SCHEFFEL BOYLE
7 HILL CASTLE LANE
COLUMBIA, IL. 62236
PHONE: (618) 281-7605

March 16, 2018

THIS IS YOUR COPY

SELECT PROPANE, INC.
316 Betty Drive
Waterloo, IL 62298

SELECT PROPANE, INC.:

We have prepared and enclosed your 2017 S Corporation income tax returns for the year ended December 31, 2017. The returns should be signed and dated by the appropriate corporate officer(s) and mailed.

The federal Form 1120S should be mailed on or before April 15, 2018 to:

Department of the Treasury
Internal Revenue Service Center
Kansas City, MO 64999-0013

No payment is required.

The Illinois Form IL-1120-ST should be mailed on or before April 15, 2018 to:

Illinois Department of Revenue
P.O. Box 19032
Springfield, IL 62794-9032

No payment is required.

The Missouri Form MO-1120S should be mailed on or before April 15, 2018 to:

Missouri Department of Revenue
P.O. Box 700
Jefferson City, MO 65105-0700

No payment is required.

Attached are Schedules K-1 for each shareholder indicating their share of income, deductions and credits to be reported on their respective tax returns. These schedules should be immediately forwarded to each of the shareholders.

Copies of the returns are enclosed for your files. We suggest that you retain these copies indefinitely.

Sincerely,

SCHEFFEL BOYLE

DEPRECIATION VARIANCE REPORT

ASSET NUMBER	DESCRIPTION	ACCOUNTANT'S CALCULATED DEPRECIATION	SYSTEM CALCULATED DEPRECIATION	VARIANCE
3414	30000 GALLON DE TANK BENTON PROJECT	12,415.	8,021.	4,394.

726141 04-01-17

ILLINOIS

Property Apportionment Detail Worksheet

2017

SELECT PROPANE, INC.

26-1907492

NOT APPLICABLE

	Within		Everywhere	
	Beginning of Year	End of Year	Beginning of Year	End of Year
Inventories				
Land				
Buildings				
Buildings - accumulated depreciation				
Machinery	2,329,521.	2,344,507.	2,329,521.	2,344,507.
Equipment				
Machinery and equipment - accumulated depreciation				
Furniture and fixtures				
Furniture and fixtures - accumulated depreciation				
Transportation/delivery equipment				
Transportation/delivery equipment - accumulated depreciation				
Other depreciable assets				
Other depreciable assets - accumulated depreciation				
Depletable assets				
Depletable assets - accumulated depletion				
Leasehold improvements				
Leasehold improvements - accumulated amortization				
Supplies				
Other tangible property				
Buildings - construction in progress				
Machinery - construction in progress				
Equipment - construction in progress				
Transportation/delivery - construction in progress				
Other - construction in progress				
Less: Total construction in progress				
Miscellaneous other				
Subtotals	2,329,521.	2,344,507.	2,329,521.	2,344,507.
Average property		2,337,014.		2,337,014.
Real property rented - rental expense (multiplied by applicable factor)				
Tangible property rented - rental expense (multiplied by applicable factor)				
Miscellaneous rental expense (multiplied by applicable factor)				
Total property		2,337,014.		2,337,014.

* - Not Applicable

ILLINOIS	Payroll and Sales Apportionment Detail Worksheet	2017

SELECT PROPANE, INC. 26-1907492

NOT APPLICABLE - PAYROLL FACTOR

Payroll Apportionment

	Within	Everywhere
Cost of goods sold		
Cost of operations		
Compensation of officers		
Salesmen's salaries		
Salesmen's commissions		
General and administrative wages and salaries	922,318.	922,318.
Repairs		
Others		
Miscellaneous other		
Total payroll	922,318.	922,318.

Sales Apportionment

	Within	Everywhere
Sales of tangible personal property		15,692,370.
- Returns and allowances		
Sales from outside the state to within the state	15,227,972.	
Sales from within the state to within the state	0.	
Sales from within the state to U.S. government	0.	
Sales from within the state to nontaxable jurisdictions	0.	
Interest		
Dividends		
Rents		
Royalties		
Gain from sales of real and tangible personal property		
Gain from sales of intangibles		
Service income		
Other receipts		
Miscellaneous other *		
Total sales	15,227,972.	15,692,370.

* - Not Applicable

MISSOURI	Payroll and Sales Apportionment Detail Worksheet	2017

SELECT PROPANE, INC. 26-1907492

Payroll Apportionment

	Within	Everywhere
Cost of goods sold		
Cost of operations		
Compensation of officers		
Salesmen's salaries		
Salesmen's commissions		
General and administrative wages and salaries	0.	922,318.
Repairs		
Others		
Miscellaneous other *		
Total payroll	0.	922,318.

Sales Apportionment

	Within	Everywhere
Sales of tangible personal property		15,692,370.
- Returns and allowances		
Sales from outside the state to within the state	464,398.	
Sales from within the state to within the state	0.	
Sales from within the state to U.S. government	0.	
Sales from within the state to nontaxable jurisdictions	0.	
Interest		
Dividends		
Rents		
Royalties		
Gain from sales of real and tangible personal property		
Gain from sales of intangibles		
Service income		
Other receipts		
Miscellaneous other *		
Total sales	464,398.	15,692,370.

* - Not Applicable

PAYROLL FACTOR | **Apportionment Summary Worksheet** | **2017**

SELECT PROPANE, INC. 26-1907492

	WITHIN	EVERYWHERE	UNWEIGHTED	WEIGHTED
Alabama				
Alaska				
Arizona				
Arkansas				
California				
Colorado				
Connecticut				
Delaware				
District of Columbia				
Florida				
Georgia				
Hawaii				
Idaho				
Illinois				
Indiana				
Iowa				
Kansas				
Kentucky				
Louisiana				
Maine				
Maryland				
Massachusetts				
Michigan				
Minnesota				
Mississippi				
Missouri	0.	922,318.	.000000	.000000
Montana				
Nebraska				
Nevada				
New Hampshire				
New Jersey				
New Mexico				
New York				
North Carolina				
North Dakota				
Ohio				
Oklahoma				
Oregon				
Pennsylvania				
Rhode Island				
South Carolina				
South Dakota				
Tennessee				
Texas				
Utah				
Vermont				
Virginia				
Washington				
West Virginia				
Wisconsin				
Wyoming				
Foreign				
Other				
Total	N/A	N/A	N/A	.000000

710731
04-01-17

PAYROLL FACTOR	Apportionment Summary Worksheet (Continued)	2017

SELECT PROPANE, INC. 26-1907492

	WITHIN	EVERYWHERE	UNWEIGHTED	WEIGHTED
* Battle Creek				
* Detroit				
* Flint				
* Grand Rapids				
* Highland Park				
* Lansing				
* Pontiac				
* Port Huron				
* Saginaw				
* New York City				
* New York - MCTD				
* Muskegon				
* Muskegon Heights				

* Not included in everywhere totals

SALES FACTOR

SELECT PROPANE, INC.

Apportionment Summary Worksheet

2017

26-1907492

	WITHIN	EVERYWHERE	UNWEIGHTED	WEIGHTED
Alabama				
Alaska				
Arizona				
Arkansas				
California				
Colorado				
Connecticut				
Delaware				
District of Columbia				
Florida				
Georgia				
Hawaii				
Idaho				
Illinois	15,227,972.	15,692,370.	.970406	.970406
Indiana				
Iowa				
Kansas				
Kentucky				
Louisiana				
Maine				
Maryland				
Massachusetts				
Michigan				
Minnesota				
Mississippi				
Missouri	464,398.	15,692,370.	.029590	.029590
Montana				
Nebraska				
Nevada				
New Hampshire				
New Jersey				
New Mexico				
New York				
North Carolina				
North Dakota				
Ohio				
Oklahoma				
Oregon				
Pennsylvania				
Rhode Island				
South Carolina				
South Dakota				
Tennessee				
Texas				
Utah				
Vermont				
Virginia				
Washington				
West Virginia				
Wisconsin				
Wyoming				
Foreign				
Other				
Total	N/A	N/A	N/A	.999996

710731
04-01-17

SALES FACTOR

Apportionment Summary Worksheet (Continued)

2017

SELECT PROPANE, INC.

26-1907492

	WITHIN	EVERYWHERE	UNWEIGHTED	WEIGHTED
* Battle Creek				
* Detroit				
* Flint				
* Grand Rapids				
* Highland Park				
* Lansing				
* Pontiac				
* Port Huron				
* Saginaw				
* New York City				
* New York - MCTD				
* Muskegon				
* Muskegon Heights				

* Not included in everywhere totals

SUMMARY

Apportionment Summary Worksheet | **2017**

SELECT PROPANE, INC. 26-1907492

SUMMARY OF FACTORS

	PROPERTY	PAYROLL	SALES	APPORTIONMENT
Alabama				
Alaska				
Arizona				
Arkansas				
California				
Colorado				
Connecticut				
Delaware				
District of Columbia				
Florida				
Georgia				
Hawaii				
Idaho				
Illinois			.970406	.970406
Indiana				
Iowa				
Kansas				
Kentucky				
Louisiana				
Maine				
Maryland				
Massachusetts				
Michigan				
Minnesota				
Mississippi				
Missouri		.000000	.029590	.014800
Montana				
Nebraska				
Nevada				
New Hampshire				
New Jersey				
New Mexico				
New York				
North Carolina				
North Dakota				
Ohio				
Oklahoma				
Oregon				
Pennsylvania				
Rhode Island				
South Carolina				
South Dakota				
Tennessee				
Texas				
Utah				
Vermont				
Virginia				
Washington				
West Virginia				
Wisconsin				
Wyoming				
Foreign				
Other				
Total		.000000	.999996	.985206

710731
04-01-17

SUMMARY	Apportionment Summary Worksheet (Continued)	2017

SELECT PROPANE, INC. 26-1907492

SUMMARY OF FACTORS	PROPERTY	PAYROLL	SALES	APPORTIONMENT
* Battle Creek				
* Detroit				
* Flint				
* Grand Rapids				
* Highland Park				
* Lansing				
* Pontiac				
* Port Huron				
* Saginaw				
* New York City				
* New York - MCTD				
* Muskegon				
* Muskegon Heights				

* Not included in everywhere totals

SUMMARY

Allocation Summary Worksheet

2017

SELECT PROPANE, INC.

26-1907492

	WITHIN	EVERYWHERE
Alabama		
Alaska		
Arizona		
Arkansas		
California		
Colorado		
Connecticut		
Delaware		
District of Columbia		
Florida		
Georgia		
Hawaii		
Idaho		
Illinois	0.	0.
Indiana		
Iowa		
Kansas		
Kentucky		
Louisiana		
Maine		
Maryland		
Massachusetts		
Michigan		
Minnesota		
Mississippi		
Missouri		
Montana		
Nebraska		
Nevada		
New Hampshire		
New Jersey		
New Mexico		
New York		
North Carolina		
North Dakota		
Ohio		
Oklahoma		
Oregon		
Pennsylvania		
Rhode Island		
South Carolina		
South Dakota		
Tennessee		
Texas		
Utah		
Vermont		
Virginia		
Washington		
West Virginia		
Wisconsin		
Wyoming		
Foreign		
Other		
Total	0.	

710871
04-01-17

Form **1120S**

Department of the Treasury
Internal Revenue Service

U.S. Income Tax Return for an S Corporation

▶ Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation.

▶ Go to www.irs.gov/Form1120S for instructions and the latest information.

EXTENSION GRANTED TO 09/15/18

OMB No. 1545-0123

2017

For calendar year 2017 or tax year beginning , and ending

A S election effective date: 01/30/2008

B Business activity code number (see instructions): 493100

C Check if Sch. M-3 attached ☐

TYPE OR PRINT

Name: SELECT PROPANE, INC.

Number, street, and room or suite no. If a P.O. box, see instructions.: 316 BETTY DRIVE

City or town, state or province, country, and ZIP or foreign postal code: WATERLOO, IL 62298

D Employer identification number: 26-1907492

E Date incorporated: 01/30/2008

F Total assets (see instructions): $ 5,305,979.

G Is the corporation electing to be an S corporation beginning with this tax year? ☐ Yes ☒ No If "Yes," attach Form 2553 if not already filed

H Check if: (1) ☐ Final return (2) ☐ Name change (3) ☐ Address change (4) ☐ Amended return (5) ☐ S election termination or revocation

I Enter the number of shareholders who were shareholders during any part of the tax year ▶ 2

Caution: *Include only trade or business income and expenses on lines 1a through 21. See the instructions for more information.*

Income	1a	Gross receipts or sales 15,692,370. b Returns and allowances c Bal. ▶	1c	15,692,370.
	2	Cost of goods sold (attach Form 1125-A)	2	13,819,211.
	3	Gross profit. Subtract line 2 from line 1c	3	1,873,159.
	4	Net gain (loss) from Form 4797, line 17 *(attach Form 4797)*	4	
	5	Other income (loss) *(attach statement)* STATEMENT 1	5	71,822.
	6	**Total income (loss).** Add lines 3 through 5 ▶	6	1,944,981.
Deductions (See instructions for limitations)	7	Compensation of officers (see instrs. - attach Form 1125-E)	7	149,675.
	8	Salaries and wages (less employment credits)	8	772,643.
	9	Repairs and maintenance	9	14,704.
	10	Bad debts	10	5,366.
	11	Rents	11	
	12	Taxes and licenses STATEMENT 2	12	74,374.
	13	Interest	13	301,292.
	14	Depreciation not claimed on Form 1125-A or elsewhere on return *(attach Form 4562)*	14	408,851.
	15	Depletion **(Do not deduct oil and gas depletion.)**	15	
	16	Advertising	16	11,866.
	17	Pension, profit-sharing, etc., plans	17	
	18	Employee benefit programs	18	
	19	Other deductions *(attach statement)* STATEMENT 3	19	625,506.
	20	**Total deductions.** Add lines 7 through 19 ▶	20	2,364,277.
	21	**Ordinary business income (loss).** Subtract line 20 from line 6	21	-419,296.
Tax and Payments	22a	Excess net passive income or LIFO recapture tax *(see instructions)* 22a		
	b	Tax from Schedule D (Form 1120S) 22b		
	c	Add lines 22a and 22b	22c	
	23a	2017 estimated tax payments and 2016 overpayment credited to 2017 23a		
	b	Tax deposited with Form 7004 23b		
	c	Credit for federal tax paid on fuels *(attach Form 4136)* 23c		
	d	Add lines 23a through 23c	23d	
	24	Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ ☐	24	
	25	**Amount owed.** If line 23d is smaller than the total of lines 22c and 24, enter amount owed	25	
	26	**Overpayment.** If line 23d is larger than the total of lines 22c and 24, enter amount overpaid	26	
	27	Enter amount from line 26 **Credited to 2018 estimated tax** ▶ **Refunded** ▶	27	

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

▶ Signature of officer | Date | ▶ RONALD RAMSEY Title

May the IRS discuss this return with the preparer shown below (see instr.)? ☒ Yes ☐ No

Paid Preparer Use Only				
Print/Type preparer's name: KEITH G. BRINKMANN CPA	Preparer's signature	Date: 03/16/18	Check if self-employed ☐	PTIN: P00367977
Firm's name ▶ SCHEFFEL BOYLE			Firm's EIN ▶ 37-1206530	
Firm's address ▶ 7 HILL CASTLE LANE COLUMBIA, IL 62236			Phone no. (618) 281-7605	

JWA 711701 12-20-17 **For Paperwork Reduction Act Notice, see separate instructions.**

Schedule B Other Information (see instructions)

	Yes	No
1 Check accounting method: (a) ☐ Cash (b) ☒ Accrual (c) ☐ Other (specify) ▶		
2 See the instructions and enter the: (a) Business activity ▶ (b) Product or service ▶		
3 At any time during the tax year, was any shareholder in the corporation a disregarded entity, a trust, an estate, or a nominee or similar person? If "Yes," attach Schedule B-1, Information on Certain Shareholders of an S Corporation		X
4 At the end of the tax year, did the corporation:		
a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total stock issued and outstanding of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below		X

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage of Stock Owned	(v) If Percentage in (iv) is 100%, Enter the Date (if any) a Qualified Subchapter S Subsidiary Election Was Made

b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below		X

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital

5a At the end of the tax year, did the corporation have any outstanding shares of restricted stock?		X
If "yes" complete lines (i) and (ii) below		
(i) Total shares of restricted stock ▶		
(ii) Total shares of non-restricted stock ▶		
b At the end of the tax year, did the corporation have any outstanding stock options, warrants, or similar instruments?		X
If "yes" complete lines (i) and (ii) below		
(i) Total shares of stock outstanding at the end of the tax year ▶		
(ii) Total shares of stock outstanding if all instruments were executed ▶		
6 Has this corporation filed, or is it required to file, **Form 8918**, Material Advisor Disclosure Statement, to provide info. on any reportable transaction?		X
7 Check this box if the corporation issued publicly offered debt instruments with original issue discount ▶ ☐ If checked, the corporation may have to file **Form 8281**, Information Return for Publicly Offered Original Issue Discount Instruments.		
8 If the corporation: **(a)** was a C corporation before it elected to be an S corporation **or** the corporation acquired an asset with a basis determined by reference to the basis of the asset (or the basis of any other property) in the hands of a C corporation **and (b)** has net unrealized built-in gain in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years ▶ $		
9 Enter the accumulated earnings and profits of the corporation at the end of the tax year ▶ $		
10 Does the corporation satisfy **both** of the following conditions?		
a The corporation's total receipts (see instructions) for the tax year were less than $250,000		
b The corporation's total assets at the end of the tax year were less than $250,000		X
If "Yes," the corporation is not required to complete Schedules L and M-1		
11 During the tax year, did the corporation have any non-shareholder debt that was cancelled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?		X
If "Yes," enter the amount of principal reduction $		
12 During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions		X
13a Did the corporation make any payments in 2017 that would require it to file Form(s) 1099?		X
b If "Yes," did the corporation file or will it file all required Forms 1099?		

Schedule K Shareholders' Pro Rata Share Items

				Total amount
Income (Loss)	1 Ordinary business income (loss) (page 1, line 21)		1	-419,296.
	2 Net rental real estate income (loss) (attach Form 8825)		2	
	3a Other gross rental income (loss)	3a		
	b Expenses from other rental activities (attach statement)	3b		
	c Other net rental income (loss). Subtract line 3b from line 3a		3c	
	4 Interest income		4	
	5 Dividends: a Ordinary dividends		5a	
	b Qualified dividends	5b		
	6 Royalties		6	
	7 Net short-term capital gain (loss) (attach Schedule D (Form 1120S))		7	
	8a Net long-term capital gain (loss) (attach Schedule D (Form 1120S))		8a	
	b Collectibles (28%) gain (loss)	8b		
	c Unrecaptured section 1250 gain (attach statement)	8c		
	9 Net section 1231 gain (loss) (attach Form 4797)		9	
	10 Other income (loss) (see instructions) Type ▶		10	
Deductions	11 Section 179 deduction (attach Form 4562)		11	
	12a Charitable contributions STATEMENT 4		12a	2,076.
	b Investment interest expense		12b	
	c Section 59(e)(2) expenditures (1) Type ▶			
	(2) Amount ▶		12c(2)	
	d Other deductions (see instructions) Type ▶		12d	
Credits	13a Low-income housing credit (section 42(j)(5))		13a	
	b Low-income housing credit (other)		13b	
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468)		13c	
	d Other rental real estate credits (see instructions) Type ▶		13d	
	e Other rental credits (see instructions) Type ▶		13e	
	f Biofuel producer credit (attach Form 6478)		13f	
	g Other credits (see instructions) Type ▶		13g	
Foreign Transactions	14a Name of country or U.S. possession ▶			
	b Gross income from all sources		14b	
	c Gross income sourced at shareholder level		14c	
	Foreign gross income sourced at corporate level			
	d Passive category		14d	
	e General category		14e	
	f Other (attach statement)		14f	
	Deductions allocated and apportioned at shareholder level			
	g Interest expense		14g	
	h Other		14h	
	Deductions allocated and apportioned at corporate level to foreign source income			
	i Passive category		14i	
	j General category		14j	
	k Other (attach statement)		14k	
	Other information			
	l Total foreign taxes (check one): ▶ ☐ Paid ☐ Accrued		14l	
	m Reduction in taxes available for credit (attach statement)		14m	
	n Other foreign tax information (attach statement)			
Alternative Minimum Tax (AMT) Items	15a Post-1986 depreciation adjustment		15a	8,208.
	b Adjusted gain or loss STATEMENT 5		15b	-2,786.
	c Depletion (other than oil and gas)		15c	
	d Oil, gas, and geothermal properties - gross income		15d	
	e Oil, gas, and geothermal properties - deductions		15e	
	f Other AMT items (attach statement)		15f	
Items Affecting Shareholder Basis	16a Tax-exempt interest income		16a	
	b Other tax-exempt income		16b	
	c Nondeductible expenses		16c	
	d Distributions (attach statement if required)		16d	
	e Repayment of loans from shareholders		16e	

Schedule K Shareholders' Pro Rata Share Items (continued)

			Total amount
Other Information	17a Investment income	17a	
	b Investment expenses	17b	
	c Dividend distributions paid from accumulated earnings and profits	17c	
	d Other items and amounts (att. stmt.)		
Reconciliation	18 **Income/loss reconciliation.** Combine the amounts on lines 1 through 10 in the far right column. From the result, subtract the sum of the amounts on lines 11 through 12d and 14l	18	-421,372.

Schedule L Balance Sheets per Books

	Beginning of tax year		End of tax year	
Assets	(a)	(b)	(c)	(d)
1 Cash		130,105.		142,529.
2 a Trade notes and accounts receivable	1,326,738.		2,153,556.	
b Less allowance for bad debts		1,326,738.		2,153,556.
3 Inventories		144,183.		155,853.
4 U.S. government obligations				
5 Tax-exempt securities				
6 Other current assets (att. stmt.)	STATEMENT 6	105,713.		51,869.
7 Loans to shareholders		1,623.		1,623.
8 Mortgage and real estate loans				
9 Other investments (att. stmt.)				
10 a Buildings and other depreciable assets	4,273,517.		4,542,769.	
b Less accumulated depreciation	1,994,996.	2,278,521.	2,249,262.	2,293,507.
11 a Depletable assets				
b Less accumulated depletion				
12 Land (net of any amortization)		51,000.		51,000.
13 a Intangible assets (amortizable only)	100,000.		538,639.	
b Less accumulated amortization	45,000.	55,000.	82,597.	456,042.
14 Other assets (att. stmt.)				
15 Total assets		4,092,883.		5,305,979.
Liabilities and Shareholders' Equity				
16 Accounts payable		617,005.		860,078.
17 Mortgages, notes, bonds payable in less than 1 year				
18 Other current liabilities (att. stmt.)	STATEMENT 7	774,918.		5,702,782.
19 Loans from shareholders		107,500.		107,500.
20 Mortgages, notes, bonds payable in 1 year or more		5,527,624.		1,887,579.
21 Other liabilities (att. stmt.)				
22 Capital stock		1,000.		1,000.
23 Additional paid-in capital				
24 Retained earnings	STATEMENT 8	-2,914,664.		-3,232,460.
25 Adjustments to shareholders' equity (att. stmt.)				
26 Less cost of treasury stock		(20,500.)		(20,500.)
27 Total liabilities and shareholders' equity		4,092,883.		5,305,979.

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return

Note: The corporation may be required to file Schedule M-3 (see instructions)

1 Net income (loss) per books	-317,796.	5 Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize): a Tax-exempt interest $	
2 Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize):			
3 Expenses recorded on books this year not included on Schedule K, lines 1 through 12 and 14l (itemize): a Depreciation $ b Travel and entertainment $		6 Deductions included on Schedule K, lines 1 through 12 and 14l, not charged against book income this year (itemize): a Depreciation $ 154,585.	
STMT 9 51,009.	51,009.		154,585.
4 Add lines 1 through 3	-266,787.	7 Add lines 5 and 6	154,585.
		8 Income (loss) (Schedule K, line 18). Line 4 less line 7	-421,372.

Schedule M-2 Analysis of Accumulated Adjustments Account, Other Adjustments Account, and Shareholders' Undistributed Taxable Income Previously Taxed (see instructions)

	(a) Accumulated adjustments account	(b) Other adjustments account	(c) Shareholders' undistributed taxable income previously taxed
1 Balance at beginning of tax year	-2,601,020.		
2 Ordinary income from page 1, line 21			
3 Other additions			
4 Loss from page 1, line 21	(419,296.)		
5 Other reductions STATEMENT 10	(2,076.)	( )	
6 Combine lines 1 through 5	-3,022,392.		
7 Distributions other than dividend distributions			
8 Balance at end of tax year. Subtract line 7 from line 6	-3,022,392.		

Form **1125-A**

(Rev. October 2016)

Department of the Treasury
Internal Revenue Service

Cost of Goods Sold

▶ Attach to Form 1120, 1120-C, 1120-F, 1120S, 1065, or 1065-B.

▶ Information about Form 1125-A and its instructions is at www.irs.gov/form1125a.

OMB No. 1545-0123

Name: SELECT PROPANE, INC.

Employer identification number: 26-1907492

1	Inventory at beginning of year	1	144,183.
2	Purchases	2	13,830,881.
3	Cost of labor	3	
4	Additional section 263A costs (attach schedule)	4	
5	Other costs (attach schedule)	5	
6	**Total.** Add lines 1 through 5	6	13,975,064.
7	Inventory at end of year	7	155,853.
8	**Cost of goods sold.** Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the appropriate line of your tax return. See instructions	8	13,819,211.

9a Check all methods used for valuing closing inventory:

(i) ☐ Cost

(ii) ☐ Lower of cost or market

(iii) ☐ Other (Specify method used and attach explanation) ▶

b Check if there was a writedown of subnormal goods ▶ ☐

c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) ▶ ☐

d If the LIFO inventory method was used for this tax year, enter amount of closing inventory computed under LIFO | 9d |

e If property is produced or acquired for resale, do the rules of Section 263A apply to the entity? See instructions ☐ Yes ☒ No

f Was there any change in determining quantities, cost, or valuations between opening and closing inventory? ☐ Yes ☒ No
If "Yes," attach explanation.

