the		Yes No
	(i) uı	nrelated organizations								3a(i	-
		elated organizations								3a(ii	
b •		es" on 3a(II), are the re	-	·						3b	Yes
1		ribe in Part XIII the inte			owment fur	ias					
Par	t VI	Land, Buildings, Complete if the or			-m 990 D	art IV	line 11a	See For	m 990 Part X	/ line 1	0
	Descri	iption of property	(a) Cost or oth (investme	ner basis (b)Cos	t or other ba				epreciation	,	Book value
1a	Land										
	Buildin	as									
		old improvements		+		310,5	32		225,401		85,1
		nent				220,5					55,1
	Equipii Other			-		430,6	27		377,404		53,2
		Innes 1a through 1e (C	l	aual Form 990 Pari	Y column				5,7,707		138.3

Schedule D (Form 990) 2016			Page <b>3</b>
Part VII Investments—Other Securities. Complete if the of See Form 990, Part X, line 12.	organization answe	red 'Yes' on Form 99	0, Part IV, line 11b.
<ul><li>(a) Description of security or category (including name of security)</li></ul>	<b>(b)</b> Book value		d of valuation f-year market value
(1)Financial derivatives			
(3)Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)  Part VIII Investments—Program Related. Complete if the	organization answ	uered 'Ves' on Form 9	90 Part IV line 11c
See Form 990, Part X, line 13.  (a) Description of investment	(b) Book value	(c) Metho	od of valuation
(1)			·
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )	<b>•</b>		
Part IX Other Assets. Complete if the organization answered 'Ye (a) Description	es' on Form 990, Part	IV, line 11d See Form	990, Part X, line 15  (b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)			<b>b</b>
Part X Other Liabilities. Complete if the organization ansi See Form 990, Part X, line 25.			1e or 11f.
1. (a) Description of liability (1) Federal income taxes	<b>(b)</b> Boo	ok value	
DEFERRED RENT		189,586	
DEFERRED COMPENSATION		348,533	
		11,070	
CAPITAL LEASE OBLIGATION (4)		11,070	
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	<u> </u>	549,189	
2. Liability for uncertain tax positions In Part XIII, provide the text of th	e footnote to the org	anization's financial state	
organization's liability for uncertain tax positions under FIN 48 (ASC 740)	) Check here if the to	ext of the footnote has b	een provided in Part XIII 🗹

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

2a

2b

2c

2d

4b

Explanation

164,254

2e

3

4c

5

Page 4

1,129,040

7,782,917

7,782,917

8,129,480

164,254

7.965.226

7,965,226

Schedule D (Form 990) 2015

Other (Describe in Part XIII ) . . 2d 538,676 Add lines 2a through 2d . . . . 2e

d е 3 Subtract line 2e from line 1 . 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1

Investment expenses not included on Form 990, Part VIII, line 7b. 4a 4b b

Other (Describe in Part XIII ) . . . . . . Add lines 4a and 4b . . . 4c

5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . . .

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . . . .

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Part XII

Total expenses and losses per audited financial statements .

Donated services and use of facilities .

Prior year adjustments . . .

Other (Describe in Part XIII ) .

Add lines 2a through 2d .

Add lines 4a and 4b .

Return Reference

See Additional Data Table

Subtract line 2e from line 1 .

Other losses .

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b .

Other (Describe in Part XIII ) . . . . .

Supplemental Information

Schedule D (Form 990) 2016

Part XI

1

2

b

d

е 3

а

b

c

Part XIII

5

4

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Page <b>5</b>	Schedule D (Form 990) 2015	
inued)	Part XIII Supplemental Information (co	
Explanation	Return Reference	

Schedule D (Form 990) 2016

#### Additional Data

Software ID: Software Version:

