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,

Justi Pari

SCHEFFEL BOYLE

DEPRECIATION VARIANCE REPORT

ASSET NUMBER	DESCRIPTION	ACCOUNTANT'S CALCULATED DEPRECIATION	SYSTEM CALCULATED DEPRECIATION	VARIANCE
3414	30000 GALLON DE PANK BENTON PROJECT	常等的2,405 2	8,40214	4,394
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Property Apportionment Detail Worksheet

2017

ILLINOIS
SELECT PROPANE, INC.

26-1907492

SELECT PROPANE, INC.	NOT APPLICABL	K	26-1907492		
	Withi	1	Everywl	here	
	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		-		<u></u>	
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)				<u> </u>	
Tangible property rented - rental expense (multiplied by applicable factor)				W	
Miscellaneous rental expense (multiplied by applicable factor)					
Total property		2,337,014.		2,337,014.	

^{* -} Not Applicable

Payroll and Sales Apportionment Detail Worksheet 2017 ILLINOIS 26-1907492 SELECT PROPANE, INC. NOT APPLICABLE - PAYROLL FACTOR Payroll Apportionment Everywhere Within Cost of goods sold Cost of operations Compensation of officers Salesmen's salaries Salesmen's commissions 922,318 922,318, General and administrative wages and salaries Repairs _____ Others Miscellaneous other 922,318. 922,318. Total payroil Sales Apportionment Within Everywhere 15,692,370 Sales of tangible personal property - Returns and allowances 15,227,972Sales from outside the state to within the state Sales from within the state to within the state 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

15,227,972.

15,692,370

Total sales

^{* -} Not Applicable

MISSOURI	Payroll and Sales Apportionment Detail Worksheet	2017
SELECT PROPANE,	INC.	26-1907492
Payroli Apportionment	Within	Everywhere
Cost of goods sold		Lvorywnojo
Compensation of officers		***
Salesmen's salaries		<u> </u>
General and administrative way	pes and salaries 0	000 010
Renaire	ges and salaries0	922,318.
Others		
Miscallaneous other	±	
	*	
Total paymil	О	022 210
	·	922,318.
Sales Apportionment		
	Within	Everywhere
Sales of tangible personal prop	erty	15,692,370.
- Returns and allowances		<u> </u>
Sales from outside the state to	within the state 464,398	2/
Sales from within the state to w	ithin the state 0	
Sales from within the state to U	.S. government 0	
Sales from within the state to n	ontaxable jurisdictions 0	
Interest		
Dividends		† · · · · · · · · · · · · · · · · · · ·
Rents		-
Royalties		
Gain from sales of real and tang	pible personal property	
Gain from sales of intangibles		
Service income		
Other receipts		
Miscellaneous other	*	
		

464,398.

^{* -} Not Applicable

Apportionment Summary Worksheet 2017 PAYROLL FACTOR SELECT PROPANE, INC. 26-1907492 WITHIN **EVERYWHERE** UNWEIGHTED WEIGHTED Alabama Alaska Arizona Arkansas California Colorado Connecticut Delaware District of Columbia Florida Georgia Hawail Idaho _____ Il(inois _____ Indiana lowa 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

710791 04-01-17

PAYROLL FACTOR		Apportionment Summary Worksheet (Continued)	2017
SELECT PROPANE,	INC.	Ma-	26-1907492

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

^{*} Not included in everywhere totals

Apportionment Summary Worksheet 2017 SALES FACTOR SELECT PROPANE, INC. 26-1907492 WITHIN EVERYWHERE UNWEIGHTED WEIGHTED Alabama Alaska Arizona Arkansas California Colerado Connecticut Delaware District of Columbia Florida Georgia Hawaii ldaho Illinois 15,227,972. 15,692,370 .970406 .970406 Indiana lowa Kansas Kentucky Louisiana Maine _____ Maryland Massachusetts Michigan Minnesota Mississippi 15,692,370 Missouri 464,398. .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

710791 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 S	Summary Worksheet		2017
BELECT PROPANE,	INC.				26-1907492
SUMMARY OF FACT		PROPERTY	PAYROLL	SALES	APPORTIONMEN
Nabama					
\laska			····	·	
		<u>,</u>			· ·
rizona	E				
irkansas			-		
California	.,				
Colorado				···	
Connecticut					,
)efaware	i i				
histrict of Columbia					- · · · · · · · · · · · · · · · · · · ·
lorida	i				

deorgia					
lawaii				······································	· · · · · · · · · · · · · · · · · · ·
daho					
linois	.,			.970400	.97040
ndiana					
owa					
Kansas					
ouisiana					
Aaine					
Maryland					
Massachusetts		-			
Michigan	1				
Minnesota					
Aississippi	1				
Al 1	·		.000000	.029590	.01480
Montana					<u> </u>
Vebraska					
Vevada					
lew Hampshire					
Vew Jersey					
lew Mexico			ļ		
lew York	Γ				
Vorth Carolina		······································			
Vorth Dakota					
Ohio					
)klahoma	· · · · · · · · · · · · · · · · · · ·				
Oregon				······································	
ennsylvania					
thode Island					
South Carolina					
South Dakota					
Cennessee					
			-		
exas					
Itah					
ermont					
/irginia					
Vashington				<u>-</u> .	
West Virginia					
Visconsin			·		
Vyoming				\(\)	
breign					T
		· · · · · · · · · · · · · · · · · · ·			
Other					
	ļ				
	1	:	.000000	.99999	.98520

SUMMARY		Apportionment Summary Worksheet (Continued)	2017
SELECT PROPANE,	INC.		26-1907492

SUMMARY OF FACTORS	PROPERTY	PAYROLL	SALES	APPORTIONMENT
* Battle Creek				
* Detroit				
* Flint				
* Grand Rapids	1			
* Highland Park				
* Lansing				
* Pontiac			<u> </u>	
* Port Huron				:
* Saginaw				
* New York City				
* New York - MCTD				
* Muskegon				
* Muskegon Heights				

^{*} Not included in everywhere totals

SUMMARY Allocation Summary Worksh	eet	2017
SELECT PROPANE, INC.	<u> </u>	26-1907492
	WITHIN	EVERYWHERE
Alabama		
Aiaska Arizona		<u> </u>
Arkansas		
California		
Colorado		
Connecticut		
Delaware		
District of Columbia		
Florida		
Georgia		
Hawaii idaho	······	
idano Illinois		. 0
Indiana	<u>u</u>	· · · · · · · · · · · · · · · · · · ·
lows	·····	
Kansas		
Kentucky		
Louisiana		
Maine	,	-
Maryland		
Massachusetts		
Michigan Managara		
Minnesota		
Missouri		<u> </u>
Montana		
Nebraska		
Nevada		
New Hampshire		
New Jersey		
New Mexico		
New York North Carolina		
North Carolina North Dakota		
Ohio		
Oklahoma		
Oregon		
Pennsylvania		
Rhode Island	-11-	
South Carolina		
South Dakota Tennessaa		
Tennessee		
Utah		
Vermont		
Virginia		
Washington		
West Virginia		
Wisconsin		
Wyoming Coming		
Foreign		
Other		
Total		•
7 1087 1 04-01-17		<u></u>

Form 1120S

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/Form11208 for instructions and the latest information.