For Paperwork Reduction Act Notice, see separate instructions.

Form **1125-A** (Rev. 10-2016)

724441
04-01-17 JWA

Form **1125-E**

(Rev. October 2016)

Department of the Treasury
Internal Revenue Service

Compensation of Officers

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-REIT, 1120-RIC, or 1120S.

▶ Information about Form 1125-E and its separate instructions is at www.irs.gov/form1125e.

OMB No. 1545-0123

Name: SELECT PROPANE, INC.

Employer identification number: 26-1907492

Note: Complete Form 1125-E only if total receipts are $500,000 or more. See instructions for definition of total receipts.

(a) Name of officer	(b) Social security number	(c) Percent of time devoted to business	Percent of stock owned (d) Common	Percent of stock owned (e) Preferred	(f) Amount of compensation
1RONALD L. RAMSEY	[redacted]	FULL	100.00%		149,675.

2 Total compensation of officers	2	149,675.
3 Compensation of officers claimed on Form 1125-A or elsewhere on return	3	
4 Subtract line 3 from line 2. Enter the result here and on Form 1120, page 1, line 12 or the appropriate line of your tax return	4	149,675.

For Paperwork Reduction Act Notice, see separate instructions.

724451 04-01-17 JWA

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property) OTHER

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2017

Attachment Sequence No. 179

Name(s) shown on return	Business or activity to which this form relates	Identifying number
SELECT PROPANE, INC.	OTHER DEPRECIATION	26-1907492

Part I **Election To Expense Certain Property Under Section 179** **Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	510,000.
2	Total cost of section 179 property placed in service (see instructions)	2	292,176.
3	Threshold cost of section 179 property before reduction in limitation	3	2,030,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	510,000.

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2016 Form 4562	10	880,404.
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	0.
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	0.
13	Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12 ▶	13	880,404.

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II **Special Depreciation Allowance and Other Depreciation (Don't** include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III **MACRS Depreciation (Don't** include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2017	17	371,880.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B - Assets Placed in Service During 2017 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property		76,850.	5 YRS.	HY	200DB	15,372.
c	7-year property						
d	10-year property		215,326.	10 YRS.	HY	200DB	21,599.
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property	/		27.5 yrs.	MM	S/L	
		/		27.5 yrs.	MM	S/L	
i	Nonresidential real property	/		39 yrs.	MM	S/L	
		/			MM	S/L	

Section C - Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
c	40-year	/		40 yrs.	MM	S/L	

Part IV **Summary** (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	408,851.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V **Listed Property** (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No | 24b If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use						25		
26 Property used more than 50% in a qualified business use:								
	: :	%						
	: :	%						
	: :	%						
27 Property used 50% or less in a qualified business use:								
	: :	%				S/L -		
	: :	%				S/L -		
	: :	%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
30 Total business/investment miles driven during the year (**don't** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2017 tax year:					
LOAN COSTS	070117	438,639.		180M	14,621.
	: :				
43 Amortization of costs that began before your 2017 tax year				43	6,667.
44 Total. Add amounts in column (f). See the instructions for where to report				44	21,288.

Form **4797**

Department of the Treasury
Internal Revenue Service

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4797 for instructions and the latest information.

OMB No. 1545-0184

2017

Attachment Sequence No. 27

Name(s) shown on return: SELECT PROPANE, INC.

Identifying number: 26-1907492

1 Enter the gross proceeds from sales or exchanges reported to you for 2017 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions 1

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year

(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
230000 GALLON DE TANK-BENTON PROJECT						
	030115	040617	8,788.	14,100.	22,888.	0.

3 Gain, if any, from Form 4684, line 39 3

4 Section 1231 gain from installment sales from Form 6252, line 26 or 37 4

5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 5

6 Gain, if any, from line 32, from other than casualty or theft 6

7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows: 7

Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

8 Nonrecaptured net section 1231 losses from prior years. See instructions 8

9 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions 9

Part II Ordinary Gains and Losses

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

11 Loss, if any, from line 7 ..... 11 ( )

12 Gain, if any, from line 7 or amount from line 8, if applicable 12

13 Gain, if any, from line 31 13

14 Net gain or (loss) from Form 4684, lines 31 and 38a 14

15 Ordinary gain from installment sales from Form 6252, line 25 or 36 15

16 Ordinary gain or (loss) from like-kind exchanges from Form 8824 16

17 Combine lines 10 through 16 17

18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below:

a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23. Identify as from "Form 4797, line 18a." See instructions 18a

b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14 ..... 18b

JWA For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2017)

718001
01-12-18

Part III **Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255**

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A		
B		
C		
D		

These columns relate to the properties on lines 19A through 19D. ▶		Property A	Property B	Property C	Property D
20 Gross sales price (**Note**: See line 1 before completing.)	20				
21 Cost or other basis plus expense of sale	21				
22 Depreciation (or depletion) allowed or allowable	22				
23 Adjusted basis. Subtract line 22 from line 21	23				
24 Total gain. Subtract line 23 from line 20	24				
25 **If section 1245 property:**					
a Depreciation allowed or allowable from line 22	25a				
b Enter the **smaller** of line 24 or 25a	25b				
26 **If section 1250 property:** If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.					
a Additional depreciation after 1975	26a				
b Applicable percentage multiplied by the **smaller** of line 24 or line 26a	26b				
c Subtract line 26a from line 24. If residential rental property or line 24 is not more than line 26a, skip lines 26d and 26e	26c				
d Additional depreciation after 1969 and before 1976	26d				
e Enter the **smaller** of line 26c or 26d	26e				
f Section 291 amount (corporations only)	26f				
g Add lines 26b, 26e, and 26f	26g				
27 **If section 1252 property:** Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership).					
a Soil, water, and land clearing expenses	27a				
b Line 27a multiplied by applicable percentage	27b				
c Enter the **smaller** of line 24 or 27b	27c				
28 **If section 1254 property:**					
a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion	28a				
b Enter the **smaller** of line 24 or 28a	28b				
29 **If section 1255 property:**					
a Applicable percentage of payments excluded from income under section 126	29a				
b Enter the **smaller** of line 24 or 29a	29b				

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30 Total gains for all properties. Add property columns A through D, line 24	30	
31 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV **Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less** (see instructions.)

		(a) Section 179	(b) Section 280F(b)(2)
33 Section 179 expense deduction or depreciation allowable in prior years	33		
34 Recomputed depreciation. See instructions	34		
35 Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35		

ALTERNATIVE MINIMUM TAX

Form **4797**

Department of the Treasury
Internal Revenue Service

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4797 for instructions and the latest information.

OMB No. 1545-0184

2017

Attachment Sequence No. **27**

Name(s) shown on return: SELECT PROPANE, INC.

Identifying number: 26-1907492

1 Enter the gross proceeds from sales or exchanges reported to you for 2017 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions 1

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year

(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
230000 GALLON DE TANK-BENTON PROJECT						
	030115	040617	8,788.	11,314.	22,888.	-2,786.

3 Gain, if any, from Form 4684, line 39 3

4 Section 1231 gain from installment sales from Form 6252, line 26 or 37 4

5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 5

6 Gain, if any, from line 32, from other than casualty or theft 6

7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows: ..... 7 -2,786.

Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

8 Nonrecaptured net section 1231 losses from prior years. See instructions 8

9 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions 9

Part II Ordinary Gains and Losses

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

11 Loss, if any, from line 7 ..... 11 ( )

12 Gain, if any, from line 7 or amount from line 8, if applicable 12

13 Gain, if any, from line 31 13

14 Net gain or (loss) from Form 4684, lines 31 and 38a 14

15 Ordinary gain from installment sales from Form 6252, line 25 or 36 15

16 Ordinary gain or (loss) from like-kind exchanges from Form 8824 16

17 Combine lines 10 through 16 17

18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below:

a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23. Identify as from "Form 4797, line 18a." See instructions 18a

b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14 ..... 18b

JWA **For Paperwork Reduction Act Notice, see separate instructions.**

Form 4797 (2017)

716001
01-12-18

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A		
B		
C		
D		

These columns relate to the properties on lines 19A through 19D. ▶		Property A	Property B	Property C	Property D
20 Gross sales price (**Note:** See line 1 before completing.)	20				
21 Cost or other basis plus expense of sale	21				
22 Depreciation (or depletion) allowed or allowable	22				
23 Adjusted basis. Subtract line 22 from line 21	23				
24 Total gain. Subtract line 23 from line 20	24				
25 **If section 1245 property:**					
a Depreciation allowed or allowable from line 22	25a				
b Enter the **smaller** of line 24 or 25a	25b				
26 **If section 1250 property:** If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.					
a Additional depreciation after 1975	26a				
b Applicable percentage multiplied by the **smaller** of line 24 or line 26a	26b				
c Subtract line 26a from line 24. If residential rental property **or** line 24 is not more than line 26a, skip lines 26d and 26e	26c				
d Additional depreciation after 1969 and before 1976	26d				
e Enter the **smaller** of line 26c or 26d	26e				
f Section 291 amount (corporations only)	26f				
g Add lines 26b, 26e, and 26f	26g				
27 **If section 1252 property:** Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership).					
a Soil, water, and land clearing expenses	27a				
b Line 27a multiplied by applicable percentage	27b				
c Enter the **smaller** of line 24 or 27b	27c				
28 **If section 1254 property:**					
a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion	28a				
b Enter the **smaller** of line 24 or 28a	28b				
29 **If section 1255 property:**					
a Applicable percentage of payments excluded from income under section 126	29a				
b Enter the **smaller** of line 24 or 29a	29b				

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30 Total gains for all properties. Add property columns A through D, line 24	30	
31 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV **Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less** (see instructions.)

		(a) Section 179	(b) Section 280F(b)(2)
33 Section 179 expense deduction or depreciation allowable in prior years	33		
34 Recomputed depreciation. See instructions	34		
35 Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35		

Form **8925**
(Rev. September 2017)
Department of the Treasury
Internal Revenue Service (99)

Report of Employer-Owned Life Insurance Contracts

▶ Attach to the policyholder's tax return. See instructions.
▶ Go to www.irs.gov/Form8925 for the latest information.

OMB No. 1545-2089

Attachment Sequence No. 160

Name(s) shown on return: SELECT PROPANE, INC.

Identifying number: 26-1907492

Name of policyholder, if different from above

Identifying number, if different from above

Type of business: PROPANE SALES

1 Enter the number of employees the policyholder had at the end of the tax year	1	1.
2 Enter the number of employees included on line 1 who were insured at the end of the tax year under the policyholder's employer-owned life insurance contract(s) issued after August 17, 2006. See *Section 1035 exchanges* for an exception	2	1.
3 Enter the total amount of employer-owned life insurance in force at the end of the tax year for employees who were insured under the contract(s) specified on line 2	3	1,000,000.
4a Does the policyholder have a valid consent for each employee included on line 2? See instructions [X] Yes [ ] No		
b If "No," enter the number of employees included on line 2 for whom the policyholder does not have a valid consent	4b	

Election Not to Claim the Additional First Year
Depreciation Allowable Under IRC Sec. 168(k)

SELECT PROPANE, INC.
316 Betty Drive
Waterloo, IL 62298

Employer Identification Number: 26-1907492

For the Year Ending December 31, 2017

SELECT PROPANE, INC., hereby elects, pursuant to IRC Sec. 168(k)(7), not to claim the additional depreciation allowable under IRC Sec. 168(k) for the following qualifying property placed in service during the tax year ending December 31, 2017.

All property in the 3 year class.
All property in the 5 year class.
All property in the 7 year class.
All property in the 10 year class.
All property in the 15 year class.
All property in the 20 year class.

See attached Form 4562.

Section 1.263(a)-1(f) De Minimis Safe Harbor Election

SELECT PROPANE, INC.
316 Betty Drive
Waterloo, IL 62298

Employer Identification Number: 26-1907492

For the Year Ending December 31, 2017

SELECT PROPANE, INC. is making the de minimis safe harbor election under Reg. Sec. 1.263(a)-1(f).

Section 1.263(a)-3(h) Safe Harbor Election for Small Taxpayers

SELECT PROPANE, INC.
316 Betty Drive
Waterloo, IL 62298

Employer Identification Number: 26-1907492

For the Year Ending December 31, 2017

SELECT PROPANE, INC. is making the safe harbor election under Reg. Sec. 1.263(a)-3(h) for the following eligible building property(s).

Description of Eligible Property(s):

BUILDINGS & IMPROVEMENTS

SELECT PROPANE, INC. 26-1907492

FORM 1120S	OTHER INCOME	STATEMENT 1

DESCRIPTION	AMOUNT
DISCOUNTS EARNED	10,082.
FINANCE CHARGES	61,740.
TOTAL TO FORM 1120S, PAGE 1, LINE 5	71,822.

FORM 1120S	TAXES AND LICENSES	STATEMENT 2

DESCRIPTION	AMOUNT
OTHER	2,974.
PAYROLL	71,400.
TOTAL TO FORM 1120S, PAGE 1, LINE 12	74,374.

FORM 1120S	OTHER DEDUCTIONS	STATEMENT 3

DESCRIPTION	AMOUNT
401-K EXPENSE	26,874.
AMORTIZATION EXPENSE	21,288.
BANK CHARGES	21,465.
CASH DISCOUNTS	22,375.
CELL PHONE	6,745.
DUES	12,496.
EQUIPMENT RENTAL	21,560.
FUEL	157,355.
INSURANCE	162,432.
LEGAL AND PROFESSIONAL	3,474.
LICENSE	17,676.
MISCELLANEOUS	4,424.
OFFICE SUPPLIES	11,294.
POSTAGE	6,224.
SECURITY	300.
SUPPLIES	9,343.
TELEPHONE	4,525.
TRAVEL	2,307.
TRUCK	105,529.
UTILITIES	7,820.
TOTAL TO FORM 1120S, PAGE 1, LINE 19	625,506.

SCHEDULE K CHARITABLE CONTRIBUTIONS STATEMENT 4

DESCRIPTION	NO LIMIT	50% / 100% LIMIT	30% LIMIT	20% LIMIT
		2,076.		
TOTALS TO SCHEDULE K, LINE 12A		2,076.		

SCHEDULE K — ADJUSTED GAIN OR LOSS — STATEMENT 5

DESCRIPTION	TOTAL AMOUNT	25%/28% RATE AMOUNT
ADJUSTED GAIN OR LOSS ALLOCABLE TO:		
ORDINARY GAIN OR LOSS		
SECTION 1231 GAIN OR LOSS	-2,786.	
SHORT-TERM CAPITAL GAIN OR LOSS		
LONG-TERM CAPITAL GAIN OR LOSS		
UNRECAPTURED SECTION 1250 GAIN - 25% RATE AMOUNT		

SCHEDULE L — OTHER CURRENT ASSETS — STATEMENT 6

DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
COMPUTER SOFTWARE IN PROGRESS		
PREPAID EXPENSES	105,713.	51,869.
TANK IN PROGRESS		
TRUCK IN PROGRESS		
TOTAL TO SCHEDULE L, LINE 6	105,713.	51,869.

SCHEDULE L — OTHER CURRENT LIABILITIES — STATEMENT 7

DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
BUDGET BILLING LIABILITIES	38,850.	40,088.
DUE TO STOCKHOLDER	5,925.	5,925.
METERED GAS DEPOSIT	1,100.	1,200.
MFT LIABILITIES	42,732.	50,923.
NOTES PAYABLE - FIRST BUSINESS		280,870.
NOTES PAYABLE - NEWTEK		4,812,747.
PAYROLL LIABILITIES	678.	731.
SALES TAX	76,349.	58,736.
UNEARNED REVENUE	609,284.	451,562.
TOTAL TO SCHEDULE L, LINE 18	774,918.	5,702,782.

SCHEDULE L ANALYSIS OF TOTAL RETAINED EARNINGS PER BOOKS STATEMENT 8

DESCRIPTION	AMOUNT
BALANCE AT BEGINNING OF YEAR	-2,914,664.
NET INCOME PER BOOKS	-317,796.
DISTRIBUTIONS	0.
OTHER INCREASES (DECREASES)	
BALANCE AT END OF YEAR - SCHEDULE L, LINE 24, COLUMN (D)	-3,232,460.

SCHEDULE M-1 EXPENSES RECORDED ON BOOKS THIS YEAR NOT INCLUDED ON SCHEDULE K STATEMENT 9

DESCRIPTION	AMOUNT
NON DEDUCTIBLE INSURANCE	34,701.
EXCESS BOOK OVER TAX AMORTIZATION	16,308.
TOTAL TO SCHEDULE M-1, LINE 3	51,009.

SCHEDULE M-2 ACCUMULATED ADJUSTMENTS ACCOUNT- OTHER REDUCTIONS STATEMENT 10

DESCRIPTION	AMOUNT
CHARITABLE CONTRIBUTIONS	2,076.
TOTAL TO SCHEDULE M-2, LINE 5 - COLUMN (A)	2,076.

RON RAMSEY

671117

Schedule K-1 (Form 1120S)

Department of the Treasury Internal Revenue Service

2017

For calendar year 2017, or tax year beginning _____ ending _____

☐ Final K-1 ☐ Amended K-1 OMB No. 1545-0123

Shareholder's Share of Income, Deductions, Credits, etc. ▶ See separate instructions.

Part I Information About the Corporation

A Corporation's employer identification number
26-1907492

B Corporation's name, address, city, state, and ZIP code

SELECT PROPANE, INC.
316 BETTY DRIVE
WATERLOO, IL 62298

C IRS Center where corporation filed return
KANSAS CITY, MO

Part II Information About the Shareholder

D Shareholder's identifying number
[redacted]

E Shareholder's name, address, city, state and ZIP code

RON RAMSEY
316 BETTY DRIVE
WATERLOO, IL 62298

F Shareholder's percentage of stock ownership for tax year 50.000000%

For IRS Use Only

Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items

1	Ordinary business income (loss) -209,648.	13	Credits
2	Net rental real estate inc (loss)		
3	Other net rental income (loss)		
4	Interest income		
5a	Ordinary dividends		
5b	Qualified dividends	14	Foreign transactions
6	Royalties		
7	Net short-term capital gain (loss)		
8a	Net long-term capital gain (loss)		
8b	Collectibles (28%) gain (loss)		
8c	Unrecaptured sec 1250 gain		
9	Net section 1231 gain (loss) 0.		
10	Other income (loss)	15 A	Alternative min tax (AMT) items 4,104.
		B	-1,393.
11	Section 179 deduction	16	Items affecting shareholder basis
12 A	Other deductions 1,038.		
		17	Other information

*See attached statement for additional information.

SELECT PROPANE, INC. 26-1907492

SCHEDULE K-1 ADJUSTED GAIN OR LOSS, BOX 15, CODE B

ALLOCABLE PORTIONS	TOTAL AMOUNT	25%/28% RATE AMOUNT	SHAREHOLDER FILING INSTRUCTIONS
SECTION 1231 GAIN OR LOSS	-1,393.		SEE SHAREHOLDERS INSTRUCTIONS
TOTAL	-1,393.		

MARSHA RAMSEY

671117

Schedule K-1 (Form 1120S)

Department of the Treasury
Internal Revenue Service

2017

For calendar year 2017, or tax year beginning _____ ending _____

☐ Final K-1 ☐ Amended K-1 OMB No. 1545-0123

Shareholder's Share of Income, Deductions, Credits, etc. ▶ See separate instructions.

Part I Information About the Corporation

A Corporation's employer identification number
26-1907492

B Corporation's name, address, city, state, and ZIP code

SELECT PROPANE, INC.
316 BETTY DRIVE
WATERLOO, IL 62298

C IRS Center where corporation filed return
KANSAS CITY, MO

Part II Information About the Shareholder

D Shareholder's identifying number
[redacted]

E Shareholder's name, address, city, state and ZIP code

MARSHA RAMSEY
316 BETTY DRIVE
WATERLOO, IL 62298

F Shareholder's percentage of stock ownership for tax year 50.000000%

For IRS Use Only

Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items

1	Ordinary business income (loss) -209,648.	13	Credits
2	Net rental real estate inc (loss)		
3	Other net rental income (loss)		
4	Interest income		
5a	Ordinary dividends		
5b	Qualified dividends	14	Foreign transactions
6	Royalties		
7	Net short-term capital gain (loss)		
8a	Net long-term capital gain (loss)		
8b	Collectibles (28%) gain (loss)		
8c	Unrecaptured sec 1250 gain		
9	Net section 1231 gain (loss) 0.		
10	Other income (loss)	15 A	Alternative min tax (AMT) items 4,104.
		B	-1,393.
11	Section 179 deduction	16	Items affecting shareholder basis
12 A	Other deductions 1,038.		
		17	Other information

*See attached statement for additional information.

SELECT PROPANE, INC. 26-1907492

SCHEDULE K-1 ADJUSTED GAIN OR LOSS, BOX 15, CODE B

ALLOCABLE PORTIONS	TOTAL AMOUNT	25%/28% RATE AMOUNT	SHAREHOLDER FILING INSTRUCTIONS
SECTION 1231 GAIN OR LOSS	-1,393.		SEE SHAREHOLDERS INSTRUCTIONS
TOTAL	-1,393.		

Illinois Department of Revenue

2017 FORM IL-1120-ST

Small Business Corporation Replacement Tax Return

Due on or before the 15th day of the 3rd month following the close of the tax year.

If this return is not for calendar year 2017, enter your fiscal tax year here.
Tax year beginning _____ (month day year), ending _____ (month day year)
For tax years ending on or after December 31, 2017. For prior years, use the form for that year.

Enter the amount you are paying.
$ _____

Step 1: Identify your small business corporation

A Enter your complete legal business name.
If you have a name change, check this box. ☐
Name: SELECT PROPANE, INC.

B Enter your mailing address.
Check this box if either of the following apply: ☐
- this is your **first return**, or
- you have an **address change**.

C/O: _____

Mailing address: 316 BETTY DRIVE
City: WATERLOO State: IL ZIP: 62298

C If this is the first or final return, check the applicable box(es).
☐ First return
☐ Final return (Enter the date of termination. _____ (mm dd yyyy))

D If this is a final return because you sold this business, enter the date sold (mm dd yyyy) _____, and the new owner's FEIN.

E **Apportionment Formulas.** Check the appropriate box or boxes and see the Apportionment Formula instructions.
☐ Financial organizations ☐ Transportation companies
☐ Federally regulated exchanges ☒ Sales companies

F Check this box if you attached Form IL-4562. ☐
G Check this box if you attached Illinois Schedule M (for businesses). ☐
H Check this box if you attached Schedule 80/20. ☐
I Check this box if you attached Schedule 1299-A. ☐
J Check this box if you attached the Subgroup Schedule. ☐

K Enter your federal employer identification no. (FEIN).
26-1907492

L ☐ Check this box if you are a member of a unitary business group, and enter the FEIN of the member who prepared the Schedule UB, Combined Apportionment for Unitary Business Group. **Attach** Schedule UB to this return.

M Enter your North American Industry Classification System (NAICS) Code. See instructions.
493100

N Enter your Illinois corporate file (charter) number issued by the Secretary of State.

O Enter the city, state, and ZIP code where your accounting records are kept. (Use the two-letter postal abbreviation, *e.g.*, IL, GA, etc.)
WATERLOO IL 62298
City State ZIP

P If you are making the business income election to treat all nonbusiness income as business income, check this box and enter "0" on Lines 36 and 44. ☐

Q If you have completed the following, check the box and **attach** the federal form(s) to this return.
☐ Federal Form 8886 ☐ Federal Sch. M-3, Part II, Line 10

R If you are making a discharge of indebtedness adjustment on Schedule NLD, or Form IL-1120-ST, Line 48, check this box and attach federal Form 982. ☐

S Check this box if your business activity is protected under Public Law 86-272. ☐

Step 2: Figure your ordinary income or loss

(Whole dollars only)

1	Ordinary income or loss, or equivalent from federal Schedule K.	1 -419,296 .00
2	Net income or loss from all rental real estate activities.	2 .00
3	Net income or loss from other rental activities.	3 .00
4	Portfolio income or loss.	4 .00
5	Net IRC Section 1231 gain or loss.	5 .00
6	All other items of income or loss that were not included in the computation of income or loss on Page 1 of U.S. Form 1120-S. See instructions. Identify: _____	6 .00
7	Add Lines 1 through 6. This is your ordinary income or loss.	7 -419,296 .00

Step 3: Figure your unmodified base income or loss

8	Charitable contributions.	8 2,076 .00
9	Expense deduction under IRC Section 179.	9 .00
10	Interest on investment indebtedness.	10 .00
11	All other items of expense that were not deducted in the computation of ordinary income or loss on Page 1 of U.S. Form 1120-S. See instructions. Identify: _____	11 .00
12	Add Lines 8 through 11.	12 2,076 .00
13	Subtract Line 12 from Line 7. This amount is your total unmodified base income or loss.	13 -421,372 .00

▼ Attach your payment and Form IL-1120-ST-V here. ▲

Step 4: Figure your income or loss

14	Enter the amount from Line 13. **Unitary filers,** enter the amount from Schedule UB, Step 2, Col E, Line 30.	14	-421,372 .00
15	State, municipal, and other interest income excluded from Line 14.	15	.00
16	Illinois replacement tax and surcharge deducted in arriving at Line 14.	16	.00
17	Illinois Special Depreciation addition. **Attach** Form IL-4562.	17	.00
18	Related-party expenses addition. **Attach** Schedule 80/20.	18	.00
19	Distributive share of additions. **Attach** Schedule(s) K-1-P or K-1-T.	19	.00
20	The amount of loss distributable to a shareholder subject to replacement tax. **Attach** Schedule B.	20	.00
21	Other additions. **Attach** Illinois Schedule M (for businesses).	21	.00
22	Add Lines 14 through 21. This amount is your income or loss.	22	-421,372 .00

Step 5: Figure your base income or loss

23	Interest income from U.S. Treasury or other exempt federal obligations.	23	.00		
24	Share of income distributable to a shareholder subject to replacement tax. **Attach** Schedule B.	24	.00		
25	River Edge Redevelopment Zone Dividend subtraction. **Attach** Schedule 1299-A.	25	.00		
26	River Edge Redevelopment Zone Interest subtraction. **Attach** Schedule 1299-A.	26	.00		
27	High Impact Business Dividend subtraction. **Attach** Schedule 1299-A.	27	.00		
28	High Impact Business Interest subtraction. **Attach** Schedule 1299-A.	28	.00		
29	Contribution subtraction. **Attach** Schedule 1299-A.	29	.00		
30	Illinois Special Depreciation subtraction. **Attach** Form IL-4562.	30	.00		
31	Related-party expenses subtraction. **Attach** Schedule 80/20.	31	.00		
32	Distributive share of subtractions. **Attach** Schedule(s) K-1-P or K-1-T.	32	.00		
33	Other subtractions. **Attach** Schedule M (for businesses).	33	.00		
34	Total subtractions. Add Lines 23 through 33.			34	.00
35	**Base income or loss.** Subtract Line 34 from Line 22.			35	-421,372 .00

STOP

A. If the amount on Line 35 is derived inside Illinois only, check this box and enter the amount from Step 5, Line 35 on Step 7, Line 47. You may not complete Step 6. (You must leave Step 6, Lines 36 through 46 blank.) ☐

Note: ➡ If you are a unitary filer, do not check this box. Check the box on Line B and complete Step 6.