**EIN:** 36-2087363

Name: NATIONAL PROPANE GAS ASSOCIATION

Explanation

# Supplemental Information Return Reference

PART V, LINE 4	MEMORIAL ENDOWMENT THE MEMORIAL ENDOWMENT WAS ESTABLISHED TO PERIODICALLY RECOGNIZE A MEM
	BER OF NPGA WHO HAS MADE A SIGNIFICANT CONTRIBUTION IN THE AREA OF PUBLIC AFFAIRS THAT BEN
	EFITS THE PROPANE GAS INDUSTRY AN AWARD IS PRESENTED IN THE NAME OF WILLIAM C HILL TO TH
	E RECOGNIZED MEMBER A CONTRIBUTION IS MADE TO A SCIENTIFIC RESEARCH OR EDUCATIONAL INSTIT
	UTION DESIGNATED BY THE AWARD WINNER SCHOLARSHIP ENDOWMENT THE SCHOLARSHIP ENDOWMENT WAS
	ESTABLISHED TO PROMOTE FUNDING OF ENDOWMENTS, THE INCOME FROM WHICH WOULD BE USED TO GRAN
	T SCHOLARSHIPS FOR HIGHER EDUCATION TO CHILDREN OF EMPLOYEES OF COMPANIES ENGAGED IN A PRO
	PANE OR RELATED BUSINESS THAT ARE MEMBERS OF THE NPGA AND MEETING MANAGEMENT AND GENERAL E
	XPENSES ON BEHALF OF THE FOUNDATION

Supplemental Information	
Return Reference	Explanation
PART X, LINE 2	THE ASSOCIATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(6) OF T HE INTERNAL REVENUE CODE (IRC), UNLESS IT HAS INCOME FROM UNRELATED BUSINESS ACTIVITIES I NCOME, WHICH IS NOT RELATED TO EXEMPT PURPOSES, LESS APPLICABLE DEDUCTIONS, IS SUBJECT TO FEDERAL AND STATE CORPORATE INCOME TAXES NPGA DID NOT HAVE ANY NET UNRELATED BUSINESS INC OME FOR THE YEAR ENDED FEBRUARY 29, 2017 MANAGEMENT EVALUATED NPGA'S TAX POSITIONS AND CO NCLUDED THAT NPGA HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE CONS OLIDATED FINANCIAL STATEMENTS

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	NPG FOUNDATION REVENUE INCLUDED IN CONSOLIDATING STATEMENTS 545,971 DEFERRED RENT ADJUSTM ENT 23,705 ELIMINATIONS IN CONSOLIDATING STATEMENTS -31,000

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Supplemental Information		
Return Reference	Explanation	
PART XII, LINE 2D - OTHER ADJUSTMENTS	NPG FOUNDATION EXPENSES INCLUDED IN CONSOLIDATING STATEMENTS 195,254 ELIMINATIONS IN CONSOLIDATING STATEMENTS -31,000	

### Schedule J

#### **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Information about Schedule J (Form 990) and its instructions is at <a href="www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No 1545-0047

DLN: 93493311019217

**Employer identification number** 

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

(Form 990)

nternal Revenue

NATIONAL PROPANE GAS ASSOCIATION 36-2087363 **Questions Regarding Compensation** Yes No Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? 4a Νo Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Yes Participate in, or receive payment from, an equity-based compensation arrangement? **4c** Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? 5а 5h Any related organization? If "Yes," on line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? 6a 6b Any related organization? If "Yes," on line 6a or 6b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 67 If "Yes," describe in Part III 7 Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

section 53 4958-6(c)?

(ii)

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (I) and from related organizations, described in the instructions, on row (II) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual (A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (E) Total of columns (D) Nontaxable (F) Compensation in other deferred benefits (B)(I)-(D) column(B) reported (11) (111) Base as deferred on prior Other reportable compensation Bonus & incentive (I) compensation compensation Form 990 compensation 1 RICHARD ROLDAN 315.458 (i) 45,073 1.548 56,692 21,768 440,539 PRESIDENT & CEO 0 0 0 0 Ω (ii) 2 PHILIP SQUAIR 177,435 828 25,000 25,501 32,032 260,796 O SR VP PUBLIC & GOVERNMENTAL AFFAIRS 0 0 0 0 0 Ω (ii) 3 BRIAN DUNLAP 161,464 15,000 765 16,685 8,098 202,012 VP FINANCE & ADMIN & CFO 0 0 0 0 0 Ω (ii) 4 1FFFREY PETRASH 171,031 15,000 2,701 7,535 14,589 210,856 VP GENERAL COUNSEL 0 0 0 0 Ω Ω (ii) 5 MICHAEL CALDARERA 132,637 (i) 5,000 1,032 15,397 39,245 193,311 VP REGULATORY & TECHNICAL SERVICES 0 n 0 0 0 (ii) 6 BRUCE SWIECICKI 121,077 (i) 6,000 1,386 22,025 29,667 180,155 0 SENIOR TECHNICAL ADVISOR 0 0 0 0 0 (ii) 7 LESLEY GARLAND 110,328 (i) 5,000 210 5,017 36,251 156,806 DIRECTOR, STATE AFFAIRS