2017

OMB No. 1545-0123

Department of the Treasury Internal Revenue Service

EXTENSION GRANTED TO 09/15/18

For	For calendar year 2017 or tax year beginning , and ending						
		on effective date Name		D Empl	oyer identification number		
		s activity SELECT PROPANE, INC.					
	lusiness ode nu				6-1907492		
	see inst	fructions) Bumber, street, and room or suite no. If a P.O. box, see instru	uctions.	E Date incorporated			
		316 BETTY DRIVE			1/30/2008		
	heck if Itached	out of towns state of province, country, and zir of integrity	ostal code	F Total	assets (see instructions)		
		WATERIOU. 15 62298		\$	5,305,979.		
G	is the c	corporation electing to be an S corporation beginning with this tax year?	s X No If Yes, attach Form	2553 if n	iot already filed		
		if: (1) Final return (2) Name change (3) Address change	(4) Amended return (5)	S elect	tion termination or revocation		
1	Enter ti	he number of shareholders who were shareholders during any part of the tax year			<u></u> ≥ 2		
_		on: include only trade or business income and expenses on lines 1a throu	ugh 21. See the Instructions for r	nore in fo	rmation.		
	1 a		C Bal. Subtract line 1b from line 1a	<u>1c</u>	15,692,370.		
ãe	2	Cost of goods sold (attach Form 1125-A)	·····		13,819,211.		
ncome	3	Gross profit. Subtract line 2 from line 1c		. 3	1,873,159.		
<u></u>	4	Net gain (foss) from Form 4797, line 17 (attach Form 4797)		. 4			
	5	Other income (lose) (attach statement)			71,822.		
	6	Total income (loss). Add fines 3 through 5		▶ 6	1,944,981.		
ŵ	7	Compensation of officers (see instrs attack Form 1125-E)	·	. 7	149,675.		
ğ	8	Salaries and wages (less employment credits)		. 8	772,643.		
ŧ	9	Repairs and maintenance		_ 9	14,704.		
ᆵ	10	Bad debts		10	5,366.		
Ş	11	Rents		11			
Š	12	Taxes and licenses			74,374.		
Deductions (See instructions for limitations)	13	Interest			301,292.		
훒	14	Depreciation not claimed on Form 1125-A or elsewhere on return (attach Form	4562)	. 14	408,851.		
<u>2</u> .	15	Depletion (Do not deduct oil and gas depletion.)					
ě	16	Advertising			11,866.		
9	17	Pension, profit-sharing, etc., plans		. 17			
₫.	18	Employee benefit programs		. 18			
달	19	Other deductions (attach statement)			625,506.		
eg i	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.		
	22 a	The province of the state of th					
	þ	Tax from Schedule D (Form 1120S)			·		
	C			. 22c			
Payments	28 a						
Ë	b						
Ę,	•	Credit for federal tax paid on fuels (attach Form 4136)					
힐	d d		F				
Taxen	24	Estimated tax penalty (see instructions). Check if Form 2220 is attached	>	24			
Ē	25	Amount owed. If line 23d is smaller than the total of lines 22c and 24, enter amo		. 25			
	28	Overpayment. If line 23d is larger than the total of lines 22c and 24, enter amount		26			
	27 Unr	Enter amount from line 26 Credited to 2018 estimated tax der penatites of perjury, I declare that I have examined this return, including accompanying scheduling the street of the stre	Refunded	► 27			
Sig		ief, it is true, correct, and complete. Declaration of preparat (other than taxpayer) is based on all in	cles and statements, and to the best of my k formation of which preparer has any knowled	ider Dowleade si			
Hei	1.		A DOMATO DAMONY		May the IRS discuss this return with the preparer shown		
		Signature of officer Date	RONALD RAMSEY	······································	below (see instr.)7		
			Title		X Yes No		
	Print/Ty	ype preparer's name Preparer's signature	Date		PTIN		
Paid Pre-	KRTT	TH G. BRINKMANN CPA	0 2 / 1 C / 1 0 self		1 500267077		
parer Use		SCHEFFEL BOYLE		oloyed	P00367977		
Only	Firmto -	2 7 TTTT ALONE W 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	ı's EIN	<u>37-1206530</u>			
1					10\ 001.76AE		
JWA	For	r Paperwork Reduction Act Notice, see separate instructions.		(0	18) 281-7605 Form 1120S (2017)		
71170	11				FUIII: 1 1200 (2017)		

orr	n 1120S (2017) SELECT PROPAN	E, INC.	·		26-19	907492	<u>Par</u>	je 2
	COLUMN TO THE CO	nstructions)						Na
1	Check accounting method: (a) Cash (b)	X Acerual (c)	Other (specify)			200		
2	See the instructions and enter the:					H.		
	(a) Business activity		Product or service 🕨 _					
3	At any time during the tax year, was any shareholder in					Sign Sign		2200
	nomines or similar person? If "Yes," attach Schedule B-	-1, Information on Certain	Shareholders of an S Co	orporation			GERBS NA	X
	At the end of the tax year, did the corporation:							
ä	Own directly 20% or more, or own, directly or indirectly					Ş		
	foreign or domestic corporation? For rules of construc	(ii) Employer	· ·	untry of	(iv) Percentage	(v) II Perce	upade in th	15
	(i) Name of Corporation	identification Number (if any)	incorp	oration	af Stock Owned	(v) If Perce 100%. Enter t Qualified S Subsidiary Ele	Subchapter Subchapter ection Was	S Made
		(1. 4.3)				1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		1-1
			·			}		
	·							
				-		 		
						1		128029
þ	Own directly an interest of 20% or more, or own, direct							
	capital in any foreign or domestic partnership (includin					. #	Algeber 19	
	trust? For rules of constructive ownership, see instruct	tions, If "Yes," complete (i (ii) Employer) through (v) below		nunăric Má	<u>1</u>	(v) Maximi	X um
	(i) Name of Entity	Identification Number (if any)	(iti) Type of Entity		ountry of nization	Pen Prof	(v) Maximu centage Ow lit, Loss, or	med in Capital
		(si aliy)						
						i		
				<u> </u>				
				1				
				<u> </u>		L.,		
58	At the end of the tax year, did the corporation have any	y outstanding shares of re	stricted stock?					X
	if "yes" complete lines (i) and (ii) below							
	• • • • • • • • • • • • • • • • • • • •				<u> </u>			
	(ii) Total shares of non-restricted stock At the end of the tax year, did the corporation have any		no vineranto ar cimilar in	etrumante2	<u>-</u> ne	F	2572290746	X
1	Act the end of the tax year, did the corporation have any if "yes" complete lines (i) and (ii) below	y ogustanding stock option	is, warrants, or similar in	saudisienses			1000	
	(i) Total shares of stock outstanding at the end of the	tay vear		•				
	(ii) Total shares of stock outstanding it the end of the							
6	Has this corporation filed, or is it required to file, Form	8918, Material Advisor D	Disclosure Statement, to p	provide info. on any re	portable transac	ction?		X
	Check this box if the corporation issued publicly offere							
	If checked, the corporation may have to file Form 828:	1, Information Return for	Publicly Offered Original	issue Discount Instru				
8	If the corporation: (a) was a C corporation before it el with a basis determined by reference to the basis of the	ected to be an S corporat	ion or the corporation ac	quired an asset		į		
	with a basis determined by reference to the basis of the composition and (h) has not unrealized built-in pain in a	e asset (or the basis of at excess of the net recount	ry otner property) in the i zed built-in galn from pris	nanos ei a c or years, enter				
	corporation and (b) has net unrealized built-in gain in the net unrealized built-in gain reduced by net recogni	zed built-in gain from pric	or years					
	Enter the accumulated earnings and profits of the corp		tax year	🕨 \$				
	Does the corporation satisfy both of the following con-		- ድርድስ ስለስ				Since IV.	
	a The corporation's total receipts (see instructions) for t						arrencieta	X
	h The corporation's total assets at the end of the tax yea		v	,,,,				那師
44	If "Yes," the corporation is not required to complete So During the tax year, did the corporation have any non-		e cancellód, was forabien	or had the			C5:34:592	<u>#1980/88</u>
13	terms medified so as to reduce the principal amount of							X
	If "Yes," enter the amount of principal reduction	л are gents		\$			227.50	
10	During the tax year, was a qualified subchapter S subs	sidiary election terminater	or revoked? If "Yes." see	instructions				X
	a Did the corporation make any payments in 2017 that v							X
	b if "Yes," did the corporation file or will it file all required							
						Form 11	20S (2017)

Form 1120S (2017) SELECT PROPANE, INC. 26-1907492 Page 3 Schedule K Shareholders' Pro Rata Share Items Total amount 1 Ordinary business income (loss) (page 1, line 21) -419,296. 1 2 Net rental real estate income (loss) (aftach Form 8825) 3a Other gross rental income (loss) b Expenses from other rental activities (attach statement) 3b c Other net rental income (loss). Subtract line 3b from line 3a 3e 4 Interest income 5 Dividends; a Ordinary dividends 5a b Qualified dividends 5b 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 9 Net section 1231 gain (loss) (attach Form 4797) 9 10 (see instructions) Type 10 11 Section 179 deduction (attach Form 4562) 11 **Jeductions** 2,076. 12a Charitable contributions STATEMENT 4 12a b Investment interest expense 12b (2) Amount > 126(2) d Other deductions (see instructions) Type 12d 13 a 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 Other restal real estate credits (see instructions) Type 136 e (see sustructions) Type 13s 1 Biofuel producer credit (attach Form 6478) 13f Other credits

I (see instructions) Type 14a Name of country or U.S. possession 🕨 b Gross income from all sources 14b c Gross income sourced at shareholder level 140 Foreign gross income sourced at corporate level d Passive category 14d =oreign Transactions e General category 14e f Other (attach statement) Deductions allocated and apportioned at shareholder level Tour R g interest expense 14g h Other 14h Deductions allocated and apportioned at corporate level to foreign source income † Passive category 14: j General category 14 k Other (attach statement) 14k Other Information I Total foreign taxes (check one): ▶ ☐ Paid Accrued m Reduction in taxes available for credit (attach statement) 14m n Other foreign tax information (attach statement) 16 a Post-1986 depreciation adjustment 8,208. 15a b Adjusted gain or loss STATEMENT 5 -2,786. 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 f Other AMT items (attach statement) 15f 16a Tax-exempt interest income 16a b Other tax-exempt income 16b c Nondeductible expenses 16c d Distributions (attach statement if required) 164 e Repayment of loans from shareholders 16e

	n 1120S (2017) SELECT PRO	2	5-1907 4 92 Page 4		
S	chedule K Shareholders' Pro Rata Shar		Total amount		
	5 17a Investment income		,,,	17a	
賣	b Investment expenses	17b			
Other	c Dividend distributions paid from accum	170			
	d Other items and amounts (art simt.)				
Recon-	6				
8	18 Income/loss reconciliation, Combine	the amounts on lines 1 through	h 10 in the far right column.		
æ	From the result, subtract the sum of th	e amounts on lines 11 through	12d and 14l	18	-421,372.
S	chedule 🕍 Balance Sheets per Books	Beginning			ftax 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	
	Less allowance for bad debts		1,326,738.		2,153,556.
3	Inventories		144,183.		155,853.
4	U.S. government obligations				200,0001
5	Tax-exempt securities				
6	Other current assets (att. strnt.)	STATEMENT 6	105,713.		51,869.
7	Loans to shareholders		1,623.		1,623.
8	Mortgage and real estate loans		1,023.8		1,025.
9	Other investments (att. stmt.)				
-	Buildings and other depreciable assets	4,273,517.		4 E 42 760	
		1,994,996.	2,278,521.	4,542,769	2,293,507.
	Less accumulated depreciation	1,934,930.	4,4/0,341.	2,249,262	CONTRACTOR OF PROPERTY OF THE
	Depletable assets				
	Less accumulated depletion		F4 000 2		F1 000
	Land (net of any amortization)		51,000.		51,000.
	Intangible assets (amortizable only)	100,000.		538,639	
	Less accumulated amortization	45,000.	55,000.	82,597	456,042.
14	Other assets (att. strnt.)		4 000 000		
15	Total assets		4,092,883.		5,305,979.
4.5	Liabilities and Shareholders' Equity				
16	Accounts payable		617,005.		860,078.
17	Mortgages, notes, bonds payable in less than 1 year		774 010		F 700 700
18	Other current liabilities (att. stmt.)	SWADOMENU W	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. strnt.)				
22	Capital stock		1,000.		1,000.
23	Additional paid-in capital				
24	Retained earnings	STEATH OWN TANKE 88	-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.
JWA					Form 11205 (2017)