B. If any portion of the amount on Line 35 is derived outside Illinois, or you are a unitary filer, check this box and complete all lines of Step 6. (Do not leave Lines 40 through 42 blank.) See instructions. ☒

Step 6: Figure your income allocable to Illinois (Complete only if you checked the box on Line B, above.)

36	Nonbusiness income or loss. **Attach** Schedule NB.			36	0 .00
37	Business income or loss included in Line 35 from non-unitary partnerships, partnerships included on a Schedule UB, S corporations, trusts, or estates. See instructions.			37	0 .00
38	Add Lines 36 and 37.			38	0 .00
39	Business income or loss. Subtract Line 38 from Line 35.			39	-421,372 .00
40	Total sales everywhere. This amount cannot be negative.	40	15,692,370		
41	Total sales inside Illinois. This amount cannot be negative.	41	15,227,972		
42	Apportionment factor. Divide Line 41 by Line 40 (carry to six decimal places).	42	.970406		
43	Business income or loss apportionable to Illinois. Multiply Line 39 by Line 42.			43	-408,902 .00
44	Nonbusiness income or loss allocable to Illinois. **Attach** Schedule NB.			44	0 .00
45	Business income or loss apportionable to Illinois from non-unitary partnerships, partnerships included on a Schedule UB, S corporations, trusts, or estates. See instructions.			45	0 .00
46	**Base income or loss allocable to Illinois.** Add Lines 43 through 45.			46	-408,902 .00

Step 7: Figure your net income

47	Base income or net loss from Step 5, Line 35, or Step 6, Line 46.	47	-408,902 .00
48	Discharge of indebtedness adjustment. **Attach** federal Form 982. See instructions.	48	0 .00
49	Adjusted base income or net loss. Add Lines 47 and 48.	49	-408,902 .00
50	Illinois net loss deduction. **Attach** Schedule NLD. If Line 49 is zero or a negative amount, enter "0."	50	0 .00
51	**Net income.** Subtract Line 50 from Line 49.	51	-408,902 .00

Step 8: Figure your net replacement tax, surcharge, and pass-through withholding payments you owe

52	Replacement tax. Multiply Line 51 by 1.5% (.015).	52	.00
53	Recapture of investment credits. **Attach** Schedule 4255.	53	.00
54	Replacement tax before investment credits. Add Lines 52 and 53.	54	.00
55	Investment credits. **Attach** Form IL-477.	55	.00
56	**Net replacement tax.** Subtract Line 55 from Line 54. If the amount is negative, enter "0."	56	.00
57	Compassionate Use of Medical Cannabis Pilot Program Act surcharge. See instructions.	57	.00
58	Pass-through withholding payments you owe on behalf of your members. Enter the amount from Schedule B, Section A, Line 9. See instructions. **Attach** Schedule B.	58	0 .00
59	**Total net replacement tax, surcharge, and pass-through withholding payments you owe.** Add Lines 56, 57, and 58.	59	.00

Step 9: Figure your refund or balance due

60 Payments. See instructions.

a	Credit from prior year overpayments.	60a	.00
b	Form IL-505-B (extension) payment.	60b	.00
c	Pass-through withholding payments reported to you on Schedule(s) K-1-P or K-1-T. **Attach** Schedule(s) K-1-P or K-1-T.	60c	.00
d	Illinois gambling withholding. **Attach** Form(s) W-2G.	60d	.00
e	Form IL-516-I prepayments.	60e	.00
f	Form IL-516-B prepayments.	60f	.00

61	Total payments. Add Lines 60a through 60f.	61	.00
62	Overpayment. If Line 61 is greater than Line 59, subtract Line 59 from Line 61.	62	.00
63	Amount to be **credited forward.** See instructions.	63	.00
64	**Refund.** Subtract Line 63 from Line 62. This is the amount to be refunded.	64	.00

65 **Complete to direct deposit your refund**
Routing Number _____ ☐ Checking or ☐ Savings
Account Number

66	**Tax Due.** If Line 59 is greater than Line 61, subtract Line 61 from Line 59. This is the amount you owe.	66	0 .00

▶ **If you owe tax on Line 66, complete a payment voucher, Form IL-1120-ST-V. Write your FEIN, tax year ending, and "IL-1120-ST-V" on your check or money order and make it payable to "Illinois Department of Revenue." Attach your voucher and payment to the first page of this form.**

Special Note ⟶ Enter the amount of your payment on the top of Page 1 in the space provided.

Step 10: Sign below

- Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Sign Here				
	Signature of authorized officer	Date (mm/dd/yyyy)	Title: RONALD RAMSEY	Phone: 618-719-4847

[X] Check if the Department may discuss this return with the paid preparer shown in this step.

Paid Preparer Use Only				
	Print/Type paid preparer's name: KEITH G. BRINKMANN CPA	Paid preparer's signature	Date (mm/dd/yyyy): 03/16/18	☐ Check if self-employed: P00367977 Paid Preparer's PTIN
	Firm's name ▶ SCHEFFEL BOYLE		Firm's FEIN ▶ 37-1206530	
	Firm's address ▶ 7 HILL CASTLE LANE COLUMBIA, IL		Firm's phone ▶ (618) 281-7605	

▶ If a payment is **not** enclosed, mail this return to:
Illinois Department of Revenue
P.O. Box 19032
Springfield, IL 62794-9032

▶ If a payment is enclosed, mail this return to:
Illinois Department of Revenue
P.O. Box 19053
Springfield, IL 62794-9053

This form is authorized as outlined by the Illinois Income Tax Act. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty.

Illinois Department of Revenue

2017 Schedule B Partners' or Shareholders' Information

Attach to your Form IL-1065 or Form IL-1120-ST.

Year ending 12 (Month) 17 (Year)

IL Attachment no. 1

Enter your name as shown on your Form IL-1065 or Form IL-1120-ST.
SELECT PROPANE, INC.

Enter your federal employer identification number (FEIN).
26-1907492

STOP Read this information first

- You must read the Schedule B instructions and complete Schedule(s) K-1-P and Schedule(s) K-1-P(3) before completing this schedule.
- You must complete Section B of Schedule B and provide all the required information for your partners or shareholders before completing Section A of Schedule B.

Note ▶ Failure to follow these instructions may delay the processing of your return or result in you receiving further correspondence from the Department. You may also be required to submit further information to support your filing.

Section A: Total members' information (from Schedule(s) K-1-P and Schedule B, Section B)

STOP Before completing this section you must first complete Schedule(s) K-1-P, Schedule(s) K-1-P(3) and Schedule B, Section B. You will use the amounts from those schedules when completing this section.

Totals for resident and nonresident partners or shareholders (from Schedule(s) K-1-P and Schedule B, Section B)

1 Enter the total of all nonbusiness income or loss you reported on Schedule(s) K-1-P for your members. See instructions. 1 _____

2 Enter the total of all income and replacement tax credits you reported on Schedule(s) K-1-P for your members. See instructions. 2 _____

3 Add the amounts shown on Schedule B, Section B, Column E for all partners or shareholders on all pages for which you have entered a check mark in Column D. Enter the total here. See instructions. 3 _____

Totals for nonresident partners or shareholders only (from Schedule B, Section B)

4 Enter the total pass-through withholding you reported on all pages of your Schedule B, Section B, Column J for your nonresident individual members. See instructions. 4 _____

5 Enter the total pass-through withholding you reported on all pages of your Schedule B, Section B, Column J for your nonresident estate members. See instructions. 5 _____

6 Enter the total pass-through withholding you reported on all pages of your Schedule B, Section B, Column J for your partnership and S corporation members. See instructions. 6 _____

7 Enter the total pass-through withholding you reported on all pages of your Schedule B, Section B, Column J for your nonresident trust members. See instructions. 7 _____

8 Enter the total pass-through withholding you reported on all pages of your Schedule B, Section B, Column J for your C corporation members. See instructions. 8 _____

9 Add Line 4 through Line 8. This is the total pass-through withholding you owe on behalf of all your nonresident partners or shareholders. This amount should match the total amount from Schedule B, Section B, Column J for all nonresident partners or shareholders on all pages. Enter the total here and on Form IL-1065, Line 59, or Form IL-1120-ST, Line 58. See instructions. 9 _____

▶ **Attach all pages of Schedule B, Section B behind this page.**

Illinois Department of Revenue
2017 Schedule B

SELECT PROPANE, INC.

Enter your name as shown on your Form IL-1065 or Form IL-1120-ST.

26-1907492

Enter your federal employer identification number (FEIN).

Section B: Members' Information (See instructions before completing.)

	A Name and Address	B Partner or Shareholder type	C SSN or FEIN	D Subject to Illinois replacement tax or an ESOP	E Member's distributable amount of base income or loss	F Excluded from pass-through withholding payments	G Share of Illinois income subject to pass-through withholding	H Pass-through withholding before credits	I Distributable share of credits	J Pass-through withholding payment amount
							(If Column F is blank, complete Column G through Column J. Otherwise, enter zero in Column G through Column J.)			
1	Name RON RAMSEY C/O Addr. 1 316 BETTY DRIVE Addr. 2 City WATERLOO IL 62298 (State, ZIP)	I [redacted]		☐	-210,686.00	R	0.00	0.00	0.00	0.00
2	Name MARSHA RAMSEY C/O Addr. 1 316 BETTY DRIVE Addr. 2 City WATERLOO IL 62298 (State, ZIP)	I [redacted]		☐	-210,686.00	R	0.00	0.00	0.00	0.00
3	Name C/O Addr. 1 Addr. 2 City (State, ZIP)			☐						
4	Name C/O Addr. 1 Addr. 2 City (State, ZIP)			☐						
5	Name C/O Addr. 1 Addr. 2 City (State, ZIP)			☐						

Note ➔ If you have more members than space provided, attach additional copies of this page as necessary.

Illinois Department of Revenue
Schedule K-1-P

Partner's or Shareholder's Share of Income, Deductions, Credits, and Recapture

To be completed by partnerships filing Form IL-1065 or S corporations filing Form IL-1120-ST

Partners and Shareholders receiving Schedule K-1-P should attach this to their Illinois tax return.

Year ending 12 (Month) 17 (Year)

IL Attachment No. 12

Step 1: Identify your partnership or S corporation

1 Check your business type [ ] partnership [X] S corporation

2 SELECT PROPANE, INC.
Enter your name as shown on your Form IL-1065 or Form IL-1120-ST.

3 26-1907492
Enter your federal employer identification number (FEIN).

4 Enter the apportionment factor from Form IL-1065 or Form IL-1120-ST, Line 42. Otherwise, enter "1." .970406

Step 2: Identify your partner or shareholder

5 RON RAMSEY
Name

6 316 BETTY DRIVE
Mailing address

WATERLOO, IL 62298
City State ZIP

7 [redacted]
Social Security number or FEIN

8 50.000000
Share (%)

9a Check the appropriate box. See instructions.
[X] individual [ ] corporation [ ] trust
[ ] partnership [ ] S corporation [ ] estate

9b To be completed by the recipient on Line 5 only.
I am a: [ ] grantor trust [ ] disregarded entity
and the amounts on this Schedule will be reported by:
Name:
SSN or FEIN:

Step 3: Figure your partner's or shareholder's share of your nonbusiness income or loss

		A Member's share (See instructions.)	B Member's share allocable to Illinois
10 Interest	10		
11 Dividends	11		
12 Rental income	12		
13 Patent royalties	13		
14 Copyright royalties	14		
15 Other royalty income	15		
16 Capital gain or loss from real property	16		
17 Capital gain or loss from tangible personal property	17		
18 Capital gain or loss from intangible personal property	18		
19 Other income and expense (Specify)	19		

Step 4: Figure your partner's or shareholder's share of your business income or loss

		A Member's share from U.S. Schedule K-1, less nonbusiness income	B Member's share apportioned to Illinois
20 Ordinary income or loss from trade or business activity	20	-209,648	-203,444
21 Net income or loss from rental real estate activities	21		
22 Net income or loss from other rental activities	22		
23 Interest	23		
24 Dividends	24		
25 Royalties	25		
26 Net short-term capital gain or loss	26		
27 Net long-term capital gain or loss. Total for year.	27		
28 Unrecaptured Section 1250 gain	28		
29 Guaranteed payments to partner (U.S. Form 1065 only)	29		
30 Net Section 1231 gain or loss (other than casualty or theft). Total for year.	30		
31 Other income and expense STATEMENT STATEMENT (Specify)	31	-1,038	-1,008

Enter the partner's or shareholder's identification number from Line 7.

Step 5: Figure your partner's or shareholder's share of Illinois additions and subtractions

K-1-P Recipient: Before using the information provided in Step 5, you must read Schedule K-1-P(2) to correctly report the amounts listed in Columns A and B.

		A Member's share from Form IL-1065 or IL-1120-ST	B Member's share apportioned or allocated to Illinois
Additions			
32 Federally tax-exempt interest income	32		
33 Illinois replacement tax and surcharge deducted	33		
34 Illinois Special Depreciation addition	34		
35 Related-Party Expenses addition	35		
36 Distributive share of additions	36		
37 Other additions (from Illinois Schedule M for businesses)	37		
Subtractions			
38 a Interest from U.S. Treasury obligations (business income)	38a		
b Interest from U.S. Treasury obligations (nonbusiness income)	38b		
39 River Edge Redevelopment Zone Dividend Subtraction	39		
40 High Impact Business Dividend subtraction	40		
41 Contribution subtraction (Form IL-1120-ST filers only)	41		
42 Interest subtraction – River Edge Redevelopment Zone (Form IL-1120-ST financial organizations only)	42		
43 Interest subtraction - High Impact Business within a Foreign Trade Zone (Form IL-1120-ST financial organizations only)	43		
44 Illinois Special Depreciation subtraction	44		
45 Related-Party Expenses subtraction	45		
46 Distributive share of subtractions	46		
47 Other subtractions (from Illinois Schedule M for businesses)	47		

Step 6: Figure your partner's or shareholder's (except a corporate partner or shareholder) share of your Illinois August 1, 1969, appreciation amounts

		A Member's share from Illinois Schedule F (Form IL-1065 or IL-1120-ST)	B Member's share apportioned or allocated to Illinois
48 Section 1245 and 1250 gain	48		
49 Section 1231 gain	49		
50 Section 1231 gain less casualty and theft gain. See instructions.	50		
51 Capital gain	51		

Step 7: Figure your partner's or shareholder's share of your Illinois credits, recapture, pass-through withholding payments and federal income subject to surcharge

52 Illinois credits		Member's or nonresident member's share from Illinois tax return
a Film Production Services Tax Credit	52a	
b Enterprise Zone Investment Credit	52b	
c Tax Credit for Affordable Housing Donations	52c	
d EDGE Tax Credit	52d	
e Research and Development Credit	52e	
f Ex-Felons Jobs Credit	52f	
g Student-Assistance Contribution Credit	52g	
h Angel Investment Credit	52h	
i New Markets Credit	52i	
j River Edge Historic Preservation Credit	52j	
k Live Theater Production Credit	52k	
l Hospital Credit	52l	
m Other Credits	52m	
n Replacement Tax Investment Credits. See instructions.	52n	

53 Recapture		Member's or nonresident member's share from Illinois tax return
a Enterprise Zone or River Edge Redevelopment Zone Investment Credit recapture	53a	
b Replacement Tax Investment Credit recapture	53b	
c Angel Investment Credit recapture	53c	
54 Pass-through withholding payment (See instructions before completing.)	54	
55 Federal income attributable to transactions subject to the Compassionate Use of Medical Cannabis Pilot Program Act surcharge. See instructions.	55	

This form is authorized as outlined by the Illinois Income Tax Act. Disclosure of this information is REQUIRED. Failure to provide this information could result in a penalty.

SELECT PROPANE, INC. 26-1907492

IL SCHEDULE K-1-P OTHER BUSINESS INCOME AND EXPENSE

DESCRIPTION	AMOUNT
CHARITABLE CONTRIBUTIONS	-1,038
TOTAL TO LINE 31(A)	-1,038

IL SCHEDULE K-1-P ILLINOIS OTHER INCOME AND EXPENSE

DESCRIPTION	AMOUNT
CHARITABLE CONTRIBUTIONS	-1,008
TOTAL TO LINE 31(B)	-1,008

SELECT PROPANE, INC. 26-1907492

IL SCH K-1-P MEMBER'S SHARE OF DISTRIBUTABLE BASE INCOME OR LOSS

1	ENTER THE SHARE OF INCOME FROM IL-1120-ST LINE 14 FOR THIS MEMBER (SCHEDULE K-1-P COLUMN A LINES 10-27 & 30-31)	$	-210,686
2	ENTER THE SHARE OF ADDITIONS DISTRIBUTABLE TO THIS MEMBER FROM IL-1120-ST LINES 15-19 AND LINE 21		0
3	ADD LINES 1 AND 2		-210,686
4	ENTER THE SHARE OF SUBTRACTIONS DISTRIBUTABLE TO THIS MEMBER FROM IL-1120-ST LINES 23 AND 25-33		0
5	SUBTRACT LINE 4 FROM LINE 3	$	-210,686

Illinois Department of Revenue
Schedule K-1-P

Partner's or Shareholder's Share of Income, Deductions, Credits, and Recapture

To be completed by partnerships filing Form IL-1065 or S corporations filing Form IL-1120-ST

Partners and Shareholders receiving Schedule K-1-P should attach this to their Illinois tax return.

Year ending 12 (Month) 17 (Year)

IL Attachment No. 12

Step 1: Identify your partnership or S corporation

1 Check your business type [ ] partnership [X] S corporation

2 SELECT PROPANE, INC.
Enter your name as shown on your Form IL-1065 or Form IL-1120-ST.

3 26-1907492
Enter your federal employer identification number (FEIN).

4 Enter the apportionment factor from Form IL-1065 or Form IL-1120-ST, Line 42. Otherwise, enter "1." .970406

Step 2: Identify your partner or shareholder

5 MARSHA RAMSEY
Name

6 316 BETTY DRIVE
Mailing address

WATERLOO, IL 62298
City State ZIP

7 [redacted]
Social Security number or FEIN

8 50.000000
Share (%)

9a Check the appropriate box. See instructions.
[X] individual [ ] corporation [ ] trust
[ ] partnership [ ] S corporation [ ] estate

9b To be completed by the recipient on Line 5 only.
I am a: [ ] grantor trust [ ] disregarded entity
and the amounts on this Schedule will be reported by:
Name:
SSN or FEIN:

Step 3: Figure your partner's or shareholder's share of your nonbusiness income or loss

		A Member's share (See instructions.)	B Member's share allocable to Illinois
10 Interest	10		
11 Dividends	11		
12 Rental income	12		
13 Patent royalties	13		
14 Copyright royalties	14		
15 Other royalty income	15		
16 Capital gain or loss from real property	16		
17 Capital gain or loss from tangible personal property	17		
18 Capital gain or loss from intangible personal property	18		
19 Other income and expense (Specify)	19		

Step 4: Figure your partner's or shareholder's share of your business income or loss

		A Member's share from U.S. Schedule K-1, less nonbusiness income	B Member's share apportioned to Illinois
20 Ordinary income or loss from trade or business activity	20	-209,648	-203,443
21 Net income or loss from rental real estate activities	21		
22 Net income or loss from other rental activities	22		
23 Interest	23		
24 Dividends	24		
25 Royalties	25		
26 Net short-term capital gain or loss	26		
27 Net long-term capital gain or loss. Total for year.	27		
28 Unrecaptured Section 1250 gain	28		
29 Guaranteed payments to partner (U.S. Form 1065 only)	29		
30 Net Section 1231 gain or loss (other than casualty or theft). Total for year.	30		
31 Other income and expense (Specify) STATEMENT STATEMENT	31	-1,038	-1,007

Enter the partner's or shareholder's identification number from Line 7.

Step 5: Figure your partner's or shareholder's share of Illinois additions and subtractions

K-1-P Recipient: Before using the information provided in Step 5, you must read Schedule K-1-P(2) to correctly report the amounts listed in Columns A and B.

		A Member's share from Form IL-1065 or IL-1120-ST	B Member's share apportioned or allocated to Illinois
Additions			
32 Federally tax-exempt interest income	32		
33 Illinois replacement tax and surcharge deducted	33		
34 Illinois Special Depreciation addition	34		
35 Related-Party Expenses addition	35		
36 Distributive share of additions	36		
37 Other additions (from Illinois Schedule M for businesses)	37		
Subtractions			
38 a Interest from U.S. Treasury obligations (business income)	38a		
b Interest from U.S. Treasury obligations (nonbusiness income)	38b		
39 River Edge Redevelopment Zone Dividend Subtraction	39		
40 High Impact Business Dividend subtraction	40		
41 Contribution subtraction (Form IL-1120-ST filers only)	41		
42 Interest subtraction - River Edge Redevelopment Zone (Form IL-1120-ST financial organizations only)	42		
43 Interest subtraction - High Impact Business within a Foreign Trade Zone (Form IL-1120-ST financial organizations only)	43		
44 Illinois Special Depreciation subtraction	44		
45 Related-Party Expenses subtraction	45		
46 Distributive share of subtractions	46		
47 Other subtractions (from Illinois Schedule M for businesses)	47		

Step 6: Figure your partner's or shareholder's (except a corporate partner or shareholder) share of your Illinois August 1, 1969, appreciation amounts

		A Member's share from Illinois Schedule F (Form IL-1065 or IL-1120-ST)	B Member's share apportioned or allocated to Illinois
48 Section 1245 and 1250 gain	48		
49 Section 1231 gain	49		
50 Section 1231 gain less casualty and theft gain. See instructions.	50		
51 Capital gain	51		

Step 7: Figure your partner's or shareholder's share of your Illinois credits, recapture, pass-through withholding payments and federal income subject to surcharge

52 Illinois credits		Member's or nonresident member's share from Illinois tax return
a Film Production Services Tax Credit	52a	
b Enterprise Zone Investment Credit	52b	
c Tax Credit for Affordable Housing Donations	52c	
d EDGE Tax Credit	52d	
e Research and Development Credit	52e	
f Ex-Felons Jobs Credit	52f	
g Student-Assistance Contribution Credit	52g	
h Angel Investment Credit	52h	
i New Markets Credit	52i	
j River Edge Historic Preservation Credit	52j	
k Live Theater Production Credit	52k	
l Hospital Credit	52l	
m Other Credits	52m	
n Replacement Tax Investment Credits. See instructions.	52n	

53 Recapture		Member's or nonresident member's share from Illinois tax return
a Enterprise Zone or River Edge Redevelopment Zone Investment Credit recapture	53a	
b Replacement Tax Investment Credit recapture	53b	
c Angel Investment Credit recapture	53c	
54 Pass-through withholding payment (See instructions before completing.)	54	
55 Federal income attributable to transactions subject to the Compassionate Use of Medical Cannabis Pilot Program Act surcharge. See instructions.	55	

This form is authorized as outlined by the Illinois Income Tax Act. Disclosure of this information is REQUIRED. Failure to provide this information could result in a penalty.

SELECT PROPANE, INC. 26-1907492

IL SCHEDULE K-1-P OTHER BUSINESS INCOME AND EXPENSE

DESCRIPTION	AMOUNT
CHARITABLE CONTRIBUTIONS	-1,038
TOTAL TO LINE 31(A)	-1,038

IL SCHEDULE K-1-P ILLINOIS OTHER INCOME AND EXPENSE

DESCRIPTION	AMOUNT
CHARITABLE CONTRIBUTIONS	-1,007
TOTAL TO LINE 31(B)	-1,007

SELECT PROPANE, INC. 26-1907492

IL SCH K-1-P MEMBER'S SHARE OF DISTRIBUTABLE BASE INCOME OR LOSS

1 ENTER THE SHARE OF INCOME FROM IL-1120-ST LINE 14 FOR THIS MEMBER (SCHEDULE K-1-P COLUMN A LINES 10-27 & 30-31)	$	-210,686
2 ENTER THE SHARE OF ADDITIONS DISTRIBUTABLE TO THIS MEMBER FROM IL-1120-ST LINES 15-19 AND LINE 21		0
3 ADD LINES 1 AND 2		-210,686
4 ENTER THE SHARE OF SUBTRACTIONS DISTRIBUTABLE TO THIS MEMBER FROM IL-1120-ST LINES 23 AND 25-33		0
5 SUBTRACT LINE 4 FROM LINE 3	$	-210,686

Form
MO-1120S Missouri Department of Revenue
2017 S-Corporation Income Tax Return

Department Use Only (MM/DD/YY)

Missouri Tax I.D. Number

Missouri S-Corporation Income Tax Return for 2017 Beginning (MM/DD/YY) 01 01 17 Ending (MM/DD/YY) 12 31 17

Federal Employer I.D. Number 261907492 Charter Number

Corporation Name SELECT PROPANE, INC.