0

Page 3		
Part III Supplemental Information		
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information		
Return Reference	Explanation	
·	IN FEBRUARY 2016, NPGA CREATED A SECTION 457(F) DEFERRED COMPENSATION PLAN FOR ITS CHIEF EXECUTIVE OFFICER UNDER THE TERMS OF THE 457(F) PLAN, THE EMPLOYER MAKES DISCRETIONARY CONTRIBUTIONS TO THE PLAN AND WHILE IT IS UNFUNDED, NPGA	

Schedule J (Form 990) 2015

Schodule 1 (Form 990) 2015

efile GRAPH	IC print - DO NOT PROCESS As Filed Data -	DLN:	93493311019217
SCHEDUL (Form 990 or EZ)	990- Complete to provide information for responses to spe Form 990 or 990-EZ or to provide any additional Attach to Form 990 or 990-EZ.  Information about Schedule O (Form 990 or 990-EZ) an  www.irs.gov/form990.	cific questions on information.	2016 Open to Public Inspection
	anization IE GAS ASSOCIATION  e O, Supplemental Information	<b>Employer identi</b> 36-2087363	fication number
Return Reference	Explanation	Explanation	
FORM 990, PART VI, SECTION A, LINE 6	NPGA IS AN INCORPORATED 501(C)(6) NON-PROFIT TRADE ASSOCIATION NPGA'S MEMBERSHIP IS COMPR ISED OF ANY INDIVIDUAL, FIRM OR CORPORATION THAT IS ENGAGED IN THE LP-GAS INDUSTRY AFFILI ATED LOCAL, STATE OR REGIONAL PROPANE ASSOCIATIONS CAN ALSO BE MEMBERS ACTIVE MEMBERS APP OINT AN ACCREDITED REPRESENTATIVE WHO IS AUTHORIZED TO CAST VOTES FOR SUCH ACTIVE MEMBER IN ASSOCIATION MATTERS DIRECTORS ON THE BOARD OF DIRECTORS ARE ELECTED BY THE ACCREDITED REPRESENTATIVE FROM EACH ACTIVE MEMBER PROPERTY RIGHTS AND INTEREST OF ACTIVE MEMBERS IN THE PROPERTY OF NPGA SHALL BE IN PROPORTION TO DUES PAID BY THEM RESPECTIVELY TO THE ASSOCIATION AND SHALL CEASE UPON THEIR EXPULSION OR WITHDRAWAL FROM THE ASSOCIATION		

Return Explanation
Reference

FORM 990, PART VI, ESCRIBED IN NPGA'S CONSTITUTION THE CHAIRMAN OF THE BOARD CAN APPOINT UP TO 25 DIRECTORS-SECTION A, LINE 7A

Return Explanation
Reference

FORM 990,	THE ANNUAL MEETING OF NPGA IS HELD FOR THE PURPOSE OF ELECTING OFFICERS, APPROVING THE ACT
PART VI,	IVITIES OF THE STAFF, OFFICES AND COMMITTEES ON BEHALF OF THE ASSOCIATION DURING THE PAST
SECTION A,	YEAR AND TO RATIFY ANY AMENDMENTS TO NPGA'S CONSTITUTION PROPOSED BY THE EXECUTIVE COMMITT
LINE 7B	EE OR BY THE BOARD OF DIRECTORS DURING THE PAST YEAR