Form 1120S (2017) SELECT PROPAN	E, INC.		26	5-190 74 92 Page 5
Schedule M-1 Reconciliation of Inc	ome (Loss) per	Books With Income	(Loss) per Return	
Note: The corporation may be r	·	··		
1 Net income (loss) per books	<u>-317,796.</u>	5 Income recorded on boo		
2 Income included on Schedula K, lines 1, 2, 3c, 4, 5a,		included on Schedule K,	lines 1 through	
6, 7, 8a, 9, and 10, not recorded on books this year		10 (Itemize);		
(itemizs):		a Tax-exempt interest \$	· <u>· · · · · · · · · · · · · · · · · · </u>	
3 Expenses recorded on books this year not		8 Deductions included on S	Schedule K. lines 1	
included on Schedule K, lines 1 through 12		through 12 and 141, not a	charged against	
and 14 (Itemize):		book income this year (it	ernize):	
a Depreciation \$		a Depreciation \$	154,585	.†
b Travel and entertalnment \$				154,585.
STMT 9 51,009.	51, <u>0</u> 09.	7 Add lines 5 and 6	***************************************	154,585.
4 Add lines 1 through 3	-266,787.	8 Income (loss) (Schedule K. lin	e 18). Ling 4 less line 7	-421.372.
Schedule M-2 Analysis of Accumula Shareholders' Undist	ited Adjustmer	its Account, Other A	djustments Accou	nt, and
		(a) Accumulated adjustments account	(b) Other adjustments account	(o) Shareholdera' 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			A CONTROL INCIDENTAL PROPERTY AND A CONTROL OF THE ACCOUNT OF THE	
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.		THE REAL PROPERTY OF THE PROPE
7 Distributions other than dividend distributions				
8 Balance at end of tax year. Subtract line 7 from line 6		<u>-3,022,392.</u>		
JWA		•		Form 1120S (2017)

Form 1125-A

Cost of Goods Sold

(Rev. October 2016)

► Attach to Form 1120, 1120-C, 1120-F, 1120S, 1065, or 1055-B.

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

OMB No. 1545-0123

Department of the Treasury Internal Revenue Service

Employer Identification number SELECT PROPANE, INC. 26-1907492 Inventory at beginning of year 1 144,183. 13,830,881. 2 Purchases 2 Cost of labor 3 Additional section 263A costs (attach schedule) 4 Other costs (attach schedule) 5 Total. Add lines 1 through 5 13,975,064. 6 Inventory at end of year 7 155,853. 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 13.819.211. 9a Check all methods used for valuing closing inventory; (i) __ Cost (11) Lower of cost or market Other (Specify method used and attach explanation) (fiii) 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 X No f Was there any change in determining quantities, cost, or valuations between opening and closing inventory?

For Paperwork Reduction Act Notice, see separate instructions.

if "Yes," attach explanation.

Form 1125-A (Rev. 10-2016)

Form 1125-E

Compensation of Officers

(Rev. October 2016)

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

OMB No. 1545-0123

Department of the Treasury Internal Revenue Service Name

SELECT PROPANE, INC.

e Treasury
Service

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

Employer Identification number 26–1907492

Form 1125-E (Rev. 10-2016)

Note: Complete Form 1125-E only if total receipts are \$500,000 or more, See instructions for definition of total receipts. (C) Percent of time devoted to business Percent of stock owned (b) Social security (f) Amount of compensation (a) Name of officer (d) Common (e) Preferred number 1RONALD L. RAMSEY 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 149,675.

For Paperwork Reduction Act Notice, see separate instructions.

4562

Department of the Treasury Internal Revenue Service

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

Altechment Sequence No. 179

identifying gumber

Name(s) shown on return Business or activity to which this form relates SELECT PROPANE, INC. OTHER DEPRECIATION 26-1<u>907492</u> Rart 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) 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 manied hing sepan 510,000. 5 (a) Description of property (b) Cost (business use only) 7 Listed property. Enter the amount from line 29 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 880,404 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 ٥ 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 ... 13 Carryover of disallowed deduction to 2018, Add lines 9 and 10, less line 12 880,404 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Partill 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 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 (c) Basis for depreciation (business/investment use only - see instructions) (b) Month and (a) Classification of property (d) Recovery period year placed in service (e) Convention (f) Method (g) Depreciation deduction 19a 3-year property 5-year property 76.850. 5 YRS. HY 200DB 15,372. 7-year property 10-year property d 215,326 10 YRS HY 200DB 21.599 15-year property 20-year property 25-year property 25 yrs. S/L 27.5 yrs. MM 8/1 h Residential rental property ΜМ 27.5 yrs. S/L 39 yrs. MM S/L į Nonresidential real property мм S/L Section C - Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System 20a Class life 12-year 12 yrs. S/L 40-year 40 yrs. MM S/L Part (V 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. 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.

Form 4562			ECT PRO										1907		
Part V	Listed Proper recreation, or a	ty (include au musement)	itemobiles, ce	artain oth	her vehi	cles, cer	rtain airc	raft, cei	rtain com	puters, a	and proj	perty use	ed for en	tertainm	ent,
	Note: For any	vehicle for wi	nich you are u	ising the	standa	rd milea	ge rate d	or deđu	cting leas	e expen	se, con	plete or	ily 24a, 2	24b, colu	imns
	(a) through (c)	of Section A,	all of Section	B, and	Section	C if app	plicable.								
		- Depreciatio						instruct	ions for li	mits for	passen	ger auto	mobiles.)	} 	
24a Do you	have evidence to	7		ent use ch	aimed?	<u> </u>	es L	No	24b If "Y	es," is ti	ne evide	nce writ	ten?	_l Yes L	No
т	(a) of property	(b) Date	(c) Business/	.]	(d)		(e) usis for depr	neleties	_ (f)		(g)		(h)		(i)
lype (list ve	of property :hicles first)	placed in	investment	:	Cost or ther basis	i in	usinese/inv		Recovery period		thod/ /ention		eciation uction		cted on 179
,		Service	use percenta	Aal			use on	<u> 1</u>		<u> </u>		ueu	000011		ost
	depreciation all											-			
used m	ore than 50% in	a qualified b	usiness use		<u> </u>					********	. 25				
26 Propert	y used more tha	ո 50% in a q	ualified busin	ess use:	;										
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		3 f		%											
			4	%		-						1			-
27 Propert	y used 50% or l	ess in a quali	ied business	use:							,	<u></u>		l	~
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				%	·	<u> </u>				S/L		†			
				6						S/L		1			
ne bhA ge	nounts in column				o and or	line 21	page 1					 	····		ationakel Atau
20 Add	ourns in Column	(1), tilles 20 (illei ilei	e and or	1 III 18 2 1	, page i	**********			. 28	J,			gredican.
29 Add am	ounts in column	(I), line 26. E						-				<u></u>	. 29	<u></u>	
							on Use								
	nis section for ve														5
to your emp	oloyees, first ans	werthe ques	tions in Secti	on C to s	see if yo	u meet :	an excep	otion to	compieti	ng this s	ection f	or those	vehicles	š.,	
				(4	a) .	((b)	İ	(c)	(4	d)	(e}	(t	9
30 Total but	siness/investment	miles driven da	rring the	Vet	icle	Ve	hicie	V£	chicle	Veh	ic le	Vet	nic le	Veh	icle
year (do.	n't include commu	ting miles)							•						
	mmuting miles o														
	her personal (no							<u> </u>				 			
		Ų.													
	iles driven during					 		1		 		†		 -	
	es 30 through 32			ļ											
	e vehicle availab			Yes	No	Yes		T	T 31-			 			
	off-duty hours?	•		169	INO	162	No	Yes	No	Yes	No	Yes	No	Yes	No
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	e vehicle used p								1						
	6 owner or relate				<u> </u>		ļ	ļ				<u> </u>			
	rer vehicle availa	ble for persor	nai		}										
use?					<u>L</u>	<u> </u>	<u>L</u>		<u> </u>			1			
			Questions f												
Answer the	se questions to o	letermine if y	ou meet an e	xception	i to com	pleting :	Section :	B for ve	hicles us	ed by en	nployee	s who a	ren't mo	re than 8	5%
	elated persons.														
37 Do you	maintain a writte	n policy state	ment that pr	ohibits a	ili persor	nal use o	of vehicle	es, inclu	uding con	smuting,	by you	ť		Yes	No
employe															
38 Do you	maintain a writte	n policy state	ement that pr	ohibits p	ersonal	use of v	vehicles,	except	commuti	ing, by y	our		.,,		1
	es? See the ins														
39 Do you 1	treat all use of vi	ebicles by am	nlovees as o	ersonal i	1557	,						*********			
40 Do vous	provide more tha	n five vehicle	es to vour em	nlovase	nhtain i	informat	tion from		malovooo	- shout					
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A4 Dougle	of the vehicles,	and retails use		leceived	lf -4-44-		AT	• • • • • • • • • • • • • • • • • • • •		**********	•••••	•••••			┼─-
*I DO YOU I	meet the require	ments conce	raing qualine	automo	obile dei	monstra	nion use	······				*******		SCORE PROPERTY.	i de la muse este
Note: II	your answer to	37, 38, 39, 4 <u>0</u>	<u>, or 41 is "Ye</u>	s," don't	comple	te Sect	ion B for	the co	vered veh	ricles.					
	Amortization		_ ;	(1.)											
	(a) Description of	coals	Date	(b) amprüzation		(c) Amortizat	ы	}	(d) Code		(e) Amoriiza	tion	Δπ	(f)	
			<u>-</u>	begins	<u> </u>	Amortizat amount	t		section		period or per	centage	for	vortization Inis year	
	ation of costs the	at begins dur				_				- ,					
<u>LOAN C</u>	osts		07	0117		438	,639				180	M		14,	621.
				:;]											
13 Amortiza	ation of costs the	at began befo	re your 2017	tax year	Γ .							43		6	667.
	dd amounts in c											44			288.
							**********	+		•••••		_ 		<u>. رناست ک</u>	<u> </u>