Address 316 BETTY DRIVE

City WATERLOO State IL

ZIP 62298-

1711201019

☐ Select this box if you have an approved federal extension. Attach a copy of the approved Federal Extension (Form 7004).

Select Applicable Boxes. Failure to select the address change box may result in mailings going to the last address on file.

☐ Amended Return ☐ Name Change ☐ Address Change ☐ Final Return and Close Account ☐ Bankruptcy

S-Corporation

1. Does the S corporation have any Missouri modifications? ☐ Yes ☒ No
   If Yes, complete Lines 1-14 on pages 1 and 2, and the shareholder information on page 3.
2. Does the S corporation have any nonresident shareholders? ☒ Yes ☐ No
   If Yes, complete Lines 1-14 on pages 1 and 2, the shareholder information on page 3, and **Form MO-NRS.**
3. Does the S corporation have income derived from sources other than Missouri? ☒ Yes ☐ No
   If Yes, complete and attach **Form MO-MSS.**

S-Corporation Adjustments

Additions

1a. State and local income taxes deducted on Federal Form 1120S	1a .00		
1b. Less: Kansas City & St. Louis earnings taxes. Enter Lines 1a less 1b on Line 1	1b .00	1 .00	
2a. State and local bond interest (except Missouri)	2a .00		
2b. Less: related expenses (omit if less than $500) Enter Line 2a less Line 2b on Line 2	2b .00	2 .00	
3. ☐ Partnership ☐ Fiduciary ☐ Other adjustments (list)		3 .00	
4. Donations claimed for the Food Pantry Tax Credit deducted from federal taxable income, **Section 135.647, RSMo**		4 .00	
5. Total of Lines 1 through 4		5 .00	

Subtractions

6a. Interest from exempt federal obligations	6a .00		
6b. Less: related expenses (omit if < $500) Enter Line 6a less Line 6b on Line 6	6b .00	6 .00	
7. Amount of any state income tax refund included in federal ordinary income		7 .00	
8. Federally taxable - Missouri exempt obligations		8 .00	

S Corporation Adjustments

Subtractions (continued)

9. ☐ Partnership ☐ Fiduciary ☐ Build America and Recovery Zone Bond Interest

☐ Missouri Public-Private Transportation Act ☐ Other adjustments (list _____) 9 _____ .00

10. Missouri depreciation basis adjustment (**Section 143.121.3(7), RSMo**) ..... 10 _____ .00

11. Depreciation recovery on qualified property that is sold (**Section 143.121.3(9), RSMo**) ..... 11 _____ .00

12. Total Subtractions - Add Lines 6 through 11 ..... 12 _____ .00

13. Missouri S corporation adjustment - Net Addition - excess Line 5 over Line 12 ..... 13 _____ .00

14. Missouri S corporation adjustment - Net Subtraction - excess Line 12 over Line 5 ..... 14 _____ .00

15. Agriculture Disaster Relief (**Section 143.121.3(10), RSMo**) ..... 15 _____ .00

Signature

Department Use Only

A ☐ R ☐ N ☐ S ☐ E ☐

Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct.

I authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any member of his or her firm, or if internally prepared, any member of the internal staff ..... ☒ Yes ☐ No

Signature of Officer _____ Printed Name _____

Telephone Number 618-719-4847 Date Signed (MM/DD/YY) __ __ __ __ __ __

Preparer's Signature (including Internal Preparer) _____ Preparer's FEIN, SSN, or PTIN [redacted]

Telephone Number (618) 281-7605 Date Signed (MM/DD/YY) 0 3 1 6 1 8

Corporation Name: SELECT PROPANE, INC.

Missouri Tax I.D. Number:

Federal Employer I.D. Number: 2 6 1 9 0 7 4 9 2

Charter Number:

Allocation of Missouri S Corporation Adjustment to Shareholders

	1. Name of each shareholder. All shareholders must be listed. Use attachment if necessary.	2. Select if shareholder is nonresident	3. Social Security Number	4. Shareholder's Share %	5. Shareholder's Adjustment ☐ Addition ☐ Subtraction
a)	RON RAMSEY	X	[redacted]	50.0000 %	0 00
b)	MARSHA RAMSEY	X	[redacted]	50.0000 %	0 00
c)		☐		%	00
d)		☐		%	00
e)		☐		%	00
f)		☐		%	00
g)		☐		%	00
h)		☐		%	00
i)		☐		%	00
j)		☐		%	00
k)		☐		%	00
l)		☐		%	00
m)		☐		%	00
n)		☐		%	00
o)		☐		%	00
p)		☐		%	00
q)		☐		%	00
r)		☐		%	00
s)		☐		%	00
Total				100 %	00

Column 4 - Enter percentages from Federal Schedule K-1(s). Round percentages to whole numbers.

Column 5 - Enter Missouri S corporation adjustment from Form MO-1120S, Line 13 or 14, as total of Column 5. Multiply each percentage in Column 4 by the total in Column 5. Indicate at the top of Column 5 whether the adjustments are additions or subtractions. The amount after each shareholder's name in Column 5 must be reported as a modification by the shareholder on his or her **Form MO-1040**, Individual Income Tax Return, either as an addition to, or subtraction from, federal adjusted gross income.

Mail To: Refund or No Amount Due:
Missouri Department of Revenue
P.O. Box 700
Jefferson City, MO 65105-0700

Phone: (573) 751-4541
Fax: (573) 522-1721
E-mail: corporate@dor.mo.gov

Form MO-1120S (Revised 12-2017)

Visit http://dor.mo.gov/business/corporate/ for additional information.

17112031019

781313 11-07-17

Form **MO-NRS**

Missouri Department of Revenue
S Corporation Nonresident Form

Attachment Sequence No. 1120S-01

Department Use Only (MM/DD/YY)

Reporting Period (MM/DD/YY) 12 31 17

Complete this form for each nonresident shareholder who has Missouri source income. Each item shown in Parts 1 and 2, Columns (d) and (e) should be entered on the appropriate lines of **Form MO-NRI** of each nonresident shareholder.

Corporation Name: SELECT PROPANE, INC.

Missouri Tax I.D. Number:

14108011019

Charter Number:

Federal Employer I.D. Number: 261907492

Nonresident Shareholder's Name: RON RAMSEY

Social Security Number: [redacted]

S Corporation's Distributive Share Items - Part 1

	(a) Federal Schedule K	(b) Missouri Source	(c) MO-MSS %	(d) Federal Schedule K-1	(e) Missouri Source
1. Ordinary business income (loss)	-419,296 00	-6,206 00	001.480	-209,648 00	-3,103 00
2. Net rental real estate income (loss)	00	00	.	00	00
3. Other net rental income (loss) (Federal Schedule K, Line 3c)	00	00	.	00	00
4. Interest income	00	00	.	00	00
5a. Ordinary dividends	00	00	.	00	00
5b. Qualified dividends	00	00	.	00	00
6. Royalties	00	00	.	00	00
7. Net short-term capital gain (loss)	00	00	.	00	00
8a. Net long-term capital gain (loss)	00	00	.	00	00
8b. Collectibles (28%) gain (loss)	00	00	.	00	00
8c. Unrecaptured section 1250 gain	00	00	.	00	00
9. Net section 1231 gain (loss)	00	00	.	0 00	00
10. Other income (loss)	00	00	.	00	00
11. Section 179 deduction	00	00	.	00	00
12a. Contributions	2,076 00	31 00	001.480	1,038 00	15 00
12b. Investment interest expense	00	00	.	00	00
12c. Section 59 (e)(2) expenditures	00	00	.	00	00
12d. Other deductions	00	00	.	00	00

Share of Missouri S Corporation Adjustment - Nonresident Shareholders - Part 2

The lines below and Column (a) correspond to the lines on **Form MO-1120S.**	(a) Missouri S Corporation Adjustment	(b) Missouri Source	(c) MO-MSS %	(d) Shareholder's S Corporation Adjustment	(e) Missouri Source
Additions					
1. Net state and local income taxes deducted on Federal Form 1120S	00	00	.		
2. Net state and local bond interest (except Missouri)	00	00	.		
3. ☐ Partnership ☐ Fiduciary ☐ Other adjustments	00	00	.		
4. Donations claimed for the Food Pantry Tax Credit that were deducted from federal taxable income, **Section 135.647, RSMo**	00	00	.		
5. Total of Lines 1 through 4	00	00	.		
Subtractions					
6. Net interest from exempt federal obligations	00	00	.		
7. Amount of any state income tax refund included in federal ordinary income	00	00	.		
8. Federally taxable - Missouri exempt obligations	00	00	.		
9. ☐ Partnership ☐ Fiduciary ☐ Other adjustments ☐ Build America and Recovery Zone Bond Interest ☐ Missouri Public-Private Transportation Act	00	00	.		
10. Missouri depreciation basis adjustment **(Section 143.121.3(7), RSMo)**	00	00	.		
11. Depreciation recovery on qualified property that is sold (Section 143.121.3(9), RSMo)	00	00	.		
12. Total of Lines 6 through 11	00	00	.		
13. Missouri S corporation adjustment - Net Addition	00	00	.	00	00
14. Missouri S corporation adjustment - Net Subtraction	00	00	.	00	00
15. Agriculture Disaster Relief **(Section 143.121.3(10), RSMo)**	00	00	.	00	00

Attach to Form MO-1120S and mail to the Missouri Department of Revenue.

Refund or No Amount Due:
P.O. Box 700
Jefferson City, MO 65105-0700

14108021019

Form
MO-NRS

Missouri Department of Revenue
S Corporation Nonresident Form

Attachment Sequence No. 1120S-01

Department Use Only (MM/DD/YY)

Reporting Period (MM/DD/YY) 12 31 17

Complete this form for each nonresident shareholder who has Missouri source income. Each item shown in Parts 1 and 2, Columns (d) and (e) should be entered on the appropriate lines of **Form MO-NRI** of each nonresident shareholder.

Corporation Name: SELECT PROPANE, INC.

Missouri Tax I.D. Number:

14108011019

Charter Number:

Federal Employer I.D. Number: 261907492

Nonresident Shareholder's Name: MARSHA RAMSEY

Social Security Number: [redacted]

S Corporation's Distributive Share Items, Part I

	(a) Federal Schedule K	(b) Missouri Source	(c) MO-MSS %	(d) Federal Schedule K-1	(e) Missouri Source
1. Ordinary business income (loss)	-419,296 00	-6,206 00	001.480	-209,648 00	-3,103 00
2. Net rental real estate income (loss)	00	00	.	00	00
3. Other net rental income (loss) (Federal Schedule K, Line 3c)	00	00	.	00	00
4. Interest income	00	00	.	00	00
5a. Ordinary dividends	00	00	.	00	00
5b. Qualified dividends	00	00	.	00	00
6. Royalties	00	00	.	00	00
7. Net short-term capital gain (loss)	00	00	.	00	00
8a. Net long-term capital gain (loss)	00	00	.	00	00
8b. Collectibles (28%) gain (loss)	00	00	.	00	00
8c. Unrecaptured section 1250 gain	00	00	.	00	00
9. Net section 1231 gain (loss)	00	00	.	0 00	00
10. Other income (loss)	00	00	.	00	00
11. Section 179 deduction	00	00	.	00	00
12a. Contributions	2,076 00	31 00	001.480	1,038 00	15 00
12b. Investment interest expense	00	00	.	00	00
12c. Section 59 (e)(2) expenditures	00	00	.	00	00
12d. Other deductions	00	00	.	00	00

Share of Missouri S Corporation Adjustment - Nonresident Shareholder's - Part 2

The lines below and Column (a) correspond to the lines on **Form MO-1120S.**	(a) Missouri S Corporation Adjustment	(b) Missouri Source	(c) MO-MSS %	(d) Shareholder's S Corporation Adjustment	(e) Missouri Source
Additions					
1. Net state and local income taxes deducted on Federal Form 1120S	00	00	.		
2. Net state and local bond interest (except Missouri)	00	00	.		
3. ☐ Partnership ☐ Fiduciary ☐ Other adjustments	00	00	.		
4. Donations claimed for the Food Pantry Tax Credit that were deducted from federal taxable income, **Section 135.647, RSMo**	00	00	.		
5. Total of Lines 1 through 4	00	00	.		
Subtractions					
6. Net interest from exempt federal obligations	00	00	.		
7. Amount of any state income tax refund included in federal ordinary income	00	00	.		
8. Federally taxable - Missouri exempt obligations	00	00	.		
9. ☐ Partnership ☐ Fiduciary ☐ Other adjustments ☐ Build America and Recovery Zone Bond Interest ☐ Missouri Public-Private Transportation Act	00	00	.		
10. Missouri depreciation basis adjustment **(Section 143.121.3(7), RSMo)**	00	00	.		
11. Depreciation recovery on qualified property that is sold (Section 143.121.3(9), RSMo)	00	00	.		
12. Total of Lines 6 through 11	00	00	.		
13. Missouri S corporation adjustment - Net Addition	00	00	.	00	00
14. Missouri S corporation adjustment - Net Subtraction	00	00	.	00	00
15. Agriculture Disaster Relief **(Section 143.121.3(10), RSMo)**	00	00	.	00	00

Attach to Form MO-1120S and mail to the Missouri Department of Revenue.

Refund or No Amount Due:
P.O. Box 700
Jefferson City, MO 65105-0700

14108021019

Form
MO-MSS

Missouri Department of Revenue
S Corporation Allocation and Apportionment Schedule

Department Use Only (MM/DD/YY)

Attachment Sequence No. 1120S-02

Taxable Year Beginning (MM/DD/YY) 01 01 17 Ending (MM/DD/YY) 12 31 17

Missouri Tax I.D. Number

Do not complete this form if all income is from Missouri sources.

Federal Employer I.D. Number 261907492

Charter Number

Corporation Name SELECT PROPANE, INC.

Missouri Statutes provide eight methods of determining Missouri taxable income from Missouri sources. Select only one of the eight boxes and enter the method and the percentage calculated on **Form MO-NRS**, Parts 1 and 2, Column (c).

[X] One - Multistate Allocation and Three Factor Apportionment - Multistate Tax Compact - **Section 32.200, RSMo** - (Complete Parts 3 and 1)

[ ] Two - Business Transaction Single Factor Apportionment - **Section 143.451.2(2), RSMo** - (Complete Parts 3 and 2)

[ ] Two A - Optional Single Sales Factor Apportionment - **Section 143.451.2(3), RSMo** - (Complete Parts 3 and 2)

Special Methods - Attach Detailed Explanation

[ ] Three - Transportation - **Section 143.451.3, RSMo**

[ ] Four - Railroad - **Section 143.451.4, RSMo**

[ ] Five - Interstate Bridge - **Section 143.451.5, RSMo**

[ ] Six - Telephone and Telegraph - **Section 143.451.6, RSMo**

Note: Complete mileage information below for Method Three - Six and enter the percentage on Form MO-NRS, Parts 1 and 2, Column (c).

Missouri Miles		Total Miles		Percent
	÷		=	000.000%

[ ] Seven - Other Approved Method - **Section 143.461.2, RSMo**. Letter of Approval from the Director of Revenue must be attached.

Apportionment Election

Part 1 - Three Factor Apportionment Method Schedule

	Total Missouri (a)	Total Everywhere (b)	Percent within Missouri (a) ÷ (b)
1. Average yearly value of real and tangible personal property used in the business, whether owned or rented. Owned property: (at original cost, see instructions) (Exclude property not connected with the business and value of construction in progress.)			
Land	.00	.00	
Depreciable assets	.00	.00	
Inventory and supplies	.00	.00	
Other (attach schedule)	.00	.00	
Net rent, times eight	.00	.00	
Total Property Values	.00	.00	1 000.000%
2. Wages, salaries, commissions, and other compensation of employees related to business income			
Total Wages and Salaries	0.00	922,318.00	2 000.000%

Round all percentages on this form to three digits to the right of the decimal.

3. Sales (gross receipts, less returns and allowances):

a) Sales delivered or shipped to Missouri purchasers:

1) Shipped from outside Missouri 464,398.00

761351
11-07-17

14105011019

14105021019

Part 1 Continued

2) Shipped from within Missouri 0.00

b) Sales from Missouri to:

1) the United States Government 0.00

2) purchasers in a state where the taxpayer would not be taxable (e.g., under Public Law 86-272) 0.00

c) Other gross receipts (rents, royalties, interest, etc.) 0.00

Total Sales ..... 464,398.00 15,692,370.00 3 0 0 2 . 9 5 9 %

4. Apportionment Factor - add percentages on Lines 1, 2, and 3, and divide by factors present (see instructions). Enter on Form MO-NRS, Parts 1 and 2, Column (c) ..... 4 0 0 1 . 4 8 0 %

Part 2 - Single Factor Apportionment

- Enter on Line 1 the amount of sales which are transacted wholly in Missouri. Enter on Line 1a the amount of sales in Missouri.
- Enter on Line 2 the amount of sales which are transacted partly within Missouri and partly without Missouri.
- Enter on Line 3 the amount of sales which are transacted wholly without Missouri.
- In determining income from Missouri sources in cases where sales do not express the volume of business, enter on Line 1 the amount of business transacted wholly in Missouri and enter on Line 2 the amount of business transacted partly in Missouri and partly outside Missouri.
- Enter on Line 4a the amount of total sales.
- Attach an explanation reconciling Line 4 or Line 4a with specific data on Federal Form 1120S.

Method Two
Business Transaction Single Factor Apportionment

1. Amount of sales wholly in Missouri ..... .00
2. Amount of sales partly within and partly without Missouri ..... .00
3. Amount of sales wholly without Missouri ..... .00
4. Total amount - all sources - Add Lines 1, 2, and 3 ..... .00
5. One-half of Line 2 ..... .00
6. Total amount Missouri - Add Lines 1 and 5 ..... .00
7. Missouri single factor apportionment fraction (Divide Line 6 by Line 4). Enter on Form MO-NRS, Parts 1 and 2, Column (c) ..... 0 0 0 . 0 0 0 %

Method Two A
Optional Single Sales Factor Apportionment

1a. Amount of sales wholly in Missouri ..... .00

4a. Amount of total sales ..... .00

7a. Missouri optional single sales factor apportionment fraction (Divide Line 1A by Line 4A). Enter on Form MO-NRS Parts 1 and 2, Column (c) ..... 0 0 0 . 0 0 0 %

Part 3 - Nonbusiness Income Allocation

Directly allocable nonbusiness income. Do not allocate expenses that have been excluded from federal taxable income.
All income is presumed to be business income unless you can clearly show the income to be nonbusiness income.

	Allocation of Nonbusiness Income					
	Gross Income		Directly Related Expenses		Indirectly Related Expenses	
	(1) Everywhere	(2) Missouri	(3) Everywhere	(4) Missouri	(5) Everywhere	(6) Missouri
1. Interest income ...	.00	.00	.00	.00	.00	.00
2. Royalties	.00	.00	.00	.00	.00	.00
3. Rents	.00	.00	.00	.00	.00	.00
4. Net capital gains ...	.00	.00	.00	.00	.00	.00
5. Dividends	.00	.00	.00	.00	.00	.00
6. Total each column	.00	.00	.00	.00	.00	.00

Attach to Form MO-1120S and mail to the Missouri Department of Revenue.

Balance Due:
P.O. Box 3365
Jefferson City, MO 65105-3365

Refund or No Amount Due:
P.O. Box 700
Jefferson City, MO 65105-0700

MISSOURI SCHEDULE K-1 EQUIVALENT	Shareholder's Information For Calendar Year 2017, or Fiscal Year Beginning , and Ending	2017

SHAREHOLDER'S NAME, ADDRESS, AND ZIP CODE

RON RAMSEY
316 BETTY DRIVE
WATERLOO, IL 62298

SHAREHOLDER'S SS# [redacted]

SHAREHOLDER NO. 1 PERCENTAGE 50.0000

RESIDENCY STATUS: RESIDENT [ ] NONRESIDENT [X]

S CORPORATION NAME, ADDRESS, AND ZIP CODE

SELECT PROPANE, INC.
316 BETTY DRIVE
WATERLOO, IL 62298

MITS/MO ID NO.

FEDERAL ID NO. 26-1907492

PART I - DISTRIBUTIVE SHARE ITEMS

Shareholder Adjustment - Net Addition		Shareholder Adjustment - Net Subtraction	

PART II - DISTRIBUTIVE MISSOURI CREDITS

New or Expanded Business Facility Credit	
Development Reserve Credit	
Infrastructure Development Credit	
Export Finance Credit	
Missouri Low Income Housing Credit	
Missouri Business Modernization and Technology (Seed Capital) Credit	
Neighborhood Assistance Credit	
Affordable Housing Assistance Credit	
Enterprise Zone Credit	
Small Business Incubator Credit	
Small Business Investment (Capital) Credit	
Community Bank Investment Credit	
Qualified Research Expense Credit	
Special Needs Adoption Credit	
Brownfield Jobs and Investment Credit	
Youth Opportunities Credit	
Processed Wood Energy Credit	
Missouri Business Use Incentives for Large-Scale Development (BUILD) Credit	
Maternity Home Credit	
Shelter for Victims of Domestic Violence Credit	
Historic Preservation Credit	
New Market Tax Credit	
Charcoal Producers Credit	
Film Production Credit	
Wine and Grape Production Credit	
Rebuilding Communities Credit	
Agricultural Product Utilization Contributor Credit	
New Generation Cooperative Incentive Credit	
Bank Tax Credit for S Corporation shareholders	
Family Development Account Credit	
New Enterprise Creation Credit	
Remediation Credit	
Rebuilding Communities and Neighborhood Preservation Act Credit	
Disabled Access Credit	
Bank Franchise Tax Credit	
Developmental Disability Care Provider Credit	
Transportation Development Credit	
Development Tax Credit	
Small Business Guaranty Fees Credit	
Bond Enhancement Credit	
Missouri Quality Jobs Credit	
New Enhanced Enterprise Zone Credit	

MISSOURI SCHEDULE K-1 EQUIVALENT

PART II - DISTRIBUTIVE MISSOURI CREDITS - CONTINUED

Dry Fire Hydrant Credit	
Champion for Children Credit	
Food Pantry Tax Credit	
Family Farms Act Credit	
Pregnancy Resource Credit	
Residential Treatment Agency Credit	
Distressed Area Land Assemblage Credit	
Qualified Beef Credit	
Alternative Fuel Infrastructure Credit	
Missouri Works Credit	
Sporting Event Credit	
Sporting Contribution Credit	

MISSOURI SCHEDULE K-1 EQUIVALENT	Shareholder's Information For Calendar Year 2017, or Fiscal Year Beginning , and Ending	2017

SHAREHOLDER'S NAME, ADDRESS, AND ZIP CODE

MARSHA RAMSEY
316 BETTY DRIVE
WATERLOO, IL 62298

SHAREHOLDER'S SS#: [redacted]

SHAREHOLDER NO. 2 PERCENTAGE 50.0000

RESIDENCY STATUS: RESIDENT [ ] NONRESIDENT [X]

S CORPORATION NAME, ADDRESS, AND ZIP CODE

SELECT PROPANE, INC.
316 BETTY DRIVE
WATERLOO, IL 62298

MITS/MO ID NO.

FEDERAL ID NO. 26-1907492

PART I - DISTRIBUTIVE SHARE ITEMS

Shareholder Adjustment - Net Addition		Shareholder Adjustment - Net Subtraction	

PART II - DISTRIBUTIVE MISSOURI CREDITS

New or Expanded Business Facility Credit	
Development Reserve Credit	
Infrastructure Development Credit	
Export Finance Credit	
Missouri Low Income Housing Credit	
Missouri Business Modernization and Technology (Seed Capital) Credit	
Neighborhood Assistance Credit	
Affordable Housing Assistance Credit	
Enterprise Zone Credit	
Small Business Incubator Credit	
Small Business Investment (Capital) Credit	
Community Bank Investment Credit	
Qualified Research Expense Credit	
Special Needs Adoption Credit	
Brownfield Jobs and Investment Credit	
Youth Opportunities Credit	
Processed Wood Energy Credit	
Missouri Business Use Incentives for Large-Scale Development (BUILD) Credit	
Maternity Home Credit	
Shelter for Victims of Domestic Violence Credit	
Historic Preservation Credit	
New Market Tax Credit	
Charcoal Producers Credit	
Film Production Credit	
Wine and Grape Production Credit	
Rebuilding Communities Credit	
Agricultural Product Utilization Contributor Credit	
New Generation Cooperative Incentive Credit	
Bank Tax Credit for S Corporation shareholders	
Family Development Account Credit	
New Enterprise Creation Credit	
Remediation Credit	
Rebuilding Communities and Neighborhood Preservation Act Credit	
Disabled Access Credit	
Bank Franchise Tax Credit	
Developmental Disability Care Provider Credit	
Transportation Development Credit	
Development Tax Credit	
Small Business Guaranty Fees Credit	
Bond Enhancement Credit	
Missouri Quality Jobs Credit	
New Enhanced Enterprise Zone Credit	

MISSOURI SCHEDULE K-1 EQUIVALENT

PART II - DISTRIBUTIVE MISSOURI CREDITS - CONTINUED

Dry Fire Hydrant Credit	
Champion for Children Credit	
Food Pantry Tax Credit	
Family Farms Act Credit	
Pregnancy Resource Credit	
Residential Treatment Agency Credit	
Distressed Area Land Assemblage Credit	
Qualified Beef Credit	
Alternative Fuel Infrastructure Credit	
Missouri Works Credit	
Sporting Event Credit	
Sporting Contribution Credit	

SCHEFFEL BOYLE
7 HILL CASTLE LANE
COLUMBIA, IL. 62236
PHONE: (618) 281-7605

May 30, 2017

SELECT PROPANE, INC.
316 Betty Drive
Waterloo, IL 62298

THIS IS YOUR COPY

SELECT PROPANE, INC.:

We have prepared and enclosed your 2016 S Corporation income tax returns for the year ended December 31, 2016. The returns should be signed and dated by the appropriate corporate officer(s) and mailed.