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	UPON RECEIVING A DRAFT COPY OF THE FORM 990 FROM THE TAX PREPARERS, THE CFO REVIEWS THE FO RM 990 FOR ANY OMISSIONS OR NECESSARY UPDATES AS WELL AS TYING OUT THE FINANCIAL INFORMATI ON BACK TO THE AUDITED FINANCIAL STATEMENTS NEXT, NPGA'S AUDIT COMMITTEE, A STANDING COMM ITTEE OF THE BOARD OF DIRECTORS, REVIEWS THE DRAFT COPY OF THE FORM 990 DURING A CONFERENC E CALL MEETING PRIOR TO THE ACTUAL FILING WITH THE IRS BEFORE FILING, THE BOARD OF DIRECT ORS IS EMAILED A SECURED LINK TO THE FORM 990 THAT IS POSTED ON NPGA'S WEBSITE ALONG WITH A PASSWORD TO ACCESS THE FINAL FORM 990 AT THE NEXT BOARD OF DIRECTORS MEETING, THE AUDIT COMMITTEE WILL REPORT ON ITS REVIEW OF THE FORM 990

Return Explanation
Reference

FORM 990, NPGA'S CONFLICT OF INTEREST POLICY IS INCLUDED IN THE FRONT SECTION OF THE EXECUTIVE COMMI
PART VI, TTEE AND BOARD OF DIRECTOR PACKAGES ALONG WITH THE ANTITRUST POLICY AND THE WHISTLE-BLOWER
SECTION B, POLICY THE CHAIRMAN MAKES A REMINDER OF THESE POLICIES TO THE BOARD OF DIRECTORS IN HIS
LINE 12C OPENING REMARKS

Return Explanation
Reference

FORM 990,
PART VI,
SECTION B,
LINE 15

THE CEO'S COMPENSATION AS WELL AS OTHER OFFICER AND KEY EMPLOYEES' COMPENSATION IS REVIEWE
D ANNUALLY BY THE PERSONNEL SUBCOMMITTEE OF THE EXECUTIVE COMMITTEE THE PERSONNEL SUBCOMM
ITTEE USES SALARY BENCHMARKS FROM PUBLICATIONS SUCH AS THE ASAE COMPENSATION GUIDE TO ASSE
SS THE APPROPRIATE LEVEL OF COMPENSATION FOR EACH OF THESE POSITIONS AND THE DECISIONS ARE
DOCUMENTED

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	NPGA'S GOVERNING DOCUMENTS SUCH AS THE CONSTITUTION, AND RULES & PROCEDURES ARE PRINTED IN NPGA'S MEMBERSHIP DIRECTORY OTHER POLICIES SUCH AS THE CONFLICT OF INTEREST POLICY, THE ANTITRUST POLICY AND THE WHISTLE-BLOWER POLICY ARE INCLUDED IN THE FRONT SECTION OF THE EX ECUTIVE COMMITTEE AND BOARD OF DIRECTOR PACKAGES ALL OF THE ABOVE REFERENCED GOVERNING DO CUMENTS AND POLICIES ARE AVAILABLE UPON REQUEST NPGA'S FINANCIAL STATEMENTS ARE PUBLISHED EACH YEAR IN NPGA'S ANNUAL REPORT WHICH IS POSTED ON NPGA'S WEBSITE FINANCIAL STATEMENT INFORMATION IS ALSO AVAILABLE THROUGH NPGA'S ANNUAL 990 RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX FORM FILINGS COPIES OF BOTH THE ANNUAL REPORT AND 990 RETURN TAX FILINGS ARE AVAILABLE UPON REQUEST FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN IRC SECTION 6104(D)

990 Schedule O, Supplemental Information Return Explanation Reference

FORM 990, PART XI, LINE 9

Return Explanation

11010101100	
FORM 990,	THE PROCESS FOR OVERSEEING THE AUDIT OF THE FINANCIAL STATEMENTS AND SELECTION OF AN INDEP
PART XII,	ENDENT ACCOUNTANT THAT AUDITED THE FINANCIAL STATEMENTS HAS BEEN CONSISTENT WITH PRIOR YEA
LINE 2C	RS

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R** 

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

(Form 990)