Form **4797**

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.

2017

Attachment Sequence No. 27

identifying number Name(s) shows on return 26-1907492 SELECT PROPANE, INC. 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 Part 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 (f) Cost or other (III) Gain or doss) (C) Date (e)Depreciation (b) Date (d) Gross Subtract (f) from the sum of (d) and (a) allowed or allowable (2) Description of acquired sales price since acquisition (mo., day, yr.) property (mp., day, vr.) 230000 GALLON DE TANK-BENTON PROJECT Ō. 8,788. 14,100 22,888 030115040617 3 3 Gain, if any, from Form 4684, line 39 4 Section 1231 gain from installment sales from Form 6252, line 26 or 37 4 5 5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 6 Gain, if any, from line 32, from other than casualty or theft ô 7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows: 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 8 Nonrecaptured net section 1231 losses from prior years. See instructions 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 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 12 Gain, if any, from line 7 or amount from line 8, if applicable 12 13 13 Gain, If any, from line 31 14 14 Net gain or (loss) from Form 4684, lines 31 and 38a 15 15 Ordinary gain from installment sales from Form 6252, line 25 or 36 16 Ordinary pain or (loss) from like-kind exchanges from Form 8824 17 Combine lines 10 through 16 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.". 18a See instructions b Redetermine the gain or (toss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040,

JWA For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2017)

SELECT PROPANE, INC. Form 4797 (2017) Page 2 Part III. Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (b) Date acquired (c) Date sold 19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property: (mo., day, yr.) (mo., day, yr.) A Ð C n These columns relate to the properties on Property A Property B lines 19A through 19D. Property C Property D Gross sales price (Note: See line 1 before completing.) 20 Cost or other basis plus expense of sale 91 21 Depreciation (or depletion) allowed or allowable 22 22 Adjusted basis. Subtract line 22 from line 21 23 24 Total gain. Subtract line 23 from line 20 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 265 c Subtract line 26a from line 24. If residential rental property or line 24 is not more than line 26a, skip lines 260 d Additional depreciation after 1969 and before 1976 26d e Enter the smaller of line 26c or 26d f Section 291 amount (corporations only) 261 g Add lines 26b, 26e, and 26f 260 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, expanditures 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: 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 Part V Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions.)

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

ALTERNATIVE MINIMUM TAX

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.

Name(s) shown	on return						Identifying numbe		iguerice No. = 2
SELECT PROPANE, INC. 26-1907								7/0	2
1 Enter the gross proceeds from sales or exchanges reported to you for 2017 on Form(s) 1099-B or 1099-S (or substitute								<u>/ 43.</u>	<u>a</u> ;
statement) that you are including on line 2, 10, or 20. See instructions									
Partie	Sales or Exc	hanges	of Prope	rty Used	in a Trade or Bus	iness and Involun	tery Conve	rsion	s From Other
	Than Casual	ty or Ti	neft - Mos	st Proper	ty Held More Tha	n 1 Year		. 4.	,
(b) Date (c) Date (d) Gross (e)Depreciation (f) Cost or other									(0) Gain or (loss)
(a) Description of acquired sold (d) Gross (5) Depreciation basis, plue sold sales price allowed or allowable improvements and property (mo., day, yr.) sales price acquisition expense of allowable serves and acquisition expense of acquired serves and acquire									Subtract (f) from the sum of (d) and (e)
	1								
230000									
			030115	040617	8,788.	11,314.	22,8	88.	-2,786.
			ļ 	ļ <u>.</u>	<u></u>				
9 Goin if one	For Form 4594 Fir	- 20		<u> </u>					
4 Continued	r, 160111 FURIN 4004, PI Ot solo from incluitm			ED 6 00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			3	
4 Occupii iz	o figani nom hisianin Od sojo ov (1-44) éved	eni saies i	rom Form 623	52, IIT8 25 OF 1	3/		• • • • • • • • • • • • • • • • • • • •	4	
6 Coin if any	os yanı vi (1055) ilgil Arom line 20 Arom e	ther then	excitanges ire	um FOIM 8624			***-,**************************	5	
7 Combina 8	nge 9 through & Ente	rettan asin	or (loop) have	end on the re	annonista line se falle			6	2 706
Partnarchi	nes 2 maggaro, Eme ne (eveant elactina l	arna narii	on (coo) no has laaidana	anu on ene aj G compreties	upropriate inte as tuntiws. To Deport the point or (lov	s) following the instruction	,,,	7	
for Form 1	065, Schedule K, line	10, or For	m 1120S, Sch	redule K, line	9. Skip lines 8, 9, 11, and	12 below.	15	323	
individuals	s, partners, S corpor	ation shar	eholders, and	d all others. I	f line 7 is zero or a loss, e	nter the amount			
from line 7	on line 11 below and	skip lines	8 and 9. If lin	a 7 is a gain a	nd you didn't have any pr	ior 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							В		
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									
					v and enter the gain from				
capital gair	on the Schedule D fi	led with yo	our return. Se	e instructions	***************************************		<u></u>	9	
Partill	Ordinary Gair	ns and	Losses						
nu Oramany (Jains and losses not i	ucingeg of	n lines 11 thro	ough 16 (inclu	ide property held 1 year o	r less):			
									-
			· · · · · · · · · · · · · · · · · · ·						
-, <u></u>									
11 Loss.ifa	nv. from line 7		l	L				11 (
12 Gain, if a	ny, from line 7 or am	ount from	line 6. if applie	cable				12	
13 Gain, if a	ny, from line 31				***************************************			13	• • • • • • • • • • • • • • • • • • • •
14 Net gain	or (loss) from Form 4	1684, lines	31 and 38a			***************************************		14	
15 Ordinary	gain from installmen	t sales fror	n Form 6252,	line 25 or 36				15	
15 Ordinary gain from installment sales from Form 6252, line 25 or 36 16 Ordinary gain or (loss) from like-kind exchanges from Form 8824							16		
17 Cambine 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;							X 135		
					ın (b)(ii), enter that part o				
the part o	of the loss from incom	ne-produci	ing property o	n Schedule A	(Form 1040), line 28, and	the part of the loss			
					e 23. Identify as from For				
See instr	uctions			•••••	·····	***************************************	**************	18a	
			-		on line 18a. Enter here an	,			
line 14	america Da	• • • • • • • • • • • • • • • • • • •		·		************************	4.4	18b	, mar sta star
ONA POLLS	erwork Reduction Ac	t Notice, S	see separate	instructions.					Form 4797 (2017)