The federal Form 1120S should be mailed on or before September 15, 2017 to:

Department of the Treasury
Internal Revenue Service Center
Cincinnati, OH 45999-0013

No payment is required.

The Illinois Form IL-1120-ST should be mailed on or before October 16, 2017 to:

Illinois Department of Revenue
P.O. Box 19032
Springfield, IL 62794-9032

No payment is required.

The Missouri Form MO-1120S should be mailed on or before October 16, 2017 to:

Missouri Department of Revenue
P.O. Box 700
Jefferson City, MO 65105-0700

No payment is required.

Attached are Schedules K-1 for each shareholder indicating their share of income, deductions and credits to be reported on their respective tax returns. These schedules should be immediately forwarded to each of the shareholders.

Copies of the returns are enclosed for your files. We suggest that you retain these copies indefinitely.

Sincerely,

SCHEFFEL BOYLE

ILLINOIS

Property Apportionment Detail Worksheet

2016

SELECT PROPANE, INC.

26-1907492

NOT APPLICABLE

	Within		Everywhere	
	Beginning of Year	End of Year	Beginning of Year	End of Year
Inventories				
Land				
Buildings				
Buildings - accumulated depreciation				
Machinery	2,116,351.		2,116,351.	
Equipment				
Machinery and equipment - accumulated depreciation				
Furniture and fixtures				
Furniture and fixtures - accumulated depreciation				
Transportation/delivery equipment				
Transportation/delivery equipment - accumulated depreciation				
Other depreciable assets				
Other depreciable assets - accumulated depreciation				
Depletable assets				
Depletable assets - accumulated depletion				
Leasehold improvements				
Leasehold improvements - accumulated amortization				
Supplies				
Other tangible property				
Buildings - construction in progress				
Machinery - construction in progress				
Equipment - construction in progress				
Transportation/delivery - construction in progress				
Other - construction in progress				
Less: Total construction in progress				
Miscellaneous other				
Subtotals	2,116,351.		2,116,351.	
Average property		1,058,176.		1,058,176.
Real property rented - rental expense (multiplied by applicable factor)				
Tangible property rented - rental expense (multiplied by applicable factor)				
Miscellaneous rental expense (multiplied by applicable factor)				
Total property		1,058,176.		1,058,176.

* - Not Applicable

MISSOURI

Property Apportionment Detail Worksheet

2016

SELECT PROPANE, INC.

26-1907492

	Within		Everywhere	
	Beginning of Year	End of Year	Beginning of Year	End of Year
Inventories				
Land				
Buildings				
Buildings - accumulated depreciation *				
Machinery	0.		2,116,351.	
Equipment				
Machinery and equipment - accumulated depreciation *				
Furniture and fixtures				
Furniture and fixtures - accumulated depreciation *				
Transportation/delivery equipment				
Transportation/delivery equipment - accumulated depreciation *				
Other depreciable assets				
Other depreciable assets - accumulated depreciation *				
Depletable assets				
Depletable assets - accumulated depletion *				
Leasehold improvements				
Leasehold improvements - accumulated amortization *				
Supplies				
Other tangible property *				
Buildings - construction in progress *				
Machinery - construction in progress *				
Equipment - construction in progress *				
Transportation/delivery - construction in progress *				
Other - construction in progress *				
Less: Total construction in progress *				
Miscellaneous other				
Subtotals	0.		2,116,351.	
Average property		0.		1,058,176.
Real property rented - rental expense (multiplied by applicable factor)				
Tangible property rented - rental expense (multiplied by applicable factor)				
Miscellaneous rental expense (multiplied by applicable factor)				
Total property		0.		1,058,176.

* - Not Applicable

ILLINOIS	Payroll and Sales Apportionment Detail Worksheet	2016

SELECT PROPANE, INC. 26-1907492

NOT APPLICABLE - PAYROLL FACTOR

Payroll Apportionment

	Within	Everywhere
Cost of goods sold		
Cost of operations		
Compensation of officers		
Salesmen's salaries		
Salesmen's commissions		
General and administrative wages and salaries	971,751.	971,751.
Repairs		
Others		
Miscellaneous other		
Total payroll	971,751.	971,751.

Sales Apportionment

	Within	Everywhere
Sales of tangible personal property		12,993,094.
- Returns and allowances		
Sales from outside the state to within the state	12,644,460.	
Sales from within the state to within the state	0.	
Sales from within the state to U.S. government	0.	
Sales from within the state to nontaxable jurisdictions	0.	
Interest		
Dividends		
Rents		
Royalties		
Gain from sales of real and tangible personal property		
Gain from sales of intangibles		
Service income		
Other receipts		
Miscellaneous other *		
Total sales	12,644,460.	12,993,094.

* - Not Applicable

MISSOURI	Payroll and Sales Apportionment Detail Worksheet	2016

SELECT PROPANE, INC. 26-1907492

Payroll Apportionment

	Within	Everywhere
Cost of goods sold		
Cost of operations		
Compensation of officers		
Salesmen's salaries		
Salesmen's commissions		
General and administrative wages and salaries	0.	971,751.
Repairs		
Others		
Miscellaneous other *		
Total payroll	0.	971,751.

Sales Apportionment

	Within	Everywhere
Sales of tangible personal property		12,993,094.
- Returns and allowances		
Sales from outside the state to within the state	348,634.	
Sales from within the state to within the state	0.	
Sales from within the state to U.S. government	0.	
Sales from within the state to nontaxable jurisdictions	0.	
Interest		
Dividends		
Rents		
Royalties		
Gain from sales of real and tangible personal property		
Gain from sales of intangibles		
Service income		
Other receipts		
Miscellaneous other *		
Total sales	348,634.	12,993,094.

* - Not Applicable

PROPERTY FACTOR | **Apportionment Summary Worksheet** | **2016**

SELECT PROPANE, INC. 26-1907492

	WITHIN	EVERYWHERE	UNWEIGHTED	WEIGHTED
Alabama				
Alaska				
Arizona				
Arkansas				
California				
Colorado				
Connecticut				
Delaware				
District of Columbia				
Florida				
Georgia				
Hawaii				
Idaho				
Illinois				
Indiana				
Iowa				
Kansas				
Kentucky				
Louisiana				
Maine				
Maryland				
Massachusetts				
Michigan				
Minnesota				
Mississippi				
Missouri	0.	1,058,176.	.000000	.000000
Montana				
Nebraska				
Nevada				
New Hampshire				
New Jersey				
New Mexico				
New York				
North Carolina				
North Dakota				
Ohio				
Oklahoma				
Oregon				
Pennsylvania				
Rhode Island				
South Carolina				
South Dakota				
Tennessee				
Texas				
Utah				
Vermont				
Virginia				
Washington				
West Virginia				
Wisconsin				
Wyoming				
Foreign				
Other				
Total	N/A	N/A	N/A	.000000

610731
04-01-16

PROPERTY FACTOR	Apportionment Summary Worksheet (Continued)	2016

SELECT PROPANE, INC. 26-1907492

	WITHIN	EVERYWHERE	UNWEIGHTED	WEIGHTED
* Battle Creek				
* Detroit				
* Flint				
* Grand Rapids				
* Highland Park				
* Lansing				
* Pontiac				
* Port Huron				
* Saginaw				
* New York City				
* New York - MCTD				
* Muskegon				
* Muskegon Heights				

* Not included in everywhere totals

PAYROLL FACTOR

Apportionment Summary Worksheet

2016

SELECT PROPANE, INC.

26-1907492

	WITHIN	EVERYWHERE	UNWEIGHTED	WEIGHTED
Alabama				
Alaska				
Arizona				
Arkansas				
California				
Colorado				
Connecticut				
Delaware				
District of Columbia				
Florida				
Georgia				
Hawaii				
Idaho				
Illinois				
Indiana				
Iowa				
Kansas				
Kentucky				
Louisiana				
Maine				
Maryland				
Massachusetts				
Michigan				
Minnesota				
Mississippi				
Missouri	0.	971,751.	.000000	.000000
Montana				
Nebraska				
Nevada				
New Hampshire				
New Jersey				
New Mexico				
New York				
North Carolina				
North Dakota				
Ohio				
Oklahoma				
Oregon				
Pennsylvania				
Rhode Island				
South Carolina				
South Dakota				
Tennessee				
Texas				
Utah				
Vermont				
Virginia				
Washington				
West Virginia				
Wisconsin				
Wyoming				
Foreign				
Other				
Total	N/A	N/A	N/A	.000000

610731
04-01-16

PAYROLL FACTOR	Apportionment Summary Worksheet (Continued)	2016

SELECT PROPANE, INC. 26-1907492

	WITHIN	EVERYWHERE	UNWEIGHTED	WEIGHTED
* Battle Creek				
* Detroit				
* Flint				
* Grand Rapids				
* Highland Park				
* Lansing				
* Pontiac				
* Port Huron				
* Saginaw				
* New York City				
* New York - MCTD				
* Muskegon				
* Muskegon Heights				

* Not included in everywhere totals

SALES FACTOR

Apportionment Summary Worksheet

2016

SELECT PROPANE, INC.

26-1907492

	WITHIN	EVERYWHERE	UNWEIGHTED	WEIGHTED
Alabama				
Alaska				
Arizona				
Arkansas				
California				
Colorado				
Connecticut				
Delaware				
District of Columbia				
Florida				
Georgia				
Hawaii				
Idaho				
Illinois	12,644,460.	12,993,094.	.973168	.973168
Indiana				
Iowa				
Kansas				
Kentucky				
Louisiana				
Maine				
Maryland				
Massachusetts				
Michigan				
Minnesota				
Mississippi				
Missouri	348,634.	12,993,094.	.026830	.026830
Montana				
Nebraska				
Nevada				
New Hampshire				
New Jersey				
New Mexico				
New York				
North Carolina				
North Dakota				
Ohio				
Oklahoma				
Oregon				
Pennsylvania				
Rhode Island				
South Carolina				
South Dakota				
Tennessee				
Texas				
Utah				
Vermont				
Virginia				
Washington				
West Virginia				
Wisconsin				
Wyoming				
Foreign				
Other				
Total	N/A	N/A	N/A	.999998

610731
04-01-16

SALES FACTOR	Apportionment Summary Worksheet (Continued)	2016

SELECT PROPANE, INC. 26-1907492

	WITHIN	EVERYWHERE	UNWEIGHTED	WEIGHTED
* Battle Creek				
* Detroit				
* Flint				
* Grand Rapids				
* Highland Park				
* Lansing				
* Pontiac				
* Port Huron				
* Saginaw				
* New York City				
* New York - MCTD				
* Muskegon				
* Muskegon Heights				

* Not included in everywhere totals

SUMMARY

Apportionment Summary Worksheet

2016

SELECT PROPANE, INC.

26-1907492

SUMMARY OF FACTORS

	PROPERTY	PAYROLL	SALES	APPORTIONMENT
Alabama				
Alaska				
Arizona				
Arkansas				
California				
Colorado				
Connecticut				
Delaware				
District of Columbia				
Florida				
Georgia				
Hawaii				
Idaho				
Illinois			.973168	.973168
Indiana				
Iowa				
Kansas				
Kentucky				
Louisiana				
Maine				
Maryland				
Massachusetts				
Michigan				
Minnesota				
Mississippi				
Missouri	.000000	.000000	.026830	.008940
Montana				
Nebraska				
Nevada				
New Hampshire				
New Jersey				
New Mexico				
New York				
North Carolina				
North Dakota				
Ohio				
Oklahoma				
Oregon				
Pennsylvania				
Rhode Island				
South Carolina				
South Dakota				
Tennessee				
Texas				
Utah				
Vermont				
Virginia				
Washington				
West Virginia				
Wisconsin				
Wyoming				
Foreign				
Other				
Total	.000000	.000000	.999998	.982108

610731
04-01-16

SUMMARY	Apportionment Summary Worksheet (Continued)	2016

SELECT PROPANE, INC. 26-1907492

SUMMARY OF FACTORS	PROPERTY	PAYROLL	SALES	APPORTIONMENT
* Battle Creek				
* Detroit				
* Flint				
* Grand Rapids				
* Highland Park				
* Lansing				
* Pontiac				
* Port Huron				
* Saginaw				
* New York City				
* New York - MCTD				
* Muskegon				
* Muskegon Heights				

* Not included in everywhere totals

SUMMARY	Allocation Summary Worksheet	2016

SELECT PROPANE, INC. 26-1907492

	WITHIN	EVERYWHERE
Alabama		
Alaska		
Arizona		
Arkansas		
California		
Colorado		
Connecticut		
Delaware		
District of Columbia		
Florida		
Georgia		
Hawaii		
Idaho		
Illinois	0.	0.
Indiana		
Iowa		
Kansas		
Kentucky		
Louisiana		
Maine		
Maryland		
Massachusetts		
Michigan		
Minnesota		
Mississippi		
Missouri		
Montana		
Nebraska		
Nevada		
New Hampshire		
New Jersey		
New Mexico		
New York		
North Carolina		
North Dakota		
Ohio		
Oklahoma		
Oregon		
Pennsylvania		
Rhode Island		
South Carolina		
South Dakota		
Tennessee		
Texas		
Utah		
Vermont		
Virginia		
Washington		
West Virginia		
Wisconsin		
Wyoming		
Foreign		
Other		
Total	0.	

610671
04-01-16

Form **7004**
(Rev. December 2016)
Department of the Treasury
Internal Revenue Service

Application for Automatic Extension of Time To File Certain Business Income Tax, Information, and Other Returns

▶ File a separate application for each return.
▶ Information about Form 7004 and its separate instructions is at *www.irs.gov/form7004*.

OMB No. 1545-0233

	Name	Identifying number
Print or Type	SELECT PROPANE, INC.	26-1907492
	Number, street, and room or suite no. (If P.O. box, see instructions.) 316 BETTY DRIVE	
	City, town, state, and ZIP code (If a foreign address, enter city, province or state, and country (follow the country's practice for entering postal code)). WATERLOO, IL 62298	

Note: File request for extension by the due date of the return for which the extension is granted. See instructions before completing this form.

Part I Automatic Extension for C Corporations With Tax Years Ending December 31. See instructions.

1a Enter the form code for the return listed below that this application is for

Application Is For:	Form Code	Application Is For:	Form Code
Form 1120	12	Form 1120-ND (section 4951 taxes)	20
Form 1120-C	34	Form 1120-PC	21
Form 1120-F	15	Form 1120-POL	22
Form 1120-FSC	16	Form 1120-REIT	23
Form 1120-H	17	Form 1120-RIC	24
Form 1120-L	18	Form 1120-SF	26
Form 1120-ND	19		

Part II Automatic Extension for Certain Estates and Trusts. See instructions.

b Enter the form code for the return listed below that this application is for

Application Is For:	Form Code	Application Is For:	Form Code
Form 1041 (estate other than a bankruptcy estate)	04	Form 1041 (trust)	05

Part III Automatic Extension for Entities Not Using Part I, II, or IV. See instructions.

c Enter the form code for the return listed below that this application is for 25

Application Is For:	Form Code	Application Is For:	Form Code
Form 706-GS(D)	01	Form 1120-ND (section 4951 taxes)	20
Form 706-GS(T)	02	Form 1120-PC	21
Form 1041 (bankruptcy estate only)	03	Form 1120-POL	22
Form 1041-N	06	Form 1120-REIT	23
Form 1041-QFT	07	Form 1120-RIC	24
Form 1042	08	Form 1120S	25
Form 1065	09	Form 1120-SF	26
Form 1065-B	10	Form 3520-A	27
Form 1066	11	Form 8612	28
Form 1120	12	Form 8613	29
Form 1120-C	34	Form 8725	30
Form 1120-F	15	Form 8804	31
Form 1120-FSC	16	Form 8831	32
Form 1120-H	17	Form 8876	33
Form 1120-L	18	Form 8924	35
Form 1120-ND	19	Form 8928	36

Part IV Automatic Extension for C Corporations With Tax Years Ending June 30. See instructions.

d Enter the form code for the return listed below that this application is for

Application Is For:	Form Code	Application Is For:	Form Code
Form 1120	12	Form 1120-ND (section 4951 taxes)	20
Form 1120-C	34	Form 1120-PC	21
Form 1120-F	15	Form 1120-POL	22
Form 1120-FSC	16	Form 1120-REIT	23
Form 1120-H	17	Form 1120-RIC	24
Form 1120-L	18	Form 1120-SF	26
Form 1120-ND	19		

Part V All Filers Must Complete This Part

2 If the organization is a foreign corporation that does not have an office or place of business in the United States, check here ▶ ☐

3 If the organization is a corporation and is the common parent of a group that intends to file a consolidated return, check here ▶ ☐
If checked, attach a statement listing the name, address, and Employer Identification Number (EIN) for each member covered by this application.

4 If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, check here ▶ ☐

5a The application is for calendar year 2016, or tax year beginning _____, and ending _____

b **Short tax year.** If this tax year is less than 12 months, check the reason: ☐ Initial return ☐ Final return
☐ Change in accounting period ☐ Consolidated return to be filed ☐ Other (see instructions - attach explanation)

6 Tentative total tax	6	0.
7 Total payments and credits (see instructions)	7	0.
8 **Balance due.** Subtract line 7 from line 6 (see instructions)	8	0.

Form **1120S**

Department of the Treasury
Internal Revenue Service

U.S. Income Tax Return for an S Corporation

▶ Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation.

▶ Information about Form 1120S and its separate instructions is at www.irs.gov/form1120s.

OMB No. 1545-0123

2016

For calendar year 2016 or tax year beginning , and ending

A S election effective date 01/30/2008	Name: SELECT PROPANE, INC.	D Employer identification number 26-1907492
B Business activity code number (see instructions) 493100	Number, street, and room or suite no. If a P.O. box, see instructions. 316 BETTY DRIVE	E Date incorporated 01/30/2008
C Check if Sch. M-3 attached ☐	City or town, state or province, country, and ZIP or foreign postal code WATERLOO, IL 62298	F Total assets (see instructions) $ 4,092,883.

TYPE OR PRINT

G Is the corporation electing to be an S corporation beginning with this tax year? ☐ Yes ☒ No If "Yes," attach Form 2553 if not already filed

H Check if: (1) ☐ Final return (2) ☐ Name change (3) ☐ Address change (4) ☐ Amended return (5) ☐ S election termination or revocation

I Enter the number of shareholders who were shareholders during any part of the tax year ▶ 2

Caution: *Include only trade or business income and expenses on lines 1a through 21. See the instructions for more information.*

Income	1a	Gross receipts or sales 12,993,094. b Returns and allowances c Bal. Subtract line 1b from line 1a ▶	1c	12,993,094.
	2	Cost of goods sold (attach Form 1125-A)	2	11,086,556.
	3	Gross profit. Subtract line 2 from line 1c	3	1,906,538.
	4	Net gain (loss) from Form 4797, line 17 *(attach Form 4797)*	4	
	5	Other income (loss) *(attach statement)* STATEMENT 1	5	66,401.
	6	**Total income (loss).** Add lines 3 through 5 ▶	6	1,972,939.
Deductions (See instructions for limitations)	7	Compensation of officers (see instrs. - attach Form 1125-E)	7	151,158.
	8	Salaries and wages (less employment credits)	8	820,593.
	9	Repairs and maintenance	9	23,591.
	10	Bad debts	10	15,379.
	11	Rents	11	
	12	Taxes and licenses STATEMENT 2	12	77,857.
	13	Interest	13	330,344.
	14	Depreciation not claimed on Form 1125-A or elsewhere on return *(attach Form 4562)*	14	405,420.
	15	Depletion **(Do not deduct oil and gas depletion.)**	15	
	16	Advertising	16	16,257.
	17	Pension, profit-sharing, etc., plans	17	
	18	Employee benefit programs	18	
	19	Other deductions *(attach statement)* STATEMENT 3	19	618,054.
	20	**Total deductions.** Add lines 7 through 19 ▶	20	2,458,653.
	21	**Ordinary business income (loss).** Subtract line 20 from line 6	21	-485,714.
Tax and Payments	22a	Excess net passive income or LIFO recapture tax *(see instructions)* 22a		
	b	Tax from Schedule D (Form 1120S) 22b		
	c	Add lines 22a and 22b	22c	
	23a	2016 estimated tax payments and 2015 overpayment credited to 2016 23a		
	b	Tax deposited with Form 7004 23b		
	c	Credit for federal tax paid on fuels *(attach Form 4136)* 23c		
	d	Add lines 23a through 23c	23d	
	24	Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ ☐	24	
	25	**Amount owed.** If line 23d is smaller than the total of lines 22c and 24, enter amount owed	25	
	26	**Overpayment.** If line 23d is larger than the total of lines 22c and 24, enter amount overpaid	26	
	27	Enter amount from line 26 **Credited to 2017 estimated tax** ▶ **Refunded** ▶	27	

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

▶ Signature of officer | Date | ▶ Title

May the IRS discuss this return with the preparer shown below (see instr.)? ☒ Yes ☐ No

Paid Preparer Use Only				
Print/Type preparer's name: KEITH G. BRINKMANN CPA	Preparer's signature	Date 05/30/17	Check if self-employed ☐	PTIN P00367977
Firm's name ▶ SCHEFFEL BOYLE			Firm's EIN ▶ 37-1206530	
Firm's address ▶ 7 HILL CASTLE LANE COLUMBIA, IL 62236			Phone no. (618) 281-7605	

JWA 611701 12-22-16

For Paperwork Reduction Act Notice, see separate instructions.

Schedule B Other Information (see instructions)

	Yes	No
1 Check accounting method: (a) ☐ Cash (b) ☒ Accrual (c) ☐ Other (specify) ▶		
2 See the instructions and enter the: (a) Business activity ▶ (b) Product or service ▶		
3 At any time during the tax year, was any shareholder in the corporation a disregarded entity, a trust, an estate, or a nominee or similar person? If "Yes," attach Schedule B-1, Information on Certain Shareholders of an S Corporation		X
4 At the end of the tax year, did the corporation:		
a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total stock issued and outstanding of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below		X

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage of Stock Owned	(v) If Percentage in (iv) is 100%, Enter the Date (if any) a Qualified Subchapter S Subsidiary Election Was Made

	Yes	No
b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below		X

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital

	Yes	No
5a At the end of the tax year, did the corporation have any outstanding shares of restricted stock?		X
If "yes" complete lines (i) and (ii) below		
(i) Total shares of restricted stock ▶		
(ii) Total shares of non-restricted stock ▶		
b At the end of the tax year, did the corporation have any outstanding stock options, warrants, or similar instruments?		X
If "yes" complete lines (i) and (ii) below		
(i) Total shares of stock outstanding at the end of the tax year ▶		
(ii) Total shares of stock outstanding if all instruments were executed ▶		
6 Has this corporation filed, or is it required to file, **Form 8918**, Material Advisor Disclosure Statement, to provide info. on any reportable transaction?		X
7 Check this box if the corporation issued publicly offered debt instruments with original issue discount ▶ ☐ If checked, the corporation may have to file **Form 8281**, Information Return for Publicly Offered Original Issue Discount Instruments.		
8 If the corporation: **(a)** was a C corporation before it elected to be an S corporation **or** the corporation acquired an asset with a basis determined by reference to the basis of the asset (or the basis of any other property) in the hands of a C corporation **and (b)** has net unrealized built-in gain in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years ▶ $		
9 Enter the accumulated earnings and profits of the corporation at the end of the tax year ▶ $		
10 Does the corporation satisfy **both** of the following conditions?		
a The corporation's total receipts (see instructions) for the tax year were less than $250,000		
b The corporation's total assets at the end of the tax year were less than $250,000		X
If "Yes," the corporation is not required to complete Schedules L and M-1		
11 During the tax year, did the corporation have any non-shareholder debt that was cancelled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?		X
If "Yes," enter the amount of principal reduction $		
12 During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions		X
13a Did the corporation make any payments in 2016 that would require it to file Form(s) 1099?	X	
b If "Yes," did the corporation file or will it file all required Forms 1099?	X	

Schedule K Shareholders' Pro Rata Share Items

				Total amount
Income (Loss)	1 Ordinary business income (loss) (page 1, line 21)		1	-485,714.
	2 Net rental real estate income (loss) (attach Form 8825)		2	
	3a Other gross rental income (loss)	3a		
	b Expenses from other rental activities (attach statement)	3b		
	c Other net rental income (loss). Subtract line 3b from line 3a		3c	
	4 Interest income		4	
	5 Dividends: a Ordinary dividends		5a	
	b Qualified dividends	5b		
	6 Royalties		6	
	7 Net short-term capital gain (loss) (attach Schedule D (Form 1120S))		7	
	8a Net long-term capital gain (loss) (attach Schedule D (Form 1120S))		8a	
	b Collectibles (28%) gain (loss)	8b		
	c Unrecaptured section 1250 gain (attach statement)	8c		
	9 Net section 1231 gain (loss) (attach Form 4797)		9	
	10 Other income (loss) (see instructions) Type ▶		10	
Deductions	11 Section 179 deduction (attach Form 4562)		11	
	12a Charitable contributions		12a	
	b Investment interest expense		12b	
	c Section 59(e)(2) expenditures (1) Type ▶			
	(2) Amount ▶		12c(2)	
	d Other deductions (see instructions) Type ▶		12d	
Credits	13a Low-income housing credit (section 42(j)(5))		13a	
	b Low-income housing credit (other)		13b	
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468)		13c	
	d Other rental real estate credits (see instructions) Type ▶		13d	
	e Other rental credits (see instructions) Type ▶		13e	
	f Biofuel producer credit (attach Form 6478)		13f	
	g Other credits (see instructions) Type ▶		13g	
Foreign Transactions	14a Name of country or U.S. possession ▶			
	b Gross income from all sources		14b	
	c Gross income sourced at shareholder level		14c	
	Foreign gross income sourced at corporate level			
	d Passive category		14d	
	e General category		14e	
	f Other (attach statement)		14f	
	Deductions allocated and apportioned at shareholder level			
	g Interest expense		14g	
	h Other		14h	
	Deductions allocated and apportioned at corporate level to foreign source income			
	i Passive category		14i	
	j General category		14j	
	k Other (attach statement)		14k	
	Other information			
	l Total foreign taxes (check one): ▶ ☐ Paid ☐ Accrued		14l	
	m Reduction in taxes available for credit (attach statement)		14m	
	n Other foreign tax information (attach statement)			
Alternative Minimum Tax (AMT) Items	15a Post-1986 depreciation adjustment		15a	14,756.
	b Adjusted gain or loss		15b	
	c Depletion (other than oil and gas)		15c	
	d Oil, gas, and geothermal properties - gross income		15d	
	e Oil, gas, and geothermal properties - deductions		15e	
	f Other AMT items (attach statement)		15f	
Items Affecting Shareholder Basis	16a Tax-exempt interest income		16a	
	b Other tax-exempt income		16b	
	c Nondeductible expenses		16c	
	d Distributions (attach statement if required)		16d	
	e Repayment of loans from shareholders		16e	

Schedule K Shareholders' Pro Rata Share Items (continued)

			Total amount
Other Information	17a Investment income	17a	
	b Investment expenses	17b	
	c Dividend distributions paid from accumulated earnings and profits	17c	
	d Other items and amounts (attach statement)		
Reconciliation	18 **Income/loss reconciliation.** Combine the amounts on lines 1 through 10 in the far right column. From the result, subtract the sum of the amounts on lines 11 through 12d and 14l	18	-485,714.