Department of the Treasury

### **Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

2016

DLN: 93493311019217

OMB No 1545-0047

Open to Public

Inspection

Schedule R (Form 990) 2016

► Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Internal Revenue Service **Employer identification number** Name of the organization NATIONAL PROPANE GAS ASSOCIATION 36-2087363 Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (b) (c) (d) (e) (f) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (a) Name, address, and EIN of related organization (b) (c) (e) (f) (g) Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) or foreign country) (if section 501(c)(3)) entity (13) controlled entity? Yes No (1) NATIONAL PROPANE GAS FOUNDATION SCHOLARSHIP AWARDS DC 501(C)(3) LINE 7 NATIONAL PROPANE GAS Yes 1899 L STREET NW SUITE 350 ASSOCIATION WASHINGTON, DC 20036 23-7122755 (2) NATIONAL PROPANE GAS ASSOCIATION POLITICAL ACTION COMMITTEE DC POLITICAL ACTION 527 NATIONAL PROPANE GAS Yes 1899 L STREET NW SUITE 350 COMMITTEE ASSOCIATION WASHINGTON, DC 20036 36-3175428

Cat No 50135Y

		(b)	1 1		1 45	1 40	1 .			1 ()		., 1	
(a) Name, address, and EIN of related organization			(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predominant income(related unrelated, excluded from tax under sections 512-			(h) Disproprtionate allocations?		Code V-UBI amount in bot 20 of Schedule K-1 (Form 1065)	Gene man	j) eral or aging ener?	(k) Percenta ownersh
					514)			Yes	No		Yes	No	
Identification of Related Organiza because it had one or more related or						zation ansv	vered "Yes	" on Fo	orm 9	90, Part IV	, line	34	
Identification of Related Organiza because it had one or more related or  (a)  Name, address, and EIN of related organization		L do (state	(c) egal micile or foreign	st during th	(d) controlling entity  Type	(e)	vered "Yes  (f) Share of total income	Share	(g) of end- year assets	of- Perce	, line  i)  ntage ership	Se (1	(I) ection 512 3) control entity
because it had one or more related or  (a)  Name, address, and EIN of	rganizations treated as	L do (state	on or trus (c) egal micile	st during th	(d) controlling entity  Type	(e) le of entity orp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	of- Perce	1) ntage	Se (1	<ol><li>control</li></ol>
because it had one or more related or  (a)  Name, address, and EIN of	rganizations treated as	L do (state	(c) egal micile or foreign	st during th	(d) controlling entity  Type	(e) le of entity orp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	of- Perce	1) ntage	Se (1	3) control entity?
because it had one or more related or  (a)  Name, address, and EIN of	rganizations treated as	L do (state	(c) egal micile or foreign	st during th	(d) controlling entity  Type	(e) le of entity orp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	of- Perce	1) ntage	Se (1	3) control entity?
because it had one or more related or  (a)  Name, address, and EIN of	rganizations treated as	L do (state	(c) egal micile or foreign	st during th	(d) controlling entity  Type	(e) le of entity orp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	of- Perce	1) ntage	Se (1	3) control entity?
because it had one or more related or  (a)  Name, address, and EIN of	rganizations treated as	L do (state	(c) egal micile or foreign	st during th	(d) controlling entity  Type	(e) le of entity orp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	of- Perce	1) ntage	Se (1	3) control entity?
because it had one or more related or  (a)  Name, address, and EIN of	rganizations treated as	L do (state	(c) egal micile or foreign	st during th	(d) controlling entity  Type	(e) le of entity orp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	of- Perce	1) ntage	Se (1	3

Part V Transactions With Related Organizations Complete of the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
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	1a		No
<b>b</b> Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	_	No
I Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	10	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	_	No
Powerland to add to add to a data decreased to the second	10	Voc	

1	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	<del>                                     </del>
o	Sharing of paid employees with related organization(s)	10	Yes	
1				
р	Reimbursement paid to related organization(s) for expenses	1р		No
q	Reimbursement paid by related organization(s) for expenses	<b>1</b> q	Yes	
r	Other transfer of cash or property to related organization(s)	1r		No
s	Other transfer of cash or property from related organization(s)	1s		No

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 (a) Name of related organization (b) Transaction type (a-s) (d) Method of determining amount involved (c) Amount involved

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on 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

<b>1</b>													
<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	domicile	(d) Predominant Income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	end-of-year	(h) Disproprtionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			<b>(k)</b> Percentage ownership
			514)	Yes	No	<b>!</b>		Yes	No		Yes	No	
										Schedul	le R (Form	1 99	0) 2016