Service Control of the	A 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		NATIVE MINI						Page 2
機通貨	Gain From Disposition of Property Under Section)AS 12	40, 1250, 1252, 1254, 8	NO 1205			(b) Date	acquired	(c) Date sold
19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:							(mo., d	. 1	(mo., day, yr.)
В									
G			-				<u> </u>		
D							-	***************************************	
	These columns relate to the properties on							•	
	fines 19A through 19D.	>	Property A	Property B		Property C		Pro	operty 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:	05-							
	Depreciation allowed or allowable from line 22	25a	<u> </u>	<u> </u>					
	Enter the smaller of line 24 or 25a	25b							
26	If section 1250 property: If straight line depreciation					j			
	was used, enter -0- on line 26g, except for a corporation					1			
	subject to section 291.								
	Additional depreciation after 1975	26a				ļ			
þ	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	26€		-					
d	Additional depreciation after 1969 and before 1976	26d	· · · · · · · · · · · · · · · · · · ·						
	Enter the smaller of line 26c or 26d	26e				-			
f	Section 291 amount (corporations only)	26f							
	Add lines 26b, 26e, and 26f	25g							
	If section 1252 property: Skip this section if you didn't	203	,			1	-		
	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							
	Line 27a multiplied by applicable percentage	27b				-			
	Enter the smaller of line 24 or 27b	270			•				
	If section 1254 property:						·····		
	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							
	If section 1255 property;								
	Applicable percentage of payments excluded from								
	income under section 126	29a							
b	Enter the smaller of line 24 or 29a	29ъ							
Sun	mary of Part III Gains. Complete property colur	nns A	through D through line 2	9b before going to	line 3	û .			
30	Total gains for all properties. Add property columns A time	ough (), line 24				30		
31	Add property columns A through D, lines 25b, 26g, 27c, 2	8b, ar	nd 29b. Enter here and on	line 13			31		
32	Subtract line 31 from line 30. Enter the portion from casua								
Carrier to the							32		
Pa	Recapture Amounts Under Section	ons	179 and 280F(b)(2) When Bu	sine	ss Use Drop	s to 5	0% or	Less
	(see instructions.)								
						(a) Section			Section
						179		28	OF(b)(2)
33	Section 179 expense deduction or depreciation allowable i	in prio	r years		33				
34					34				
35	Recapture amount. Subtract line 34 from line 33. See the i	nstru	ctions for where to report		35				

Report of Employer-Owned Life Insurance Contracts

➤ Attach to the policyholder's tax return. See instructions.

Attachment

Internal Revenue Service (69) Go to www.irs.gov/Form8925 for the latest information.		Sequence No. 160	
Name (a) about an action	ifying	number	
SELECT PROPANE, INC.	:	26-1907492	
Name of policyholder, if different from above	tilying number, if different from above		
Type of business PROPANE SALES			
Enter the number of employees the policyholder had at the end of the tax year	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		1	
Eriter the total amount of employer-owned life insurance in force at the end of the tax year for employees	2		
who were insured under the contract(s) specified on line 2	3	1,000,000.	
" on or other right a valid consent to each employee included			
b If "No," enter the number of employees included on line 2 for under the pulls the little described by the second of the second			
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

	OTHER INCOME	STATEMENT 1
DESCRIPTION	•	AMOUNT
DISCOUNTS EARNED FINANCE CHARGES		10,082. 61,740.
TOTAL TO FORM 1120S, PAGE	3 1, LINE 5	71,822.
FORM 1120s	TAXES AND LICENSES	STATEMENT 2
DESCRIPTION		AMOUNT
OTHER PAYROLL		2,974. 71,400.
TOTAL TO FORM 1120S, PAGE	1, LINE 12	74,374.
FORM 1120S	OTHER DEDUCTIONS	STATEMENT 3
DESCRIPTION		AMOUNT
401-K EXPENSE AMORTIZATION EXPENSE BANK CHARGES CASH DISCOUNTS CELL PHONE DUES EQUIPMENT RENTAL FUEL INSURANCE LEGAL AND PROFESSIONAL LICENSE		26,874. 21,288. 21,465. 22,375. 6,745. 12,496. 21,560. 157,355. 162,432. 3,474. 17,676. 4,424.

SCHEDULE K CHAR	RITABLE C	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

5

STATEMENT

DESCRIPTION	TOTAL AMOUNT	25%/28% RATE AMOUNT
ADJUSTED GAIN OR LOSS ALLOCABLE TO:		
ORDINARY GAIN OR LOSS SECTION 1231 GAIN OR LOSS SHORT-TERM CAPITAL GAIN OR LOSS LONG-TERM CAPITAL GAIN OR LOSS UNRECAPTURED SECTION 1250 GAIN - 25% RATE AMOUN	-2,786 IT	ī.
SCHEDULE L OTHER CURRENT ASSETS		STATEMENT 6
DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
COMPUTER SOFTWARE IN PROGRESS PREPAID EXPENSES TANK IN PROGRESS TRUCK IN PROGRESS	105,713.	51,869.
TOTAL TO SCHEDULE L, LINE 6	105,713.	51,869.
SCHEDULE L OTHER CURRENT LIABILITY	es	STATEMENT 7
DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
BUDGET BILLING LIABILITIES DUE TO STOCKHOLDER METERED GAS DEPOSIT MFT LIABILITIES NOTES PAYABLE - FIRST BUSINESS NOTES PAYABLE - NEWTEK PAYROLL LIABILITIES SALES TAX UNEARNED REVENUE	38,850. 5,925. 1,100. 42,732. 678. 76,349. 609,284.	40,088. 5,925. 1,200. 50,923. 280,870. 4,812,747. 731. 58,736. 451,562.
TOTAL TO SCHEDULE L, LINE 18	774,918.	5,702,782.

ADJUSTED GAIN OR LOSS

SCHEDULE L ANALYSIS OF TOTAL RETAINED EARNINGS PER BOOKS	STATEMENT
DESCRIPTION	AMOUNT
BALANCE AT BEGINNING OF YEAR NET INCOME PER BOOKS DISTRIBUTIONS OTHER INCREASES (DECREASES)	-2,914,666 -317,796
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
DESCRIPTION	AMOUNT
NON DEDUCTIBLE INSURANCE EXCESS BOOK OVER TAX AMORTIZATION	34,701 16,308
TOTAL TO SCHEDULE M-1, LINE 3	51,009
SCHEDULE M-2 ACCUMULATED ADJUSTMENTS ACCOUNT- OTHER REDUCTIONS	STATEMENT 1
DESCRIPTION	AMOUNT
CHARITABLE CONTRIBUTIONS	2,076
TOTAL TO SCHEDULE M-2, LINE 5 - COLUMN (A)	2,076

Schedule K-1	[] Final K-1	Amended K-1	1	OMB No. 1545-0123
(Form 1120S) 2017	10	art III.			errent Year Income,
Department of the Treasury Internal Revenue Service For calendar year 2017, or tax		T	Deductions, Credits		·—····
For calendar year 2017, or tax year beginning	1		iness income (loss) - 209, 648.	13	Credits
ending	2		al estate inc (loss)		
Shareholder's Share of Income, Deductions, Credits, etc. See separate instructions.	3	Other net ren	ital income (loss)		
Part Information About the Corporation	4	Interest inco	mė		
A Corporation's employer identification number 26-1907492	5a	Ordinary divi	dends		
B Corporation's name, address, city, state, and ZIP code	5b	Qualified divi	dends	14	Foreign transactions
SELECT PROPANE, INC. 316 BETTY DRIVE	6	Royalties			
WATERLOO, IL 62298	7	Net short-ter	m capital gain (loss)		
C IRS Center where corporation filed return KANSAS CITY, MO	ßa	Net long-tern	n capital gain (loss)		
Part I Information About the Shareholder	8b	Collectibles (28%) gain (loss)		
D Shareholder's identifying number	Bc	Unrecaptured	d sec 1250 gain		-
E Shareholder's name, address, city, state and ZIP code	9	Net section 1	231 gain (loss) 0 .	_	
RON RAMSEY 316 BETTY DRIVE	10	Other income	e (loss)	15 A	Alternative min tax (AMY) items 4,104.
WATERLOO, IL 62298		-		В	-1,393.
F Shareholder's percentage of stock			<u>.</u>		
ownership for tax year 50.00000%	_			-	
		<u> </u>	······································	<u> </u>	
	11	Section 179	leduction	16	Items affecting shareholder basis
	12 A	Other deducti	ions 1,038.		
			1,000.		
only control of the c					
For IRS Use Only				_	
10 T				17	Other information
	-				
	-				
	<u> </u>	*Sei	e attached statement	for ad	ditional information.

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.		

Schedule K-1 (Form 1120S) 2017		Final K-1 Amended K		
Department of the Treasury				Current Year Income,
Infernal Revenue Service For calendar year 2017, or tax	1	Deductions, Credit Ordinary business income (loss)		
year beginning	•	-209,648.	13	Credits
ending	2	Net rental real estate inc (loss)	1	
Shareholder's Share of Income, Deductions, Credits, etc. See separate Instructions.	3	Other net rental income (loss)		
Pan Information About the Corporation	4	Interest income		-
A Corporation's employer identification number 26–1907492	5a	Ordinary dividends		
B Corporation's name, address, city, state, and ZIP code	5b	Qualified dividends	14	Foreign transactions
SELECT PROPANE, INC. 316 BETTY DRIVE	6	Royalties		
WATERLOO, IL 62298	7	Net short-term capital gain (loss)		
C IRS Center where corporation filed return KANSAS CITY, MO	8a	Net long-term capital gain (loss)		
Part II Information About the Shareholder	96	Collectibles (28%) gain (loss)		
D_Shareholder's identifying number	8c	Unrecaptured sec 1250 gain		
E Shareholder's name, address, city, state and ZIP code	9	Net section 1231 gain (loss)		
MARSHA RAMSEY	10	Other Income (loss)	15	Alternative min tax (AMT) items
316 BETTY DRIVE			A	4,104.
WATERLOO, IL 62298				
F Shareholder's percentage of stock	ॏ—		B	-1,393.
ownership for tax year				
			 	
	11	Section 179 deduction	16	Items affecting shareholder basis
•	12	Other deductions		
	A	1,038.		
For IRS Use Only				
AS C.S.				
<u>ጀ</u>			17	Other Information
			i	
				<u>, </u>
11271 pue -	<u> </u>	*See attached statement	for add	ditional information.