Schedule L Balance Sheets per Books

	Assets	Beginning of tax year (a)	Beginning of tax year (b)	End of tax year (c)	End of tax year (d)
1	Cash		17,914.		130,105.
2 a	Trade notes and accounts receivable	1,237,723.		1,326,738.	
b	Less allowance for bad debts		1,237,723.		1,326,738.
3	Inventories		127,407.		144,183.
4	U.S. government obligations				
5	Tax-exempt securities				
6	Other current assets (att. stmt.)	STATEMENT 4	239,589.		105,713.
7	Loans to shareholders		1,623.		1,623.
8	Mortgage and real estate loans				
9	Other investments (att. stmt.)				
10 a	Buildings and other depreciable assets	3,825,571.		4,273,517.	
b	Less accumulated depreciation	1,760,220.	2,065,351.	1,994,996.	2,278,521.
11 a	Depletable assets				
b	Less accumulated depletion				
12	Land (net of any amortization)		51,000.		51,000.
13 a	Intangible assets (amortizable only)	100,000.		100,000.	
b	Less accumulated amortization	38,334.	61,666.	45,000.	55,000.
14	Other assets (att. stmt.)				
15	Total assets		3,802,273.		4,092,883.
	Liabilities and Shareholders' Equity				
16	Accounts payable		242,718.		617,005.
17	Mortgages, notes, bonds payable in less than 1 year				
18	Other current liabilities (att. stmt.)	STATEMENT 5	719,528.		774,918.
19	Loans from shareholders		105,000.		107,500.
20	Mortgages, notes, bonds payable in 1 year or more		5,332,564.		5,527,624.
21	Other liabilities (att. stmt.)				
22	Capital stock		1,000.		1,000.
23	Additional paid-in capital				
24	Retained earnings	STATEMENT 6	-2,578,037.		-2,914,664.
25	Adjustments to shareholders' equity (att. stmt.)				
26	Less cost of treasury stock		(20,500.)		(20,500.)
27	Total liabilities and shareholders' equity		3,802,273.		4,092,883.

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return

Note: The corporation may be required to file Schedule M-3 (see instructions)

1 Net income (loss) per books	-336,627.	5 Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize): a Tax-exempt interest $	
2 Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize):			
3 Expenses recorded on books this year not included on Schedule K, lines 1 through 12 and 14l (itemize): a Depreciation $ b Travel and entertainment $ STMT 7 21,527.	21,527.	6 Deductions included on Schedule K, lines 1 through 12 and 14l, not charged against book income this year (itemize): a Depreciation $ 170,614.	170,614.
4 Add lines 1 through 3	-315,100.	7 Add lines 5 and 6	170,614.
		8 Income (loss) (Schedule K, line 18). Line 4 less line 7	-485,714.

Schedule M-2 Analysis of Accumulated Adjustments Account, Other Adjustments Account, and Shareholders' Undistributed Taxable Income Previously Taxed (see instructions)

	(a) Accumulated adjustments account	(b) Other adjustments account	(c) Shareholders' undistributed taxable income previously taxed
1 Balance at beginning of tax year	-2,115,306.		
2 Ordinary income from page 1, line 21			
3 Other additions			
4 Loss from page 1, line 21	(485,714.)		
5 Other reductions	( )	( )	
6 Combine lines 1 through 5	-2,601,020.		
7 Distributions other than dividend distributions			
8 Balance at end of tax year. Subtract line 7 from line 6	-2,601,020.		

Form **1125-A**

(Rev. October 2016)

Department of the Treasury
Internal Revenue Service

Cost of Goods Sold

▶ Attach to Form 1120, 1120-C, 1120-F, 1120S, 1065, or 1065-B.

▶ Information about Form 1125-A and its instructions is at www.irs.gov/form1125a.

OMB No. 1545-0123

Name: SELECT PROPANE, INC.

Employer identification number: 26-1907492

1	Inventory at beginning of year	1	127,407.
2	Purchases	2	11,103,332.
3	Cost of labor	3	
4	Additional section 263A costs (attach schedule)	4	
5	Other costs (attach schedule)	5	
6	**Total.** Add lines 1 through 5	6	11,230,739.
7	Inventory at end of year	7	144,183.
8	**Cost of goods sold.** Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the appropriate line of your tax return. See instructions	8	11,086,556.

9a Check all methods used for valuing closing inventory:

(i) ☐ Cost

(ii) ☐ Lower of cost or market

(iii) ☐ Other (Specify method used and attach explanation) ▶

b Check if there was a writedown of subnormal goods ▶ ☐

c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) ▶ ☐

d If the LIFO inventory method was used for this tax year, enter amount of closing inventory computed under LIFO — 9d

e If property is produced or acquired for resale, do the rules of Section 263A apply to the entity? See instructions ☐ Yes ☒ No

f Was there any change in determining quantities, cost, or valuations between opening and closing inventory? ☐ Yes ☒ No
If "Yes," attach explanation.

For Paperwork Reduction Act Notice, see separate instructions.

624441
11-21-16 JWA

Form **1125-E**

(Rev. October 2016)

Department of the Treasury
Internal Revenue Service

Compensation of Officers

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-REIT, 1120-RIC, or 1120S.

▶ Information about Form 1125-E and its separate instructions is at www.irs.gov/form1125e.

OMB No. 1545-0123

Name: SELECT PROPANE, INC.

Employer identification number: 26-1907492

Note: Complete Form 1125-E only if total receipts are $500,000 or more. See instructions for definition of total receipts.

(a) Name of officer	(b) Social security number	(c) Percent of time devoted to business	Percent of stock owned (d) Common	Percent of stock owned (e) Preferred	(f) Amount of compensation
1RONALD L. RAMSEY	[redacted]	100	100.00%		151,158.

2 Total compensation of officers	2	151,158.
3 Compensation of officers claimed on Form 1125-A or elsewhere on return	3	
4 Subtract line 3 from line 2. Enter the result here and on Form 1120, page 1, line 12 or the appropriate line of your tax return	4	151,158.

For Paperwork Reduction Act Notice, see separate instructions.

Form **1125-E** (Rev. 10-2016)

624451 11-21-16 JWA

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property) OTHER

▶ Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No. 1545-0172

2016

Attachment Sequence No. 179

Name(s) shown on return	Business or activity to which this form relates	Identifying number
SELECT PROPANE, INC.	OTHER DEPRECIATION	26-1907492

Part I **Election To Expense Certain Property Under Section 179** **Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000.
2	Total cost of section 179 property placed in service (see instructions)	2	441,695.
3	Threshold cost of section 179 property before reduction in limitation	3	2,010,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	500,000.

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2015 Form 4562	10	880,404.
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	0.
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	0.
13	Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12 ▶	13	880,404.

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II **Special Depreciation Allowance and Other Depreciation (Don't include listed property.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III **MACRS Depreciation (Don't include listed property.)** (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2016	17	341,718.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B - Assets Placed in Service During 2016 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property		230,487.	5 YRS.	HY	200DB	46,099.
c	7-year property						
d	10-year property		162,243.	10 YRS.	HY	200DB	16,305.
e	15-year property						
f	20-year property		48,965.	20 YRS.	HY	SL	1,224.
g	25-year property			25 yrs.		S/L	
h	Residential rental property	/		27.5 yrs.	MM	S/L	
		/		27.5 yrs.	MM	S/L	
i	Nonresidential real property	7/16	6,289.	39 yrs.	MM	S/L	74.
		/			MM	S/L	

Section C - Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
c	40-year	/		40 yrs.	MM	S/L	

Part IV **Summary** (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	405,420.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V **Listed Property** (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No | 24b If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use						25		
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
30 Total business/investment miles driven during the year (don't include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2016 tax year:					
43 Amortization of costs that began before your 2016 tax year				43	6,667.
44 **Total.** Add amounts in column (f). See the instructions for where to report				44	6,667.

Form **8925**

(Rev. January 2010)
Department of the Treasury
Internal Revenue Service (99)

Report of Employer-Owned Life Insurance Contracts

▶ Attach to the policyholder's tax return - See instructions.

OMB No. 1545-2089

Attachment Sequence No. **160**

Name(s) shown on return	Identifying number
SELECT PROPANE, INC.	26-1907492
Name of policyholder, if different from above	Identifying number, if different from above

Type of business
PROPANE SALES

1 Enter the number of employees the policyholder had at the end of the tax year	1	1.
2 Enter the number of employees included on line 1 who were insured at the end of the tax year under the policyholder's employer-owned life insurance contract(s) issued after August 17, 2006. See *Section 1035 exchanges* for an exception	2	1.
3 Enter the total amount of employer-owned life insurance in force at the end of the tax year for employees who were insured under the contract(s) specified on line 2	3	1,000,000.
4a Does the policyholder have a valid consent (see instructions) for each employee included on line 2? [X] Yes [ ] No		
b If "No," enter the number of employees included on line 2 for whom the policyholder does not have a valid consent	4b	

Election Not to Claim the Additional First Year
Depreciation Allowable Under IRC Sec. 168(k)

SELECT PROPANE, INC.
316 Betty Drive
Waterloo, IL 62298

Employer Identification Number: 26-1907492

For the Year Ending December 31, 2016

SELECT PROPANE, INC., hereby elects, pursuant to IRC Sec. 168(k)(7), not to claim the additional depreciation allowable under IRC Sec. 168(k) for the following qualifying property placed in service during the tax year ending December 31, 2016.

All property in the 3 year class.
All property in the 5 year class.
All property in the 7 year class.
All property in the 10 year class.
All property in the 15 year class.
All property in the 20 year class.

See attached Form 4562.

FORM 1120S	OTHER INCOME	STATEMENT 1

DESCRIPTION	AMOUNT
DISCOUNTS EARNED	12,736.
FINANCE CHARGES	53,665.
TOTAL TO FORM 1120S, PAGE 1, LINE 5	66,401.

FORM 1120S	TAXES AND LICENSES	STATEMENT 2

DESCRIPTION	AMOUNT
OTHER	2,938.
PAYROLL	74,919.
TOTAL TO FORM 1120S, PAGE 1, LINE 12	77,857.

FORM 1120S	OTHER DEDUCTIONS	STATEMENT 3

DESCRIPTION	AMOUNT
401-K EXPENSE	28,638.
AMORTIZATION EXPENSE	6,667.
BANK CHARGES	19,404.
CASH DISCOUNTS	13,865.
CELL PHONE	6,796.
DUES	16,539.
EQUIPMENT RENTAL	19,095.
FUEL	119,653.
INSURANCE	158,327.
LEGAL AND PROFESSIONAL	19,299.
LICENSE	18,234.
MISCELLANEOUS	3,482.
OFFICE SUPPLIES	13,875.
POSTAGE	7,353.
SECURITY	602.
SUPPLIES	11,393.
TELEPHONE	5,368.
TRAVEL	1,843.
TRUCK	140,019.
UTILITIES	7,602.
TOTAL TO FORM 1120S, PAGE 1, LINE 19	618,054.

SCHEDULE L — OTHER CURRENT ASSETS — STATEMENT 4

DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
COMPUTER SOFTWARE IN PROGRESS	91,011.	0.
PREPAID EXPENSES	95,796.	105,713.
TANK IN PROGRESS	47,180.	0.
TRUCK IN PROGRESS	5,602.	0.
TOTAL TO SCHEDULE L, LINE 6	239,589.	105,713.

SCHEDULE L — OTHER CURRENT LIABILITIES — STATEMENT 5

DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
BUDGET BILLING LIABILITIES	27,485.	38,850.
DUE TO STOCKHOLDER	5,925.	5,925.
METERED GAS DEPOSIT	1,100.	1,100.
MFT LIABILITIES	33,728.	42,732.
PAYROLL LIABILITIES	684.	678.
SALES TAX	7,916.	76,349.
UNEARNED REVENUE	642,690.	609,284.
TOTAL TO SCHEDULE L, LINE 18	719,528.	774,918.

SCHEDULE L — ANALYSIS OF TOTAL RETAINED EARNINGS PER BOOKS — STATEMENT 6

DESCRIPTION	AMOUNT
BALANCE AT BEGINNING OF YEAR	-2,578,037.
NET INCOME PER BOOKS	-336,627.
DISTRIBUTIONS	0.
OTHER INCREASES (DECREASES)	
BALANCE AT END OF YEAR - SCHEDULE L, LINE 24, COLUMN (D)	-2,914,664.

SCHEDULE M-1 EXPENSES RECORDED ON BOOKS THIS YEAR NOT INCLUDED ON SCHEDULE K STATEMENT 7

DESCRIPTION	AMOUNT
NON DEDUCTIBLE INSURANCE	21,527.
TOTAL TO SCHEDULE M-1, LINE 3	21,527.

RON RAMSEY

671113

Schedule K-1 (Form 1120S)

Department of the Treasury Internal Revenue Service

2016

For calendar year 2016, or tax year beginning _____ ending _____

☐ Final K-1 ☐ Amended K-1 OMB No. 1545-0123

Shareholder's Share of Income, Deductions, Credits, etc. ▶ See separate instructions.

Part I Information About the Corporation

A Corporation's employer identification number
26-1907492

B Corporation's name, address, city, state, and ZIP code
SELECT PROPANE, INC.
316 BETTY DRIVE
WATERLOO, IL 62298

C IRS Center where corporation filed return
CINCINNATI, OH

Part II Information About the Shareholder

D Shareholder's identifying number
[redacted]

E Shareholder's name, address, city, state and ZIP code
RON RAMSEY
316 BETTY DRIVE
WATERLOO, IL 62298

F Shareholder's percentage of stock ownership for tax year 50.000000%

Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items

1	Ordinary business income (loss) -242,857.	13	Credits
2	Net rental real estate inc (loss)		
3	Other net rental income (loss)		
4	Interest income		
5a	Ordinary dividends		
5b	Qualified dividends	14	Foreign transactions
6	Royalties		
7	Net short-term capital gain (loss)		
8a	Net long-term capital gain (loss)		
8b	Collectibles (28%) gain (loss)		
8c	Unrecaptured sec 1250 gain		
9	Net section 1231 gain (loss)		
10	Other income (loss)	15 A	Alternative min tax (AMT) items 7,378.
11	Section 179 deduction	16	Items affecting shareholder basis
12	Other deductions		
		17	Other information

*See attached statement for additional information.

For IRS Use Only

MARSHA RAMSEY

671113

Schedule K-1 (Form 1120S)

Department of the Treasury Internal Revenue Service

2016

For calendar year 2016, or tax year beginning _____ ending _____

☐ Final K-1 ☐ Amended K-1 OMB No. 1545-0123

Shareholder's Share of Income, Deductions, Credits, etc. ▶ See separate instructions.

Part I Information About the Corporation

A Corporation's employer identification number
26-1907492

B Corporation's name, address, city, state, and ZIP code

SELECT PROPANE, INC.
316 BETTY DRIVE
WATERLOO, IL 62298

C IRS Center where corporation filed return
CINCINNATI, OH

Part II Information About the Shareholder

D Shareholder's identifying number
[redacted]

E Shareholder's name, address, city, state and ZIP code

MARSHA RAMSEY
316 BETTY DRIVE
WATERLOO, IL 62298

F Shareholder's percentage of stock ownership for tax year 50.000000%

For IRS Use Only

Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items

1	Ordinary business income (loss) -242,857.	13	Credits
2	Net rental real estate inc (loss)		
3	Other net rental income (loss)		
4	Interest income		
5a	Ordinary dividends		
5b	Qualified dividends	14	Foreign transactions
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7	Net short-term capital gain (loss)		
8a	Net long-term capital gain (loss)		
8b	Collectibles (28%) gain (loss)		
8c	Unrecaptured sec 1250 gain		
9	Net section 1231 gain (loss)		
10	Other income (loss)	15 A	Alternative min tax (AMT) items 7,378.
11	Section 179 deduction	16	Items affecting shareholder basis
12	Other deductions		
		17	Other information

*See attached statement for additional information.

Illinois Department of Revenue

2016 FORM IL-1120-ST

Small Business Corporation Replacement Tax Return

Due on or before the 15th day of the 3rd month following the close of the tax year.

If this return is not for calendar year 2016, enter your fiscal tax year here.
Tax year beginning _____ (month day year), ending _____ (month day year)
For tax years ending on or after December 31, 2016. For prior years, use the form for that year.

Enter the amount you are paying.
$ _____

Step 1: Identify your small business corporation

A Enter your complete legal business name.
If you have a name change, check this box. ☐
Name: SELECT PROPANE, INC.

B Enter your mailing address.
Check this box if either of the following apply: ☐
- this is your **first return**, or
- you have an **address change**.

C/O: _____

Mailing address: 316 BETTY DRIVE
City: WATERLOO State: IL ZIP: 62298

C Check the applicable box if one of the following applies.
☐ First return ☐ Final return (If final, enter the date. _____ (mm dd yyyy))

D If this is a final return because you sold this business, enter the date sold (mm dd yyyy) _____, and the new owner's FEIN.

E **Special Apportionment Formulas.** If you use a special apportionment formula, check the appropriate box, and see the Special Apportionment Formula instructions.
☐ Financial organizations ☐ Transportation companies
☐ Federally regulated exchanges

F Check this box if you attached Form IL-4562. ☐

G Check this box if you attached Illinois Schedule M (for businesses). ☐

H Check this box if you attached Schedule 80/20. ☐

I Check this box if you attached Schedule 1299-A. ☐

J Enter your federal employer identification no. (FEIN).
26-1907492

K ☐ Check this box if you are a member of a unitary business group, and enter the FEIN of the member who prepared the Schedule UB, Combined Apportionment for Unitary Business Group. **Attach** Schedule UB to this return.
_____

L Enter your North American Industry Classification System (NAICS) Code. See instructions.
493100

M Enter your Illinois corporate file (charter) number issued by the Secretary of State.
_____

N Enter the city, state, and ZIP code where your accounting records are kept. (Use the two-letter postal abbreviation, *e.g.*, IL, GA, etc.)
WATERLOO IL 62298
City State ZIP

O If you are making the business income election to treat all nonbusiness income as business income, check this box and enter "0" on Lines 36 and 44. ☐

P If you have completed the following, check the box and **attach** the federal form(s) to this return.
☐ Federal Form 8886 ☐ Federal Sch. M-3, Part II, Line 10

Q If you are making a Discharge of Indebtedness adjustment on Schedule NLD, or Form IL-1120-ST, Line 48, check this box **and** attach federal Form 982. ☐

Step 2: Figure your ordinary income or loss

(Whole dollars only)

	1	Ordinary income or loss, or equivalent from federal Schedule K.	1 -485,714 .00
	2	Net income or loss from all rental real estate activities.	2 .00
	3	Net income or loss from other rental activities.	3 .00
▼	4	Portfolio income or loss.	4 .00
	5	Net IRC Section 1231 gain or loss.	5 .00
	6	All other items of income or loss that were not included in the computation of income or loss on Page 1 of U.S. Form 1120-S. See instructions. Identify: _____	6 .00
	7	Add Lines 1 through 6. This is your ordinary income or loss.	7 -485,714 .00

Step 3: Figure your unmodified base income or loss

	8	Charitable contributions.	8 .00
	9	Expense deduction under IRC Section 179.	9 .00
	10	Interest on investment indebtedness.	10 .00
	11	All other items of expense that were not deducted in the computation of ordinary income or loss on Page 1 of U.S. Form 1120-S. See instructions. Identify: _____	11 .00
	12	Add Lines 8 through 11.	12 .00
▲	13	Subtract Line 12 from Line 7. This amount is your total unmodified base income or loss.	13 -485,714 .00

Attach your payment and Form IL-1120-ST-V here.

Step 4: Figure your income or loss

14	Enter the amount from Line 13. **Unitary filers**, enter the amount from Schedule UB, Step 2, Col E, Line 30.	14	-485,714 .00
15	State, municipal, and other interest income excluded from Line 14.	15	.00
16	Illinois replacement tax and surcharge deducted in arriving at Line 14.	16	.00
17	Illinois Special Depreciation addition. **Attach** Form IL-4562.	17	.00
18	Related-party expenses addition. **Attach** Schedule 80/20.	18	.00
19	Distributive share of additions. **Attach** Schedule(s) K-1-P or K-1-T.	19	.00
20	The amount of loss distributable to a shareholder subject to replacement tax. **Attach** Schedule B.	20	.00
21	Other additions. **Attach** Illinois Schedule M (for businesses).	21	.00
22	Add Lines 14 through 21. This amount is your income or loss.	22	-485,714 .00

Step 5: Figure your base income or loss

23	Interest income from U.S. Treasury or other exempt federal obligations.	23	.00		
24	Share of income distributable to a shareholder subject to replacement tax. **Attach** Schedule B.	24	.00		
25	River Edge Redevelopment Zone Dividend subtraction. **Attach** Schedule 1299-A.	25	.00		
26	River Edge Redevelopment Zone Interest subtraction. **Attach** Schedule 1299-A.	26	.00		
27	High Impact Business Dividend subtraction. **Attach** Schedule 1299-A.	27	.00		
28	High Impact Business Interest subtraction. **Attach** Schedule 1299-A.	28	.00		
29	Contribution subtraction. **Attach** Schedule 1299-A.	29	.00		
30	Illinois Special Depreciation subtraction. **Attach** Form IL-4562.	30	.00		
31	Related-party expenses subtraction. **Attach** Schedule 80/20.	31	.00		
32	Distributive share of subtractions. **Attach** Schedule(s) K-1-P or K-1-T.	32	.00		
33	Other subtractions. **Attach** Schedule M (for businesses).	33	.00		
34	Total subtractions. Add Lines 23 through 33.			34	.00
35	**Base income or loss.** Subtract Line 34 from Line 22.			35	-485,714 .00

STOP

A If the amount on Line 35 is derived inside Illinois only, check this box and enter the amount from Step 6, Line 35, on Step 7, Line 47. You may not complete Step 6. (You must leave Step 6, Lines 36 through 46 blank.) ☐

B If any portion of the amount on Line 35 is derived outside Illinois, check this box and complete all lines of Step 6. See instructions. (If you are a unitary filer, you must complete Lines 40 through 42.) ☒

Step 6: Figure your income allocable to Illinois (Complete only if you checked the box on Line B, above.)

36	Nonbusiness income or loss. **Attach** Schedule NB.			36	0 .00
37	Business income or loss included in Line 35 from non-unitary partnerships, partnerships included on a Schedule UB, S corporations, trusts, or estates. See instructions.			37	0 .00
38	Add Lines 36 and 37.			38	0 .00
39	Business income or loss. Subtract Line 38 from Line 35.			39	-485,714 .00
40	Total sales everywhere. This amount cannot be negative.	40	12,993,094		
41	Total sales inside Illinois. This amount cannot be negative.	41	12,644,460		
42	Apportionment factor. Divide Line 41 by Line 40 (carry to six decimal places).	42	.973168		
43	Business income or loss apportionable to Illinois. Multiply Line 39 by Line 42.			43	-472,681 .00
44	Nonbusiness income or loss allocable to Illinois. **Attach** Schedule NB.			44	0 .00
45	Business income or loss apportionable to Illinois from non-unitary partnerships, partnerships included on a Schedule UB, S corporations, trusts, or estates. See instructions.			45	0 .00
46	**Base income or loss allocable to Illinois.** Add Lines 43 through 45.			46	-472,681 .00

Step 7: Figure your net income

47	Base income or net loss from Step 5, Line 35, or Step 6, Line 46.	47	-472,681 .00
48	Discharge of Indebtedness adjustment. **Attach** federal Form 982. See instructions.	48	0 .00
49	Adjusted base income or net loss. Add Lines 47 and 48.	49	-472,681 .00
50	Illinois net loss deduction. **Attach** Schedule NLD. If Line 49 is zero or a negative amount, enter "0."	50	0 .00
51	**Net income.** Subtract Line 50 from Line 49.	51	-472,681 .00

Step 8: Figure your net replacement tax, surcharge, and pass-through withholding payments you owe

52	Replacement tax. Multiply Line 51 by 1.5% (.015).	52	0 .00
53	Recapture of investment credits. **Attach** Schedule 4255.	53	.00
54	Replacement tax before investment credits. Add Lines 52 and 53.	54	0 .00
55	Investment credits. **Attach** Form IL-477.	55	.00
56	**Net replacement tax.** Subtract Line 55 from Line 54. If the amount is negative, enter "0."	56	0 .00
57	Compassionate Use of Medical Cannabis Pilot Program Act surcharge. See instructions.	57	.00
58	Pass-through withholding payments you owe on behalf of your members. Enter the amount from Schedule B, Section A, Line 9. See instructions. **Attach** Schedule B.	58	0 .00
59	**Total net replacement tax, surcharge, and pass-through withholding payments you owe.** Add Lines 56, 57, and 58.	59	0 .00

Step 9: Figure your refund or balance due

60 Payments. See instructions.

a	Credit from prior year overpayments.	60a	.00
b	Form IL-505-B (extension) payment.	60b	.00
c	Pass-through withholding payments reported to you on Schedule(s) K-1-P or K-1-T. **Attach** Schedule(s) K-1-P or K-1-T.	60c	.00
d	Illinois gambling withholding. **Attach** Form(s) W-2G.	60d	.00
e	Form IL-516-I prepayments.	60e	.00
f	Form IL-516-B prepayments.	60f	.00

61	Total payments. Add Lines 60a through 60f.	61	.00
62	Overpayment. If Line 61 is greater than Line 59, subtract Line 59 from Line 61.	62	.00
63	Amount to be **credited forward.** See instructions.	63	.00
64	**Refund.** Subtract Line 63 from Line 62. This is the amount to be refunded.	64	.00

65 **Complete to direct deposit your refund**
Routing Number _____ ☐ Checking or ☐ Savings
Account Number _____

66	**Tax Due.** If Line 59 is greater than Line 61, subtract Line 61 from Line 59. This is the amount you owe.	66	0 .00

▶ **If you owe tax on Line 66, complete a payment voucher, Form IL-1120-ST-V. Write your FEIN, tax year ending, and "IL-1120-ST-V" on your check or money order and make it payable to "Illinois Department of Revenue." Attach your voucher and payment to the first page of this form.**

Special Note ⟶ **Enter the amount of your payment on the top of Page 1 in the space provided.**

Step 10: Sign here

Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Signature of authorized officer	Date	Title	Phone
			618-719-4847

Signature of paid preparer	Date	Paid preparer's PTIN	Check this box if the Department may discuss this return with the paid preparer shown in this step. ☒
	05/30/17	P00367977	

Paid preparer's firm name	Address	Phone
SCHEFFEL BOYLE	7 HILL CASTLE LANE COLUMBIA, IL 62236	(618) 281-7605

▶ If a payment is **not** enclosed, mail this return to:
Illinois Department of Revenue
P.O. Box 19032
Springfield, IL 62794-9032

▶ If a payment is enclosed, mail this return to:
Illinois Department of Revenue
P.O. Box 19053
Springfield, IL 62794-9053

This form is authorized as outlined by the Illinois Income Tax Act. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty.

Illinois Department of Revenue

2016 Schedule B Partners' or Shareholders' Information

Attach to your Form IL-1065 or Form IL-1120-ST.

Year ending 12 (Month) 16 (Year)

IL Attachment no. 1

Enter your name as shown on your Form IL-1065 or Form IL-1120-ST.
SELECT PROPANE, INC.

Enter your federal employer identification number (FEIN).
26-1907492

STOP Read this information first

- You must read the Schedule B instructions and complete Schedule(s) K-1-P and Schedule(s) K-1-P(3) before completing this schedule.
- You must complete Section B of Schedule B and provide all the required information for your partners or shareholders before completing Section A of Schedule B.

Note ▶ Failure to follow these instructions may delay the processing of your return or result in you receiving further correspondence from the Department. You may also be required to submit further information to support your filing.

Section A: Total members' information (from Schedule(s) K-1-P and Schedule B, Section B)

STOP Before completing this section you must first complete Schedule(s) K-1-P, Schedule(s) K-1-P(3), and Schedule B, Section B. You will use the amounts from those schedules when completing this section.

Totals for resident and nonresident partners or shareholders (from Schedule(s) K-1-P and Schedule B, Section B)

1 Enter the total of all nonbusiness income or loss you reported on Schedule(s) K-1-P for your members. See instructions. 1 _____

2 Enter the total of all income and replacement tax credits you reported on Schedule(s) K-1-P for your members. See instructions. 2 _____

3 Add the amounts shown on Schedule B, Section B, Column E for all partners or shareholders on all pages for which you have entered a check mark in Column D. Enter the total here. See instructions. 3 _____

Totals for nonresident partners or shareholders only (from Schedule B, Section B)

4 Enter the total pass-through withholding you reported on all pages of your Schedule B, Section B, Column J for your nonresident individual members. See instructions. 4 _____

5 Enter the total pass-through withholding you reported on all pages of your Schedule B, Section B, Column J for your nonresident estate members. See instructions. 5 _____

6 Enter the total pass-through withholding you reported on all pages of your Schedule B, Section B, Column J for your partnership and S corporation members. See instructions. 6 _____

7 Enter the total pass-through withholding you reported on all pages of your Schedule B, Section B, Column J for your nonresident trust members. See instructions. 7 _____

8 Enter the total pass-through withholding you reported on all pages of your Schedule B, Section B, Column J for your C corporation members. See instructions. 8 _____

9 Add Line 4 through Line 8. This is the total pass-through withholding you owe on behalf of all your nonresident partners or shareholders. This amount should match the total amount from Schedule B, Section B, Column J for all nonresident partners or shareholders on all pages. Enter the total here and on Form IL-1065, Line 59, or Form IL-1120-ST, Line 58. See instructions. 9 _____

▶ **Attach all pages of Schedule B, Section B behind this page.**

Illinois Department of Revenue
2016 Schedule B

SELECT PROPANE, INC.
Enter your name as shown on your Form IL-1065 or Form IL-1120-ST.

26-1907492
Enter your federal employer identification number (FEIN).

Section B: Members' Information (See instructions before completing.)

	A Name and Address	B Partner or Shareholder type	C SSN or FEIN	D Subject to Illinois replacement tax or an ESOP	E Member's distributable amount of base income or loss	F Excluded from pass-through withholding payments	G Share of Illinois income subject to pass-through withholding	H Pass-through withholding before credits	I Distributable share of credits	J Pass-through withholding payment amount
							(If Column F is blank, complete Column G through Column J. Otherwise, enter zero in Column G through Column J.)			
1	Name RON RAMSEY C/O Addr. 1 316 BETTY DRIVE Addr. 2 City WATERLOO IL 62298 (State, ZIP)	I [redacted]		☐	-242,857.00	R	0.00	0.00	0.00	0.00
2	Name MARSHA RAMSEY C/O Addr. 1 316 BETTY DRIVE Addr. 2 City WATERLOO IL 62298 (State, ZIP)	I [redacted]		☐	-242,857.00	R	0.00	0.00	0.00	0.00
3	Name C/O Addr. 1 Addr. 2 City (State, ZIP)			☐						
4	Name C/O Addr. 1 Addr. 2 City (State, ZIP)			☐						
5	Name C/O Addr. 1 Addr. 2 City (State, ZIP)			☐						

649312
01-13-17 **ID: 2BX** Schedule B (R-12/16)

Note → If you have more members than space provided, attach additional copies of this page as necessary.

Illinois Department of Revenue

Schedule K-1-P

Partner's or Shareholder's Share of Income, Deductions, Credits, and Recapture

To be completed by partnerships filing Form IL-1065 or S corporations filing Form IL-1120-ST

Partners and Shareholders receiving Schedule K-1-P should attach this to their Illinois tax return.

Year ending 12 (Month) 16 (Year)

IL Attachment No. 12

Step 1: Identify your partnership or S corporation

1 Check your business type [ ] partnership [X] S corporation

2 SELECT PROPANE, INC.
Enter your name as shown on your Form IL-1065 or Form IL-1120-ST.

3 26-1907492
Enter your federal employer identification number (FEIN).

4 Enter the apportionment factor from Form IL-1065 or Form IL-1120-ST, Line 42. Otherwise, enter "1." .973168

Step 2: Identify your partner or shareholder

5 RON RAMSEY
Name

6 316 BETTY DRIVE
Mailing address

WATERLOO, IL 62298
City State ZIP

7 [redacted]
Social Security number or FEIN

8 50.000000
Share (%)

9a Check the appropriate box. See instructions.
[X] individual [ ] corporation [ ] trust
[ ] partnership [ ] S corporation [ ] estate

9b To be completed by the recipient on Line 5 only.
I am a: [ ] grantor trust [ ] disregarded entity
and the amounts on this Schedule will be reported by:
Name:
SSN or FEIN:

Step 3: Figure your partner's or shareholder's share of your nonbusiness income or loss

		A Member's share (See instructions.)	B Member's share allocable to Illinois
10 Interest	10		
11 Dividends	11		
12 Rental income	12		
13 Patent royalties	13		
14 Copyright royalties	14		
15 Other royalty income	15		
16 Capital gain or loss from real property	16		
17 Capital gain or loss from tangible personal property	17		
18 Capital gain or loss from intangible personal property	18		
19 Other income and expense (Specify)	19		

Step 4: Figure your partner's or shareholder's share of your business income or loss

		A Member's share from U.S. Schedule K-1, less nonbusiness income	B Member's share apportioned to Illinois
20 Ordinary income or loss from trade or business activity	20	-242,857	-236,341
21 Net income or loss from rental real estate activities	21		
22 Net income or loss from other rental activities	22		
23 Interest	23		
24 Dividends	24		
25 Royalties	25		
26 Net short-term capital gain or loss	26		
27 Net long-term capital gain or loss. Total for year.	27		
28 Unrecaptured Section 1250 gain	28		
29 Guaranteed payments to partner (U.S. Form 1065 only)	29		
30 Net Section 1231 gain or loss (other than casualty or theft). Total for year.	30		
31 Other income and expense (Specify)	31		

Enter the partner's or shareholder's identification number from Line 7.

Step 5: Figure your partner's or shareholder's share of Illinois additions and subtractions

K-1-P Recipient: Before using the information provided in Step 5, you must read Schedule K-1-P(2) to correctly report the amounts listed in Columns A and B.

		A Member's share from Form IL-1065 or IL-1120-ST	B Member's share apportioned or allocated to Illinois
Additions			
32 Federally tax-exempt interest income	32		
33 Illinois replacement tax and surcharge deducted	33		
34 Illinois Special Depreciation addition	34		
35 Related-Party Expenses addition	35		
36 Distributive share of additions	36		
37 Other additions (from Illinois Schedule M for businesses)	37		
Subtractions			
38 a Interest from U.S. Treasury obligations (business income)	38a		
b Interest from U.S. Treasury obligations (nonbusiness income)	38b		
39 River Edge Redevelopment Zone Dividend Subtraction	39		
40 High Impact Business Dividend subtraction	40		
41 Contribution subtraction (Form IL-1120-ST filers only)	41		
42 Interest subtraction - River Edge Redevelopment Zone (Form IL-1120-ST financial organizations only)	42		
43 Interest subtraction - High Impact Business within a Foreign Trade Zone (Form IL-1120-ST financial organizations only)	43		
44 Illinois Special Depreciation subtraction	44		
45 Related-Party Expenses subtraction	45		
46 Distributive share of subtractions	46		
47 Other subtractions (from Illinois Schedule M for businesses)	47		

Step 6: Figure your partner's or shareholder's (except a corporate partner or shareholder) share of your Illinois August 1, 1969, appreciation amounts

		A Member's share from Illinois Schedule F (Form IL-1065 or IL-1120-ST)	B Member's share apportioned or allocated to Illinois
48 Section 1245 and 1250 gain	48		
49 Section 1231 gain	49		
50 Section 1231 gain less casualty and theft gain. See instructions.	50		
51 Capital gain	51		

Step 7: Figure your partner's or shareholder's share of your Illinois credits, recapture, pass-through withholding payments and federal income subject to surcharge

52 Illinois credits		Member's or nonresident member's share from Illinois tax return
a Film Production Services Tax Credit	52a	
b Enterprise Zone Investment Credit	52b	
c River Edge Redevelopment Zone Investment Credit	52c	
d Tax Credit for Affordable Housing Donations	52d	
e EDGE Tax Credit	52e	
f Ex-Felons Jobs Credit	52f	
g Veterans Jobs Credit	52g	
h Student-Assistance Contribution Credit	52h	
i Angel Investment Credit	52i	
j New Markets Credit	52j	
k River Edge Historic Preservation Credit	52k	
l Live Theater Production Credit	52l	
m Hospital Credit	52m	
n Replacement Tax Investment Credits. See instructions.	52n	

53 Recapture		Member's or nonresident member's share from Illinois tax return
a Enterprise Zone or River Edge Redevelopment Zone Investment Credit recapture	53a	
b Replacement Tax Investment Credit recapture	53b	
c Angel Investment Credit recapture	53c	
54 Pass-through withholding payment (See instructions before completing.)	54	
55 Federal income attributable to transactions subject to the Compassionate Use of Medical Cannabis Pilot Program Act surcharge. See instructions.	55	

649182 01-13-17

This form is authorized as outlined by the Illinois Income Tax Act. Disclosure of this information is REQUIRED. Failure to provide this information could result in a penalty.

SELECT PROPANE, INC. 26-1907492

IL SCH K-1-P MEMBER'S SHARE OF DISTRIBUTABLE BASE INCOME OR LOSS

1 ENTER THE SHARE OF INCOME FROM IL-1120-ST LINE 14 FOR THIS MEMBER (SCHEDULE K-1-P COLUMN A LINES 10-27 & 30-31)	$	-242,857
2 ENTER THE SHARE OF ADDITIONS DISTRIBUTABLE TO THIS MEMBER FROM IL-1120-ST LINES 15-19 AND LINE 21		0
3 ADD LINES 1 AND 2		-242,857
4 ENTER THE SHARE OF SUBTRACTIONS DISTRIBUTABLE TO THIS MEMBER FROM IL-1120-ST LINES 23 AND 25-33		0
5 SUBTRACT LINE 4 FROM LINE 3	$	-242,857

Illinois Department of Revenue

Schedule K-1-P

Partner's or Shareholder's Share of Income, Deductions, Credits, and Recapture

To be completed by partnerships filing Form IL-1065 or S corporations filing Form IL-1120-ST

Partners and Shareholders receiving Schedule K-1-P should attach this to their Illinois tax return.

Year ending 12 (Month) 16 (Year)

IL Attachment No. 12

Step 1: Identify your partnership or S corporation

1 Check your business type ☐ partnership ☒ S corporation

2 SELECT PROPANE, INC.
Enter your name as shown on your Form IL-1065 or Form IL-1120-ST.

3 26-1907492
Enter your federal employer identification number (FEIN).

4 Enter the apportionment factor from Form IL-1065 or Form IL-1120-ST, Line 42. Otherwise, enter "1." .973168

Step 2: Identify your partner or shareholder

5 MARSHA RAMSEY
Name

6 316 BETTY DRIVE
Mailing address

WATERLOO, IL 62298
City State ZIP

7 [redacted]
Social Security number or FEIN

8 50.000000
Share (%)

9a Check the appropriate box. See instructions.
☒ individual ☐ corporation ☐ trust
☐ partnership ☐ S corporation ☐ estate

9b **To be completed by the recipient on Line 5 only.**
I am a: ☐ grantor trust ☐ disregarded entity
and the amounts on this Schedule will be reported by:
Name:
SSN or FEIN:

Step 3: Figure your partner's or shareholder's share of your nonbusiness income or loss

		A Member's share (See instructions.)	B Member's share allocable to Illinois
10 Interest	10		
11 Dividends	11		
12 Rental income	12		
13 Patent royalties	13		
14 Copyright royalties	14		
15 Other royalty income	15		
16 Capital gain or loss from real property	16		
17 Capital gain or loss from tangible personal property	17		
18 Capital gain or loss from intangible personal property	18		
19 Other income and expense (Specify)	19		

Step 4: Figure your partner's or shareholder's share of your business income or loss

		A Member's share from U.S. Schedule K-1, less nonbusiness income	B Member's share apportioned to Illinois
20 Ordinary income or loss from trade or business activity	20	-242,857	-236,340
21 Net income or loss from rental real estate activities	21		
22 Net income or loss from other rental activities	22		
23 Interest	23		
24 Dividends	24		
25 Royalties	25		
26 Net short-term capital gain or loss	26		
27 Net long-term capital gain or loss. Total for year.	27		
28 Unrecaptured Section 1250 gain	28		
29 Guaranteed payments to partner (U.S. Form 1065 only)	29		
30 Net Section 1231 gain or loss (other than casualty or theft). Total for year.	30		
31 Other income and expense (Specify)	31		

Enter the partner's or shareholder's identification number from Line 7.

Step 5: Figure your partner's or shareholder's share of Illinois additions and subtractions

K-1-P Recipient: Before using the information provided in Step 5, you must read Schedule K-1-P(2) to correctly report the amounts listed in Columns A and B.

		A Member's share from Form IL-1065 or IL-1120-ST	B Member's share apportioned or allocated to Illinois
Additions			
32 Federally tax-exempt interest income	32		
33 Illinois replacement tax and surcharge deducted	33		
34 Illinois Special Depreciation addition	34		
35 Related-Party Expenses addition	35		
36 Distributive share of additions	36		
37 Other additions (from Illinois Schedule M for businesses)	37		
Subtractions			
38 a Interest from U.S. Treasury obligations (business income)	38a		
b Interest from U.S. Treasury obligations (nonbusiness income)	38b		
39 River Edge Redevelopment Zone Dividend Subtraction	39		
40 High Impact Business Dividend subtraction	40		
41 Contribution subtraction (Form IL-1120-ST filers only)	41		
42 Interest subtraction - River Edge Redevelopment Zone (Form IL-1120-ST financial organizations only)	42		
43 Interest subtraction - High Impact Business within a Foreign Trade Zone (Form IL-1120-ST financial organizations only)	43		
44 Illinois Special Depreciation subtraction	44		
45 Related-Party Expenses subtraction	45		
46 Distributive share of subtractions	46		
47 Other subtractions (from Illinois Schedule M for businesses)	47		

Step 6: Figure your partner's or shareholder's (except a corporate partner or shareholder) share of your Illinois August 1, 1969, appreciation amounts

		A Member's share from Illinois Schedule F (Form IL-1065 or IL-1120-ST)	B Member's share apportioned or allocated to Illinois
48 Section 1245 and 1250 gain	48		
49 Section 1231 gain	49		
50 Section 1231 gain less casualty and theft gain. See instructions.	50		
51 Capital gain	51		

Step 7: Figure your partner's or shareholder's share of your Illinois credits, recapture, pass-through withholding payments and federal income subject to surcharge

52 Illinois credits		Member's or nonresident member's share from Illinois tax return
a Film Production Services Tax Credit	52a	
b Enterprise Zone Investment Credit	52b	
c River Edge Redevelopment Zone Investment Credit	52c	
d Tax Credit for Affordable Housing Donations	52d	
e EDGE Tax Credit	52e	
f Ex-Felons Jobs Credit	52f	
g Veterans Jobs Credit	52g	
h Student-Assistance Contribution Credit	52h	
i Angel Investment Credit	52i	
j New Markets Credit	52j	
k River Edge Historic Preservation Credit	52k	
l Live Theater Production Credit	52l	
m Hospital Credit	52m	
n Replacement Tax Investment Credits. See instructions.	52n	

53 Recapture		Member's or nonresident member's share from Illinois tax return
a Enterprise Zone or River Edge Redevelopment Zone Investment Credit recapture	53a	
b Replacement Tax Investment Credit recapture	53b	
c Angel Investment Credit recapture	53c	
54 Pass-through withholding payment (See instructions before completing.)	54	
55 Federal income attributable to transactions subject to the Compassionate Use of Medical Cannabis Pilot Program Act surcharge. See instructions.	55	

849132 01-13-17

This form is authorized as outlined by the Illinois Income Tax Act. Disclosure of this information is REQUIRED. Failure to provide this information could result in a penalty.

SELECT PROPANE, INC. 26-1907492

IL SCH K-1-P MEMBER'S SHARE OF DISTRIBUTABLE BASE INCOME OR LOSS

1	ENTER THE SHARE OF INCOME FROM IL-1120-ST LINE 14 FOR THIS MEMBER (SCHEDULE K-1-P COLUMN A LINES 10-27 & 30-31)	$	-242,857
2	ENTER THE SHARE OF ADDITIONS DISTRIBUTABLE TO THIS MEMBER FROM IL-1120-ST LINES 15-19 AND LINE 21		0
3	ADD LINES 1 AND 2		-242,857
4	ENTER THE SHARE OF SUBTRACTIONS DISTRIBUTABLE TO THIS MEMBER FROM IL-1120-ST LINES 23 AND 25-33		0
5	SUBTRACT LINE 4 FROM LINE 3	$	-242,857

Form
MO-1120S Missouri Department of Revenue
2016 S-Corporation Income Tax Return

Department Use Only (MM/DD/YY)

Missouri Tax I.D. Number

Missouri S-Corporation Income Tax Return for 2016 Beginning (MM/DD/YY) 01 01 16 Ending (MM/DD/YY) 12 31 16

Federal Employer I.D. Number 261907492 Charter Number

Corporation Name SELECT PROPANE, INC.

Address 316 BETTY DRIVE

City WATERLOO State IL

ZIP 62298-

1611201019

☐ Select this box if you have an approved federal extension. Attach a copy of the approved Federal Extension (Form 7004).

Select Applicable Boxes. Failure to select the address change box may result in mailings going to the last address on file.

☐ Amended Return ☐ Name Change ☐ Address Change ☐ Final Return and Close Account ☐ Bankruptcy

S-Corporation

1. Does the S corporation have any Missouri modifications? ☐ Yes ☒ No
   If Yes, complete Lines 1-14 on pages 1 and 2, and the shareholder information on page 3.
2. Does the S corporation have any nonresident shareholders? ☒ Yes ☐ No
   If Yes, complete Lines 1-14 on pages 1 and 2, the shareholder information on page 3, and **Form MO-NRS.**
3. Does the S corporation have income derived from sources other than Missouri? ☒ Yes ☐ No
   If Yes, complete and attach **Form MO-MSS.**

S-Corporation Adjustments

Additions

1a. State and local income taxes deducted on Federal Form 1120S ..... 1a .00

1b. Less: Kansas City & St. Louis earnings taxes. Enter Lines 1a less 1b on Line 1 ..... 1b .00 | 1 .00

2a. State and local bond interest (except Missouri) ..... 2a .00

2b. Less: related expenses (omit if less than $500) Enter Line 2a less Line 2b on Line 2 ..... 2b .00 | 2 .00

3. ☐ Partnership ☐ Fiduciary ☐ Other adjustments (list _____) | 3 .00

4. Donations claimed for the Food Pantry Tax Credit deducted from federal taxable income, **Section 135.647, RSMo** ..... | 4 .00

5. Total of Lines 1 through 4 ..... | 5 .00

Subtractions

6a. Interest from exempt federal obligations ..... 6a .00

6b. Less: related expenses (omit if < $500) Enter Line 6a less Line 6b on Line 6 ..... 6b .00 | 6 .00

7. Amount of any state income tax refund included in federal ordinary income ..... | 7 .00

8. Federally taxable - Missouri exempt obligations ..... | 8 .00

S-Corporation Adjustments

Subtractions (continued)

9. ☐ Partnership ☐ Fiduciary ☐ Build America and Recovery Zone Bond Interest

☐ Missouri Public-Private Transportation Act ☐ Other adjustments (list _____) 9 _____ .00

10. Missouri depreciation basis adjustment (Section 143.121.3(7), RSMo) ..... 10 _____ .00

11. Depreciation recovery on qualified property that is sold (Section 143.121.3(9), RSMo) ..... 11 _____ .00

12. Total Subtractions - Add Lines 6 through 11 ..... 12 _____ .00

13. Missouri S corporation adjustment - Net Addition - excess Line 5 over Line 12 ..... 13 _____ .00

14. Missouri S corporation adjustment - Net Subtraction - excess Line 12 over Line 5 ..... 14 _____ .00

15. Agriculture Disaster Relief (Section 143.121.3(10), RSMo) ..... 15 _____ .00

Signature

Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct.

Department Use Only

A	R	N	S	E
☐	☐	☐	☐	☐

I authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any member of his or her firm, or if internally prepared, any member of the internal staff ..... ☒ Yes ☐ No

Signature of Officer _____ Printed Name _____

Telephone Number 618-719-4847 Date Signed (MM/DD/YY) __ __ __ __ __ __

Preparer's Signature (Including Internal Preparer) _____ Preparer's FEIN, SSN, or PTIN P 0 0 3 6 7 9 7 7

Telephone Number (618) 281-7605 Date Signed (MM/DD/YY) 0 5 3 0 1 7

Corporation Name: SELECT PROPANE, INC.

Missouri Tax I.D. Number:

Federal Employer I.D. Number: 2 6 1 9 0 7 4 9 2

Charter Number:

Allocation of Missouri S Corporation Adjustment to Shareholders

	1. Name of each shareholder. All shareholders must be listed. Use attachment if necessary.	2. Select if shareholder is nonresident	3. Social Security Number	4. Shareholder's Share %	5. Shareholder's Adjustment ☐ Addition ☐ Subtraction
a)	RON RAMSEY	X	[redacted]	50.0000 %	0 00
b)	MARSHA RAMSEY	X	[redacted]	50.0000 %	0 00
c)				%	00
d)				%	00
e)				%	00
f)				%	00
g)				%	00
h)				%	00
i)				%	00
j)				%	00
k)				%	00
l)				%	00
m)				%	00
n)				%	00
o)				%	00
p)				%	00
q)				%	00
r)				%	00
s)				%	00
	Total			100 %	00

Column 4 - Enter percentages from Federal Schedule K-1(s). Round percentages to whole numbers.

Column 5 - Enter Missouri S corporation adjustment from Form MO-1120S, Line 13 or 14, as total of Column 5. Multiply each percentage in Column 4 by the total in Column 5. Indicate at the top of Column 5 whether the adjustments are additions or subtractions. The amount after each shareholder's name in Column 5 must be reported as a modification by the shareholder on his or her **Form MO-1040**, Individual Income Tax Return, either as an addition to, or subtraction from, federal adjusted gross income.

Form MO-1120S (Revised 12-2016)

Mail To: Refund or No Amount Due:
Missouri Department of Revenue
P.O. Box 700
Jefferson City, MO 65105-0700

Phone: (573) 751-4541
Fax: (573) 522-1721
E-mail: corporate@dor.mo.gov

Visit http://dor.mo.gov/business/corporate/ for additional information.