SCHEDULE K-1	ADJUSTED GA	IN OR LOSS, BO	OX 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 thi	is return is not for calendar year 2017, enter your fiscal tax year here.			Enter the amoun	nt you are paying.
Tax	year beginning, ending				, va a, v paying.
	month day year month day year	v F **	at une-	\$	
	tax years ending on or after December 31, 2017. For prior years, use the form	i for th	at year,		····
Ste	ep 1: Identify your small business corporation	к	C Enter your federal en	mployer identificati	ion no. (FEIN).
	Enter your complete legal business name.	_	<u>26-1907492</u>	<u> </u>	
	If you have a name change, check this box.	JL	. Check this box	x if you are a mem	ber of a unitary
	Name: SELECT PROPANE, INC.		business group, and	d enter the FEIN of	the member who
	Enter your mailing address.		prepared the Schedu Unitary Business Gro		dule UB to this return.
	Check this box if either of the following apply:	_			
	• this is your first return, or] M	Enter your North Am	erican Industry Cl	assification
	 you have an address change. 		System (NAICS) Cod	_	
	C/O:		493100		
		N	Enter your Illinois cos	rporate file (charte	r) number issued
	Mailing address; 316 BETTY DRIVE		by the Secretary of S		-
	City: WATERLOO State:IL ZIP:62298		,		
	If this is the first or final return, check the applicable box(es).	_ 0	Enter the city, state,	and ZIP code whe	ere your accounting
	First return		records are kept. (Us		-
	Final return (Enter the date of termination.		e.g., IL, GA, etc.)	P	
Ð	If this is a final return because you sold this business, enter the date sold		WATERLOO	IL	62298
	(mm dd yyyy), and the new owner's FEIN.		City	State	
		P	If you are making the		
E	Apportionment Formulas. Check the appropriate box or boxes and see	•	nonbusiness income		
	the Apportionment Formula instructions.		and enter "0" on Line		
	Financial organizations Transportation companies	Q	If you have complete	ed the following ch	heck the box and
	Federally regulated exchanges X Sales companies	-	attach the federal fo	nm(s) to this return	L
F	Check this box if you attached Form IL-4562.] .	Federal Form 8	3886	Federal Sch. M-3,
	Check this box if you attached illinois Schedule M (for businesses).	_ P	I if you are making a d		Part II, Line 10 tedness
	Check this box if you attached Schedule 80/20.	<u> </u>	adjustment on Sched	•	
	Check this box if you attached Schedule 1299-A.	Ï	Line 48, check this b	oox and attach fed	leral Form 982.
J	Check this box if you attached the Subgroup Schedule.	s	Check this box if your busin Public Law 86-272.	ness activity is protected	d under
	2: Figure your ordinary income or loss				ole doilars only)
	Ordinary income or loss, or equivalent from federal Schedule K.				-419,296.00
	2 Net income or loss from all rental real estate activities.				.00.
3	Net income or loss from other rental activities.				.00
₹ 4	Portfolio income or loss.				.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 inco	ome or loss on		
5	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
₽	tep 3: Figure your unmodified base income or loss				
, o	rep o. Trighte your minimanted base income of loss				
8	3 Charitable contributions.			8	2,076.00
9	Expense deduction under IRC Section 179.				.00
	Interest on investment indebtedness.			10	
- 11	All other items of expense that were not deducted in the computation of or	dinary	income or loss on		
	Page 1 of U.S. Form 1120-S. See instructions.	-			
į	Identify:			11 _	.00.
-	2 Add Lines 8 through 11.			11 12	2,076.00
-	Subtract Line 12 from Line 7. This amount is your total				
	unmodified base income or loss.			13	-421,372.00
	ાં				
		4111111111111	* 13686 SEDEL DEDEN CRUADA 3115 (6100), D.H. ERVI		

Step 4: Figure your income or loss

14	Enter the amount from Line 13. Unitary filers, enter the amount fro	m Schedule UB, Step 2, Col E, Line	30, 14	-421,372.00
15	State, municipal, and other interest income excluded from Line 14.			.00.
16	Illinois replacement tax and surcharge deducted in arriving at Line 1	14.		.00.
17	Illinois Special Depreciation addition. Attach Form IL-4562.			.00.
18	Related-party expenses addition, Attach Schedule 80/20.			20,
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 replace	ement 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		4, H.H.,H	
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.		00	
28	High Impact Business Interest subtraction. Attach Schedule 1299-A.	28	00	
29	Contribution subtraction. Attach Schedule 1299-A.		00	
30	Illinois Special Depreciation subtraction. Attach Form IL-4562.		<u>00</u>	
31	Related-party expenses subtraction. Attach Schedule 80/20.	31	ΩΩ	
32	Distributive share of subtractions. Attach Schedule(s) K-1-P or K-1-T.	32	<u>00</u>	
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
SID	Note: If you are a unitary file; do not check this bo Br: If any portion of the amount on Line 35 is derived outside	rust leave Step 6, Lines 36 throug x: Check the box on Line B and o e Illinois, on you are a Unitary filer	h 46 alank) omolete Step , check this o	6 X
Step	6: Figure your income allocable to Illinois (Complete of		.,	
36	Nonbusiness income or loss. Attach Schedule NB.		36	00.0
37	Business income or loss included in Line 35 from non-unitary partner	erships, partnerships included on a	<u></u>	
	Schedule UB, S corporations, trusts, or estates. See instructions.		37	00.00

38 Add Lines 36 and 37.

39 Business income or loss. Subtract Line 38 from Line 35.

40 Total sales everywhere. This amount cannot be negative.
41 Total sales inside illinois. This amount cannot be negative.

42 Apportionment factor. Divide Line 41 by Line 40 (carry to six decimal places). 42
 43 Business income or loss apportionable to Illinois. Multiply Line 39 by Line 42.

44 Nonbusiness income or loss allocable to Illinois. Attach Schedule NB.

46 Base income or loss allocable to Illinois. Add Lines 43 through 45.

on a Schedule UB, S corporations, trusts, or estates. See instructions.

45 Business income or loss apportionable to illinois from non-unitary partnerships, partnerships included

00. 0

-421,372.00

-408,902.00

-408,902.oo

38

45

15,692,370 15,227,972

.970406



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	0 .00 -408,902 .00
50	Illinois net loss deduction. Attach Schedule NLD, if Line 49 is zero or a negative amount, enter "0."		
51	Net Income. Subtract Line 50 from Line 49.	51	0 .00 -408,902 .00
Step	8: Figure your net replacement tax, surcharge, and pass-through withholding	ı pavn	nents you owe
52			.00
53	Recapture of investment credits. Attach Schedule 4255.		.00
54	Replacement tax before investment credits. Add Lines 52 and 53.		.00
55	Investment credits. Attach Form IL-477.		.00
56	Net replacement tax. Subtract Line 55 from Line 54. If the amount is negative, enter "0."		.00.
57	Compassionate Use of Medical Cannabis Pilot Program Act surcharge. See instructions.		.00
	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	00. 0
59	Total net replacement tax, surcharge, and pass-through withholding payments you owe.	-	
•••	Add Lines 56, 57, and 58.	59	.00
			i,
_	9: Figure your refund or balance due		
60	Payments, See instructions.		
		.00	
		.00	
	c Pass-through withholding payments reported to you on Schedule(s)		
		.00	
		.00	
		.00	
		. <u>OD</u>	
	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.		.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	1	
	Routing Number Checking or Savings	1	
^~	Account Number		0
90	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 yes		
	check or money order and make it payable to "Illinois Department of Revenue." Attach your voucher and paymen		
	Special Note Enter the amount of your payment on the top of Page 1 in the space	provid	ed.
Step	10: Sign below - Under penalties of perjury, I state that I have examined this return and, to the best of my kn	owledge	, it is true, correct, and complete.
Sign			X Check if the Department may
Here [RONALD RAMSEY 618-719-48	47	discuss this return with the paid
	Signature of authorized officer Date (mm/dd/yyyy) Title Phone		preparer shown in this step.
Paid	KEITH G. BRINKMANN CPA 03/16/1	8	Check if P00367977
Prepar			self-employed Paid Preparer's PTIN
Use O			37-1206530
	Firm's address ▶ 7 HILL CASTLE LANE COLUMBIA, IL Firm's phone	· •	(618) 281-7605_
1	If a payment is not enclosed, mail this return to: If a payment is enclosed, mail	il this re	etum to:
	Illinois Department of Revenue Illinois Department of F	levenus	.

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.

P.O. Box 19053

Springfield, IL 62794-9053

P.O. Box 19032

Springfield, IL 62794-9032

Illinois Department of Revenue

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

12 Month

IL Attachment no. Enter your federal employer identification number (FEIN). Year ending 26-1907492 2017 Schedule B Partners' or Shareholders' Information Enter your name as shown on your Form IL-1065 or Form IL-1120-ST LNC SELECT PROPANE,

first
nformation
Read this i
ğ

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

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

- 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.
- 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. L()

ų,

- 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 œ
- 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,
- 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. 0
- Add Line 4 through Line B. 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 norresident 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. a

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

749311 01-22-18 Page 4 of 5

Schedule B (R-12/17) ID: 2BX

Illinois Department of Revenue 2017 Schedule B

SELECT PROPANE, INC.
Enter your name as shown on your Form it. 1065 or Form It. 1120-ST.
Section B. Mombare' Information to

26-1907492

Enter your federal employer identification number (FEIN).