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661313 12-02-16

Form **MO-NRS**

Missouri Department of Revenue
S Corporation Nonresident Form

Attachment Sequence No. 1120S-01

Department Use Only (MM/DD/YY)

Reporting Period (MM/DD/YY) 12 31 16

Complete this form for each nonresident shareholder who has Missouri source income. Each item shown in Parts 1 and 2, Columns (d) and (e) should be entered on the appropriate lines of **Form MO-NRI** of each nonresident shareholder.

Corporation Name: SELECT PROPANE, INC.

Missouri Tax I.D. Number:

14108011019

Charter Number:

Federal Employer I.D. Number: 261907492

Nonresident Shareholder's Name: RON RAMSEY

Social Security Number: [redacted]

S Corporation's Distributive Share Items - Part 1

	(a) Federal Schedule K	(b) Missouri Source	(c) MO-MSS %	(d) Federal Schedule K-1	(e) Missouri Source
1. Ordinary business income (loss)	-485,714 00	-4,342 00	000.894	-242,857 00	-2,171 00
2. Net rental real estate income (loss)	00	00	.	00	00
3. Other net rental income (loss) (Federal Schedule K, Line 3c)	00	00	.	00	00
4. Interest income	00	00	.	00	00
5a. Ordinary dividends	00	00	.	00	00
5b. Qualified dividends	00	00	.	00	00
6. Royalties	00	00	.	00	00
7. Net short-term capital gain (loss)	00	00	.	00	00
8a. Net long-term capital gain (loss)	00	00	.	00	00
8b. Collectibles (28%) gain (loss)	00	00	.	00	00
8c. Unrecaptured section 1250 gain	00	00	.	00	00
9. Net section 1231 gain (loss)	00	00	.	00	00
10. Other income (loss)	00	00	.	00	00
11. Section 179 deduction	00	00	.	00	00
12a. Contributions	00	00	.	00	00
12b. Investment interest expense	00	00	.	00	00
12c. Section 59 (e)(2) expenditures	00	00	.	00	00
12d. Other deductions	00	00	.	00	00

Share of Missouri S Corporation Adjustment - Nonresident Shareholders - Part 2

The lines below and Column (a) correspond to the lines on Form MO-1120S.	(a) Missouri S Corporation Adjustment	(b) Missouri Source	(c) MO-MSS %	(d) Shareholder's S Corporation Adjustment	(e) Missouri Source
Additions					
1. Net state and local income taxes deducted on Federal Form 1120S	00	00	.		
2. Net state and local bond interest (except Missouri)	00	00	.		
3. ☐ Partnership ☐ Fiduciary ☐ Other adjustments	00	00	.		
4. Donations claimed for the Food Pantry Tax Credit that were deducted from federal taxable income, Section 135.647, RSMo	00	00	.		
5. Total of Lines 1 through 4	00	00	.		
Subtractions					
6. Net interest from exempt federal obligations	00	00	.		
7. Amount of any state income tax refund included in federal ordinary income	00	00	.		
8. Federally taxable - Missouri exempt obligations	00	00	.		
9. ☐ Partnership ☐ Fiduciary ☐ Other adjustments ☐ Build America and Recovery Zone Bond Interest ☐ Missouri Public-Private Transportation Act	00	00	.		
10. Missouri depreciation basis adjustment (Section 143.121.3(7), RSMo)	00	00	.		
11. Depreciation recovery on qualified property that is sold (Section 143.121.3(9), RSMo)	00	00	.		
12. Total of Lines 6 through 11	00	00	.		
13. Missouri S corporation adjustment - Net Addition	00	00	.	00	00
14. Missouri S corporation adjustment - Net Subtraction	00	00	.	00	00
15. Agriculture Disaster Relief (Section 143.121.3(10), RSMo)	00	00	.	00	00

Attach to Form MO-1120S and mail to the Missouri Department of Revenue.

Refund or No Amount Due:
P.O. Box 700
Jefferson City, MO 65105-0700

14108021019

Form MO-NRS

Missouri Department of Revenue
S Corporation Nonresident Form

Attachment Sequence No. 1120S-01

Department Use Only (MM/DD/YY)

Reporting Period (MM/DD/YY) 12 31 16

Complete this form for each nonresident shareholder who has Missouri source income. Each item shown in Parts 1 and 2, Columns (d) and (e) should be entered on the appropriate lines of **Form MO-NRI** of each nonresident shareholder.

Corporation Name: SELECT PROPANE, INC.

Missouri Tax I.D. Number

14108011019

Charter Number

Federal Employer I.D. Number: 261907492

Nonresident Shareholder's Name: MARSHA RAMSEY

Social Security Number: [redacted]

S-Corporation's Distributive Share Items - Part 1

	(a) Federal Schedule K	(b) Missouri Source	(c) MO-MSS %	(d) Federal Schedule K-1	(e) Missouri Source
1. Ordinary business income (loss)	-485,714 00	-4,342 00	000.894	-242,857 00	-2,171 00
2. Net rental real estate income (loss)	00	00	.	00	00
3. Other net rental income (loss) (Federal Schedule K, Line 3c)	00	00	.	00	00
4. Interest income	00	00	.	00	00
5a. Ordinary dividends	00	00	.	00	00
5b. Qualified dividends	00	00	.	00	00
6. Royalties	00	00	.	00	00
7. Net short-term capital gain (loss)	00	00	.	00	00
8a. Net long-term capital gain (loss)	00	00	.	00	00
8b. Collectibles (28%) gain (loss)	00	00	.	00	00
8c. Unrecaptured section 1250 gain	00	00	.	00	00
9. Net section 1231 gain (loss)	00	00	.	00	00
10. Other income (loss)	00	00	.	00	00
11. Section 179 deduction	00	00	.	00	00
12a. Contributions	00	00	.	00	00
12b. Investment interest expense	00	00	.	00	00
12c. Section 59 (e)(2) expenditures	00	00	.	00	00
12d. Other deductions	00	00	.	00	00

Share of Missouri S Corporation Adjustment - Nonresident Shareholders - Part 2

The lines below and Column (a) correspond to the lines on Form MO-1120S.	(a) Missouri S Corporation Adjustment	(b) Missouri Source	(c) MO-MSS %	(d) Shareholder's S Corporation Adjustment	(e) Missouri Source
Additions					
1. Net state and local income taxes deducted on Federal Form 1120S	00	00	.		
2. Net state and local bond interest (except Missouri)	00	00	.		
3. ☐ Partnership ☐ Fiduciary ☐ Other adjustments	00	00	.		
4. Donations claimed for the Food Pantry Tax Credit that were deducted from federal taxable income, Section 135.647, RSMo	00	00	.		
5. Total of Lines 1 through 4	00	00	.		
Subtractions					
6. Net interest from exempt federal obligations	00	00	.		
7. Amount of any state income tax refund included in federal ordinary income	00	00	.		
8. Federally taxable - Missouri exempt obligations	00	00	.		
9. ☐ Partnership ☐ Fiduciary ☐ Other adjustments ☐ Build America and Recovery Zone Bond Interest ☐ Missouri Public-Private Transportation Act	00	00	.		
10. Missouri depreciation basis adjustment (Section 143.121.3(7), RSMo)	00	00	.		
11. Depreciation recovery on qualified property that is sold (Section 143.121.3(9), RSMo)	00	00	.		
12. Total of Lines 6 through 11	00	00	.		
13. Missouri S corporation adjustment - Net Addition	00	00	.	00	00
14. Missouri S corporation adjustment - Net Subtraction	00	00	.	00	00
15. Agriculture Disaster Relief (Section 143.121.3(10), RSMo)	00	00	.	00	00

Attach to Form MO-1120S and mail to the Missouri Department of Revenue.

Refund or No Amount Due:
P.O. Box 700
Jefferson City, MO 65105-0700

14108021019

Form **MO-MSS**

Missouri Department of Revenue
S Corporation Allocation and Apportionment Schedule

Department Use Only (MM/DD/YY)

Attachment Sequence No. 1120S-02

Taxable Year Beginning (MM/DD/YY) 01 01 16 Ending (MM/DD/YY) 12 31 16

Missouri Tax I.D. Number

Do not complete this form if all income is from Missouri sources.

Federal Employer I.D. Number 261907492

Charter Number

Corporation Name SELECT PROPANE, INC.

Apportionment Election

Missouri Statutes provide eight methods of determining Missouri taxable income from Missouri sources. Select only one of the eight boxes and enter the method and the percentage calculated on **Form MO-NRS**, Parts 1 and 2, Column (c).

[X] One - Multistate Allocation and Three Factor Apportionment - Multistate Tax Compact - **Section 32.200, RSMo** - (Complete Parts 3 and 1)

[ ] Two - Business Transaction Single Factor Apportionment - **Section 143.451.2(2), RSMo** - (Complete Parts 3 and 2)

[ ] Two A - Optional Single Sales Factor Apportionment - **Section 143.451.2(3), RSMo** - (Complete Parts 3 and 2)

Special Methods - Attach Detailed Explanation

[ ] Three - Transportation - **Section 143.451.3, RSMo**

[ ] Four - Railroad - **Section 143.451.4, RSMo**

[ ] Five - Interstate Bridge - **Section 143.451.5, RSMo**

[ ] Six - Telephone and Telegraph - **Section 143.451.6, RSMo**

Note: Complete mileage information below for Method Three - Six and enter the percentage on Form MO-NRS, Parts 1 and 2, Column (c).

Missouri Miles		Total Miles		Percent
	÷		=	000.000%

[ ] Seven - Other Approved Method - **Section 143.461.2, RSMo.** Letter of Approval from the Director of Revenue must be attached.

Part 1 - Three Factor Apportionment Method Schedule

	Total Missouri (a)	Total Everywhere (b)	Percent within Missouri (a) ÷ (b)
1. Average yearly value of real and tangible personal property used in the business, whether owned or rented. Owned property: (at original cost, see instructions) (Exclude property not connected with the business and value of construction in progress.)			
Land	.00	.00	
Depreciable assets	0.00	1,058,176.00	
Inventory and supplies	.00	.00	
Other (attach schedule)	.00	.00	Round all percentages on this form to three digits to the right of the decimal.
Net rent, times eight	.00	.00	
Total Property Values	0.00	1,058,176.00	1 000.000%
2. Wages, salaries, commissions, and other compensation of employees related to business income			
Total Wages and Salaries	0.00	971,751.00	2 000.000%

3. Sales (gross receipts, less returns and allowances):
   a) Sales delivered or shipped to Missouri purchasers:
      1) Shipped from outside Missouri 348,634.00

14105011019

661351
12-02-16

14105021019

Part 1 Continued

2) Shipped from within Missouri 0.00

b) Sales from Missouri to:

1) the United States Government 0.00

2) purchasers in a state where the taxpayer would not be taxable (e.g., under Public Law 86-272) 0.00

c) Other gross receipts (rents, royalties, interest, etc.) 0.00

Total Sales ..... 348,634.00 12,993,094.00 3 002.683 %

4. Apportionment Factor - add percentages on Lines 1, 2, and 3, and divide by factors present (see instructions). Enter on Form MO-NRS, Parts 1 and 2, Column (c) ..... 4 000.894 %

Part 2 Single Factor Apportionment

- Enter on Line 1 the amount of sales which are transacted wholly in Missouri. Enter on Line 1a the amount of sales in Missouri.
- Enter on Line 2 the amount of sales which are transacted partly within Missouri and partly without Missouri.
- Enter on Line 3 the amount of sales which are transacted wholly without Missouri.
- In determining income from Missouri sources in cases where sales do not express the volume of business, enter on Line 1 the amount of business transacted wholly in Missouri and enter on Line 2 the amount of business transacted partly in Missouri and partly outside Missouri.
- Enter on Line 4a the amount of total sales.
- Attach an explanation reconciling Line 4 or Line 4a with specific data on Federal Form 1120S.

Method Two Business Transaction Single Factor Apportionment		Method Two A Optional Single Sales Factor Apportionment	
1. Amount of sales wholly in Missouri	.00	1a. Amount of sales wholly in Missouri	.00
2. Amount of sales partly within and partly without Missouri	.00		
3. Amount of sales wholly without Missouri	.00		
4. Total amount - all sources - Add Lines 1, 2, and 3	.00	4a. Amount of total sales	.00
5. One-half of Line 2	.00		
6. Total amount Missouri - Add Lines 1 and 5	.00		
7. Missouri single factor apportionment fraction (Divide Line 6 by Line 4). Enter on Form MO-NRS, Parts 1 and 2, Column (c)	000.000 %	7a. Missouri optional single sales factor apportionment fraction (Divide Line 1A by Line 4A). Enter on Form MO-NRS Parts 1 and 2, Column (c)	000.000 %

Part 3 Nonbusiness Income Allocation

Directly allocable nonbusiness income. Do not allocate expenses that have been excluded from federal taxable income.
All income is presumed to be business income unless you can clearly show the income to be nonbusiness income.

	Allocation of Nonbusiness Income					
	Gross Income		Directly Related Expenses		Indirectly Related Expenses	
	(1) Everywhere	(2) Missouri	(3) Everywhere	(4) Missouri	(5) Everywhere	(6) Missouri
1. Interest income ...	.00	.00	.00	.00	.00	.00
2. Royalties	.00	.00	.00	.00	.00	.00
3. Rents	.00	.00	.00	.00	.00	.00
4. Net capital gains ...	.00	.00	.00	.00	.00	.00
5. Dividends	.00	.00	.00	.00	.00	.00
6. Total each column	.00	.00	.00	.00	.00	.00

Attach to Form MO-1120S and mail to the Missouri Department of Revenue.

Balance Due:
P.O. Box 3365
Jefferson City, MO 65105-3365

Refund or No Amount Due:
P.O. Box 700
Jefferson City, MO 65105-0700

MISSOURI SCHEDULE K-1 EQUIVALENT	Shareholder's Information For Calendar Year 2016, or Fiscal Year Beginning , and Ending	2016

SHAREHOLDER'S NAME, ADDRESS, AND ZIP CODE

RON RAMSEY
316 BETTY DRIVE
WATERLOO, IL 62298

SHAREHOLDER'S SS#: [redacted]

SHAREHOLDER NO. 1 PERCENTAGE 50.0000

RESIDENCY STATUS: RESIDENT [ ] NONRESIDENT [X]

S CORPORATION NAME, ADDRESS, AND ZIP CODE

SELECT PROPANE, INC.
316 BETTY DRIVE
WATERLOO, IL 62298

MITS/MO ID NO.

FEDERAL ID NO. 26-1907492

PART I - DISTRIBUTIVE SHARE ITEMS

Shareholder Adjustment - Net Addition		Shareholder Adjustment - Net Subtraction	

PART II - DISTRIBUTIVE MISSOURI CREDITS

New or Expanded Business Facility Credit	
Development Reserve Credit	
Infrastructure Development Credit	
Export Finance Credit	
Missouri Low Income Housing Credit	
Missouri Business Modernization and Technology (Seed Capital) Credit	
Neighborhood Assistance Credit	
Affordable Housing Assistance Credit	
Enterprise Zone Credit	
Small Business Incubator Credit	
Small Business Investment (Capital) Credit	
Community Bank Investment Credit	
Qualified Research Expense Credit	
Special Needs Adoption Credit	
Brownfield Jobs and Investment Credit	
Youth Opportunities Credit	
Processed Wood Energy Credit	
Missouri Business Use Incentives for Large-Scale Development (BUILD) Credit	
Maternity Home Credit	
Shelter for Victims of Domestic Violence Credit	
Historic Preservation Credit	
New Market Tax Credit	
Charcoal Producers Credit	
Film Production Credit	
Wine and Grape Production Credit	
Rebuilding Communities Credit	
Agricultural Product Utilization Contributor Credit	
New Generation Cooperative Incentive Credit	
Bank Tax Credit for S Corporation shareholders	
Family Development Account Credit	
New Enterprise Creation Credit	
Remediation Credit	
Rebuilding Communities and Neighborhood Preservation Act Credit	
Disabled Access Credit	
Bank Franchise Tax Credit	
Developmental Disability Care Provider Credit	
Transportation Development Credit	
Development Tax Credit	
Small Business Guaranty Fees Credit	
Bond Enhancement Credit	
Missouri Quality Jobs Credit	
New Enhanced Enterprise Zone Credit	

MISSOURI SCHEDULE K-1 EQUIVALENT

PART II - DISTRIBUTIVE MISSOURI CREDITS - CONTINUED

Dry Fire Hydrant Credit	
Champion for Children Credit	
Food Pantry Tax Credit	
Family Farms Act Credit	
Pregnancy Resource Credit	
Residential Treatment Agency Credit	
Distressed Area Land Assemblage Credit	
Qualified Beef Credit	
Alternative Fuel Infrastructure Credit	
Missouri Works Credit	
Sporting Event Credit	
Sporting Contribution Credit	

MISSOURI SCHEDULE K-1 EQUIVALENT	Shareholder's Information For Calendar Year 2016, or Fiscal Year Beginning , and Ending	2016

SHAREHOLDER'S NAME, ADDRESS, AND ZIP CODE

MARSHA RAMSEY
316 BETTY DRIVE
WATERLOO, IL 62298

SHAREHOLDER'S SS#: [redacted]

SHAREHOLDER NO. 2 PERCENTAGE 50.0000

RESIDENCY STATUS: RESIDENT [ ] NONRESIDENT [X]

S CORPORATION NAME, ADDRESS, AND ZIP CODE

SELECT PROPANE, INC.
316 BETTY DRIVE
WATERLOO, IL 62298

MITS/MO ID NO.

FEDERAL ID NO. 26-1907492

PART I - DISTRIBUTIVE SHARE ITEMS

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MISSOURI SCHEDULE K-1 EQUIVALENT

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MARCH 2018 INCOME STATEMENT
0100 SELECT PROPANE

	CURRENT YEAR					
SALES	AMOUNT	QTY	%	YTD AMOUNT	YTD QTY	%
30200 GASOLINE SALES	152,463.12	65,828.0	117.345	387,128.25	168,282.0	7.707-
30300 DIESEL SALES	820,858.30	338,772.3	631.782	2,715,544.79	1,114,233.3	54.062-
30500 PROPANE SALES	261,098.11	175,070.3	200.957	1,248,973.43	838,992.3	24.865-
30600 MISC. SALES	20,200.93		15.548	50,129.72		.998-
30650 LUBE SALES	6,938.22		5.340	13,283.79		.264-
TOTAL SALES	1,261,558.68			4,415,059.98		
COST OF SALES						
40200 GASOLINE PURCHASES	149,342.92		13.585	378,593.80		9.874
40300 DIESEL PURCHASES	773,486.02		70.363	2,570,071.47		67.032
40400 ACCESORY PURCHASES	.00		.000	1,209.57		.032
40500 PROPANE PURCHASES	142,881.31		12.998	817,999.28		21.335
40600 MISC. PURCHASES	27,007.87		2.457	54,145.96		1.412
40650 LUBE PURCHASES	5,648.90		.514	10,357.60		.270
49150 RETAINED GALLONS COMMISION	919.73		.084	1,709.75		.045
TOTAL COST OF SALES	1,099,286.75			3,834,087.43		
GROSS PROFIT/LOSS	162,271.93			580,972.55		
SELLING/GENERAL EXPENSE						
45100 ACCOUNTING & LEGAL	666.66		.334	1,999.98		.332
45300 ADVERTISING	901.71		.452	2,309.51		.384
45400 AMMORITIZATION EXP	2,537.61		1.271	9,272.31		1.540
45500 BANK CHARGES	1,970.16		.987	5,150.00		.855
45700 CASH DISCOUNTS	1,572.65		.788	4,182.93		.695
45900 CELL PHONE	663.53		.332	1,978.89		.329
46000 CONTRIBUTIONS	166.00		.083	319.98		.053
46700 DEPRECIATION EXPENSE	21,646.03		10.844	64,558.19		10.720
46900 DUES	224.51		.112	1,207.39		.200
47400 FUEL EXPENSE	11,792.80		5.908	34,122.35		5.666
47500 INSURANCE	12,217.04		6.120	40,889.12		6.790
47550 DISABILITY INSURANCE	.00		.000	405.86		.067
47575 LIFE INSURANCE	2,195.56		1.100	8,303.94		1.379
47600 HEALTH INSURANCE	2,473.93		1.239	6,501.15		1.080
47700 INTEREST	35,946.82		18.008	103,584.04		17.200
47900 LICENSE	2,066.42		1.035	4,901.30		.814
48100 MISC. EXPENSE	192.00		.096	380.33		.063
48300 OFFICE SUPPLIES	2,325.12		1.165	3,710.02		.616
48600 401K EXPENSE	1,929.10		.966	6,488.80		1.077
48700 POSTAGE	1,282.98		.643	1,798.48		.299
48900 RENT-EQUIPMENT	1,550.00		.777	5,458.64		.906
49100 REPAIRS & MAINTENANCE	3,613.98		1.810	7,603.64		1.263
49200 SECURITY	75.00		.038	75.00		.012
49300 SUPPLIES	307.25		.154	1,963.01		.326
49500 TAXES GENERAL	91.67		.046	275.01		.046
49700 TAXES PAYROLL	5,582.30		2.797	21,199.74		3.520
49900 TELEPHONE	590.92		.296	1,458.33		.242
50000 TRAVEL	310.00		.155	310.00		.051
50100 TRUCK EXPENSE	16,563.93		8.298	35,902.61		5.962
50300 UTILITIES	613.56		.307	2,059.09		.342
50500 WAGES EXPENSE	67,544.31		33.838	223,846.38		37.170
TOTAL SELLING/GENERAL EXPENSE	199,613.55			602,216.02		
OTHER INCOME						
70500 FINANCE CHARGES	6,492.47		92.878	18,406.40		96.874
70900 DISCOUNTS EARNED	497.85		7.122	593.87		3.126
TOTAL OTHER INCOME	6,990.32			19,000.27		
NET PROFIT/LOSS	30,351.30-			2,243.20-		

0100 SELECT PROPANE

	CURRENT YTD AMOUNT
CASH	
10000 PETTY CASH	43.50
10201 CASH ON DEPOSIT	89,905.83-
TOTAL CASH	89,862.33-
ACCOUNTS RECEIVABLE	
10401 ACCOUNTS RECEIVABLE	1,426,795.90
10471 SELECT FUEL & CONV. RECEIVAB	633,245.54
10481 ALT FUEL CREDIT RECEIVABLE	5,908.68
10493 ADM TAX RECEIVABLE	15,478.00
TOTAL ACCOUNTS RECEIVABLE	2,081,428.12
INVENTORY	
10501 INVENTORY	142,365.41
TOTAL INVENTORY	142,365.41
OTHER ASSETS	
10901 PREPAID PROPANE	.00
10902 PREPAID LICENSE	16,923.89
10903 PREPAID INSURANCE	26,375.66
10908 PPD HVUT TAX	274.97
10910 PREPAID TAX PREP	.04
14101 ACQUISITION COSTS	100,000.00
14201 AMORTIZATION/ORGANIZATION	53,333.76-
14301 LOAN COSTS	462,423.83
14401 AMORTIZATION/LOAN COSTS	38,535.32-
TOTAL OTHER ASSETS	514,129.31
PROPERTY/EQUIPMENT	
12101 LAND	51,000.00
12105 LAND IMPROVEMENTS	34,614.99
12110 ACC. DEPR.-LAND IMPROVEMENTS	16,286.99-
12201 BUILDING	196,049.61
12301 ACC. DEPR.-BUILDING	28,808.89-
12401 OFFICE EQUIPMENT	106,477.15
12501 ACC. DEPR.-OFFICE EQUIPMENT	47,320.03-
12601 TRANSPORTATION EQUIPMENT	1,904,262.34
12701 ACC.DEPR.-TRANSPORTATION EQU	879,791.53-
12801 EQUIPMENT	605,165.76
12901 ACC. DEPR.-EQUIPMENT	186,143.97-
12905 LEASED EQUIPMENT	1,788,961.26
12910 ACC. DEPR.-LEASED EQUIPMENT	207,613.30-
14701 PRIOR PERIOD ADJUSTMENT	947,855.00-
TOTAL PROPERTY/EQUIPMENT	2,372,711.40
TOTAL ASSETS	5,020,771.91
CURRENT LIABILITIES	
20101 ACCOUNTS PAYABLE	938,881.88
20111 UNEARNED REVENUE	269,568.45
20150 IL MFT PAYABLE	50,800.22
20152 STATE U/C PAYABLE	2,068.06
20154 FED U/C PAYABLE	599.48
20160 MO MFT PAYABLE	4,749.17
20171 SALES TAX PAYABLE	46,869.13
20195 METERED GAS DEPOSIT	1,200.00
20350 BUDGET BILLING LIABILITY	10,557.25-

0100 SELECT PROPANE

	CURRENT YTD AMOUNT
CURRENT LIABILITIES	
25610 NOTES PAYABLE / FIRST BUSINE	255,106.64
TOTAL CURRENT LIABILITIES	1,559,285.78
LONG TERM DEBT	
25060 NOTE PAYABLE/RON & MARSHA	32,500.00
25380 NOTE PAYABLE/RON & MARSHA	75,000.00
25575 OPERATING CAPITAL NOTE #24	953,481.10
25580 NOTE PAYABLE/RAMSEY	496,136.71
25595 NOTES PAYABLE / B RAMSEY	249,000.00
25605 NOTES PAYABLE / NEWTEK	4,750,851.41
25615 NOTE PAYABLE / LOADER	13,390.84
25620 NOTE PAYABLE/ RETAIL CAPITAL	141,025.47
TOTAL LONG TERM DEBT	6,711,385.53
EQUITY	
27150 CAPITAL STOCK	3,221,231.20-
27250 TREASURY STOCK	26,425.00-
CURRENT YEAR INCOME	2,243.20-
TOTAL EQUITY	3,249,899.40-
TOTAL LIABILITY & EQUITY	5,020,771.91