O O	s' information (See ir	tructions bef	'ore comple	sting.)	I	ı	1			
		Partner or Shereholder	SS C	Subject to Illinoie replacement dis	B Member's Excluded from distributeds amount pass-through	Excluded from pass-through	Share of Illinois Income subject	Pass-through withhedding	Distributable sherre of	Pass-through withholding
,	Name and Address	946		1800 1800 1800	income of lose	paymenta	withholding	credite	Gedits	payment
ž	Neme RON RAMSEY						(if Column F is blan	(if Column F is biank, complete Column & through Column J. Otherwise, enter zero in Column G through Column J.)	nplete Column G through Column J. C in Column G through Column J.)	rtherwise, enter zero
ठ हे है	0,0 Add: 1, 316 BETTY DRIVE									
: ठ	Oly WATERLOO IL 62298	I			-210,686,00	66 124	00.0	00.00	0.00	0.00
ž N	Neme MARSHA RAMSEY									
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749312 01-22-18	ID: 2BX Schedule B (R-12/17)	уоц ћаке то	re members	than space p	orovíded, attac	sh additional	If you have more members than space provided, attach additional copies of this page as necessary.	as necessary.		Page 5 of 5

Illinois Department of Revenue Schedule K-1-P

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

Year ending

12 17

To be completed by partnerships filling Form IL-1065 or S corporations filling Form IL-1120-ST Partners and Shareholders receiving Schedule K-1-P should attach this to their litinois tax return.

Month Year

IL Attachment No. 12

1 Direck your business type partnership	Step 1: Identify your partnership or S corporation		
Enter your name as shown on your Form IL-1085 or Form IL-1120-ST. Step 2: Identify your partner or shareholder 5 RON RAMSEY 7 Secret Georgian Promises a Form IL-1085 or For	1 Check your business type partnership X S corporation	3 26-1907492	
2 SELECT PROPANE, INC. Enter your name as shown on your form IL-1095 or Form IL-1120-ST. Step 2: Identify your partner or shareholder 6 RON RAMSEY Name 6 316 BETTY DRIVE Bottow DRIVE City Citate City City Citate City City City City City City City City	,		cation number (FEIN).
Enter your runne as shown on your Form IL-1026 or Form IL-1120-ST. Step 2: Identify your partner or shareholder 5 RON RAMSEY Name 5 316 BETTY DRIVE 6 316 BETTY DRIVE 8 50-000 000 New PO WATERLOO , TL 62298 City Step 3: Figure your partner's or shareholder's share of your nonbusiness income or IENS Step 3: Figure your partner's or shareholder's share of your nonbusiness income or loss A member's share allocable to litinots 10 interest 2 SELECT PROPANE, INC.			
5 RON RAMSEY Name 6 316 BRTTY DRIVE 8 50.000000 WATERLOO, II, 62298 9a Check the appropriate box See instructions. WATERLOO, II, 62298 9a Check the appropriate box See instructions. State 2IP	Enter your name as shown on your Form IL-1065 or Form IL-1120-ST.		
Saute Security proches or FEN	Step 2: Identify your partner or shareholder	 	
8 31.6 BETTY DRIVE	5 RON RAMSEY	7	
MATERLOO , II. 62298 State S		Social Security number or FEIN	
MATERLOO , IL 62298 State St	6 316 BETTY DRIVE	a 50.00000	
Step 3: Figure your partner's or shareholder's share of your nonbusiness income or loss 1	Mailing address		
Step 3: Figure your partner's or shareholder's share of your nonbusiness income or loss		9a Check the appropriate box. See inst	ructions.
Step 3: Figure your partner's or shareholder's share of your nonbusiness income or loss B	City State 2IP		, , , , , , , , , , , , , , , , , , ,
I am at greater trust disregarded entity and the amounts on this Schedule will be reported by: Name: SSN or FEIN:	•		•
Among Strome St		an to be combleted by the tectblett t	on Line 5 only,
Name: SN or FEIN:			- •
Site 3: Figure your partner's or shareholder's share of your nonbusiness income or loss B Member's share (See instructions.) Member's share (See instructions.) Member's share (See instructions.) Member's share allocable to illinois		No man	• •
Step 3: Figure your partner's or shareholder's share of your nonbusiness income or loss Mamber's share (See instructions,) Mamber's share allocable to Illinois	,		
Member's share (See instructions.) Member's share allocable to lilinois	Step 3: Figure your partner's or shareholder's share of your		
10 Interest	otop v. Figure your parties a or strate livider a strate or your	nondusiness income or loss	_
10 Interest 18			
17 18 19 19 19 19 19 19 19	10 Interest		anocadie to initials
12 Hental income 13 Patent royalties 14 Copyright royalties 14 Copyright royalties 15 Other royalty income 15 16 Capital gain or loss from real property 16 17 Capital gain or loss from itangible personal property 18 Capital gain or loss from intangible personal property 19 Other income and expense Specity Step 4: Figure your partner's or shareholder's share of your business income or loss A	11 Dividends	11	
13 Patient royalties 13 14 15 16 16 16 16 16 16 16	12 Rental income		
14 Copyright royalities 14 15 Other royalty income 15 16 Capital gain or loss from real property 17 18 Capital gain or loss from intangible personal property 18 19 Other income and expense 19 Specify 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 or loss A Member's share from U.S. Schedule K-1, less nonbusiness income or loss from reads or business activity 20 -209,648 -203,444 21 Net income or loss from trade or business activities 21 -203,444 22 Net income or loss from other rental activities 21 -203,444 24 Oividends 24 -203,444 25 Royalties 25 26 Net short-term capital gain or loss 10s. Total for year. 27 28 Urrecaptured Section 1250 gain 28 -29 Guaranteed payments to partner (U.S. Form 1065 only) 29 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	13 Patent royalties		
15 Uner royally income 16 Capital gain or loss from real property 17	·- ·		
16 Capital gain or loss from real property 17 17 Capital gain or loss from intangible personal property 18 18 Capital gain or loss from intangible personal property 18 19 Other income and expense 19 Specity Specity The mule of the share from U.S. Schedule K-1, less nonbusiness income or loss A Member's share from U.S. Schedule K-1, less nonbusiness income 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 astate activities 21 -209,648 -203,444 21 Net income or loss from other rental activities 22 -209,648 -203,444 22 Net income or loss from other rental activities 21 -209,648 -203,444 25 Not income or loss from other rental activities 22 -209,648 -203,444 26 Not short-term capital gain or loss 24 -209,648 -203,444 26 Net short-term capital gain or loss 24 -209,648 -203,444 27 Net long-term capital gain or loss. Total for year. 27 -209,648 -203,444 28 Unrecaptured Section 1250 gain 28 -209,648 -209,648 -203,444			······································
17 Capital gain or loss from tangible personal property 18 Capital gain or loss from intangible personal property 19 Other income and expense Specity 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 40 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 ————————————————————————————————————			
19 Other income and expense Specify 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 apportioned to Illinois share apportioned to Illinois shar			
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 apportioned to Illinois less nonbusiness income or loss from trade or business activity 20 Ordinary income or loss from trade or business activity 20 -209,648 -203,444 21 Net income or loss from tental real estate activities 21 22 Net income or loss from other rental activities 22 Net income or loss from other rental activities 23 Interest 24 Dividends 25 Royalties 26		/18	
Step 4: Figure your partner's or shareholder's share of your business income or loss A B Member's share from U.S. Schedule K-1, less nonbusiness income apportioned to Illinois apportioned to Illino		19	
A Member's share from U.S. Schedule K-1, less nonbusiness income 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 ————————————————————————————————————			···
Member's share from U.S. Schedule K-1, less nonbusiness income 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 ———————————————————————————————————	otep 4. Figure your partners of shareholder's share of your p	ousiness income or loss	
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20 Ordinary income or loss from trade or business activity 21 Net income or loss from rental real estate activities 21 Very income or loss from other rental activities 22 Very income or loss from other rental activities 23 Interest 24 Dividends 25 Royalities 26 Very income complete rental activities 27 Net long-term capital gain or loss. Total for year. 28 Unrecaptured Section 1250 gain 29 Guaranteed payments to partner (U.S. Form 1065 only) 30 Net Section 1231 gain or loss (other than casualty or theft). Total for year. 30 Very income or loss from trade or business activities 21 Very income or loss from trade or business activities 22 Very income or loss from rental real estate activities 23 Very income or loss from rental real estate activities 24 Very income or loss from rental real estate activities 25 Very income or loss from rental real estate activities 26 Very income or loss from rental real estate activities 27 Very income or loss from rental real estate activities 28 Very income or loss from rental real estate activities 29 Very income or loss from rental real estate activities 20 Very income or loss from rental real estate activities 21 Very income or loss from rental real estate activities 22 Very income or loss from rental real estate activities 22 Very income or loss from rental real estate activities 22 Very income or loss from rental real estate activities 22 Very income or loss from rental real estate activities 22 Very income or loss from rental real estate activities 22 Very income or loss from rental real estate activities 22 Very income or loss from rental estate activities 22 Very income or loss from rental real estate activities 23 Very income or loss from rental real estate activities 24 Very income or loss from rental estate activities 25 Very income or loss from rental activities 26 Very income or loss from rental activities 27 Very income or loss from rental activities 28 Very income or loss from rental activities 29 Very income or loss from rental activities 20 Very income or loss fr		from U.S. Schedule K-1,	
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22 Section 1231 gain or loss from other rental activities 22 Section 1231 gain or loss (other than casualty or theft). Total for year. 22 Section 1231 gain or loss (other than casualty or theft). Total for year. 25 Section 1231 gain or loss (other than casualty or theft). Total for year. 26 Section 1231 gain or loss (other than casualty or theft). Total for year. 27 Section 1231 gain or loss (other than casualty or theft). Total for year. 28 Section 1231 gain or loss (other than casualty or theft). Total for year. 29 Section 1231 gain or loss (other than casualty or theft). Total for year. 20 Section 1231 gain or loss (other than casualty or theft).	21 Net income or loss from rental real estate activities		
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24 Dividends 25 Royalties 25 Shoyalties 25 Shoyalties 26 Short-term capital gain or loss 26 Short-term capital gain or loss 26 Short-term capital gain or loss. Total for year. 27 Short long-term capital gain or loss. Total for year. 28 Unrecaptured Section 1250 gain 28 Short-term capital gain or loss (other than casualty or theft). Total for year. 30 Short Section 1231 gain or loss (other than casualty or theft). Total for year. 30 Short Section 1231 gain or loss (other than casualty or theft).	23 Interest	23	
25 26 27 Net Iong-term capital gain or loss 26 27 Net Iong-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 29 20 20 20 20 20 20	24 Dividends	24	
26 27 Net long-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	-	25	
27 Vet long-terin capital gain or loss. Total for year. 28 Unrecaptured Section 1250 gain 29 Guaranteed payments to partner (U.S. Form 1065 only) 29 June Section 1231 gain or loss (other than casualty or theft). Total for year. 30 Vet Section 1231 gain or loss (other than casualty or theft).		26	
28 Unfectaptured 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		27	
29 Sudaranteed 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		28	
		29	
OF DESCRIPTIONS AND EXPENSE STATEMENT STATEMENT OF ALCOHOLOGY AND ADDRESS AND ADDRESS AND ADDRESS ADDRESS AND ADDRESS	* * * · · · · · · · · · · · · · · · · ·	30	
Specify 7,000		31	-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 I	llinois additions and subtractions	A. ala
K-1-P Reciplent: Before using the information provided in Step 5, you must		
Schedule K-1-P(2) to correctly report the amounts listed in Columns A and B Additions		B Member's share apportioned or allocated to lithnois
32 Federally tax-exempt interest income	32	allocated to lithnais
33 Illinois replacement tax and surcharge deducted	22	
34 Illinois Special Depreciation addition	.34	
35 Related-Party Expenses addition	AF	
36 Distributive share of additions		
37 Other additions (from Illinois Schedule M for businesses)	36 37	***************************************
Subtractions		
38 a Interest from U.S. Treasury obligations (business income)	38a	
b Interest from U.S. Treasury obligations (nonbusiness income)		
39 River Edge Redevelopment Zone Dividend Subtraction		· · · · · · · · · · · · · · · · · · ·
49 High Impact Business Dividend subtraction	10	
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	42	
Trade Zone (Form IL-1120-ST financial organizations only)	43	
44 Illinois Special Depreciation subtraction	· · · · · · · · · · · · · · · · · · ·	
45 Related-Party Expenses subtraction	4E	
46 Distributive share of subtractions	40	
47 Other subtractions (from Illinois Schedule M for businesses)	47	
Step 6: Figure your partner's or shareholder's (except a c share of your Illinois August 1, 1969, appreciation	corporate partner or shareholder) amounts Member's share from Illinois Schedule F (Form IL-1085 or IL-1120-ST)	B Member's share apportioned or allocated to Illinois
48 Section 1245 and 1250 gain	,	phonerac to unities
49 Section 1231 gain	48	
50 Section 1231 gain less casualty and theft gain, See instructions.	49	
51 Capital gain	50 51	
Step 7: Figure your partner's or shareholder's share of your pass-through withholding payments and federal in	ur Winois arodita	
Member's or nonresident member's share from Illinois tax return	53 Recapture	Member's or nonresident member's share from Illinois tax retum
a Film Production Services Tax Credit 52a	a Enterprise Zone or River	minos ax [emi]
b Enterprise Zone Investment Credit 52b	Edge Redevelopment Zone	
• Tax Credit for Affordable	learn start of the Physics and	
Housing Donations 52c	h Penjaseroost Tay Investment	

52	Hinois credits	Member's or nonresident member's share from Hinois tax return	53	Recapture		Member's or nonresident member's share from Illinois tax return
a	Film Production Services Tax Credit	52a	а			IIIIIOO EEX GUIIII
Þ	Enterprise Zone Investment Credit	52b		Edge Redevelopment Zone		
¢	Tax Credit for Affordable			Investment Credit recapture	53a	
	Housing Donations	52c	ь	Replacement Tax Investment	vaa	
đ	EOGE Tax Credit	52d	_	Credit recapture	535	
е	Research and Development Credit	52e	3	Angel Investment Credit recapture	53c	
f	Ex-Felons Jobs Credit	52f		Pass-through withholding payment	006	
g	Student-Assistance			(See instructions before completing.)	54	
	Contribution Credit	52g	55	Federal income attributable to	34	
ħ	Angel Investment Credit	52h		transactions subject to the		
į	New Markets Credit	52i		Compassionate Use of Medical		
j	River Edge Historic			Cannabis Pilot Program Act surcharge.		
	Preservation Credit	52j		See instructions.	55	
k	Live Theater Production Credit	52k			JJ _	
1	Hospital Credit	521				
m	Other Gredits	52m				
n	Replacement Tax Investment					
	Credits, See instructions.	52n				

749192 01-22-18

Schedule K-1-P page 2 of 2 (R-12/17) ID; 2BX

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 penelty.



IL SCHEDULE K-1-P	OTHER BUSINESS INCOME AND EXPENSE	
DESCRIPTION		AMOUNT
CHARITABLE CONTRIBUTI	ONS	-1,038
TOTAL TO LINE 31(A)	•	-1,038
IL SCHEDULE K-1-P	ILLINOIS OTHER INCOME AND EXPENSE	
DESCRIPTION		THUOMA
CHARITABLE CONTRIBUTI	ons	-1,008

IL SCH K-1-P MEMBER'S SHARE OF DISTRIBUTABLE BASE INCOME OR LOSS	3	
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

Year ending

12_

17 Year

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.

IL Attachment No. 12

Step 1: Identify your partnership or S corporation		
1 Check your business type partnership X S corporation	3 26-1907492	•
	Enter your federal employer identifi	cation number (FEIN).
2 SELECT PROPANE, INC.	4 Enter the apportionment factor from	• •
Enter your name as shown on your Form IL-1065 or Form IL-1120-ST.	IL-1120-ST, Line 42. Otherwise, en	ter "1." .970406
Step 2: Identify your partner or shareholder		-
5 MARSHA RAMSEY	7	
Name	Social Security number or FEIN	
6 316 BETTY DRIVE	8 50.000000	
Maliing address	Share (%)	
WATERLOO, IL 62298	9a Check the appropriate box. See inst	ructions.
City State ZIP		corporation trust S corporation estate
	9h To be completed by the recipient of	•
•	l am a: grantor trust	disrenarded entity
	and the amounts on this Schedule	
	Marnar	
	SSN of FEIN:	
Step 3: Figure your partner's or shareholder's share of your	porbueineer income er lees	
and an aller bergue, a an exercise and allere of long	A A COMPANIESS INCOME OF 1022	h
	Member's share (See instructions.)	Member's share alfocable to Illinois
10 Interest	10	<u> </u>
11 Dividends	†1	
12 Rental income	12	
13 Patent royalties	13	
14 Copyright royalties	14	
15 Other royalty income	15	
18 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 19 Other income and expense	18	
Specify	·19	
Step 4: Figure your partner's or shareholder's share of your		·
and in 1944 your parties a or andrendries a sugge of Andre	odsiness income or ioss	
	A .	В
	Member's share from U.S. Schedule K-1,	Member's share
	less nonbusiness Income	apportioned to Illinois
20 Ordinary income or loss from trade or business activity	20	-203,443
21 Net income or loss from rental real estate activities	21	200,330
22 Net income or loss from other rental activities	22	
23 Interest	28	
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.	3031	
31 Other Income and expense STATEMENT STATEMENT Specify	31	<u>-1,007</u>
Oberth		



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
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K	-1-P Recipient: Before using the i	nformation provided in Step 5, you mu	ast read		
S	chedule K-1-P(2) to correctly report	t the amounts listed in Columns A and			B
	Additions		Member's share from Form IL-1965 or IL-1120-5	г	Member's share apportioned or allocated to Illiquis
3	2 Federally tax-exempt interest income)	32		
3	3 Illinois replacement tax and surchard	ge deducted	33		
3	4 Illinois Special Depreciation addition		34		
3	5 Related-Party Expenses addition		35		
3	6 Distributive share of additions		36	_	
3	7 Other additions (from Illinois Schedu	ile M for businesses)	37		
	Subtractions				
31	B a Interest from U.S. Treasury obliga	tions (business income)	38a		
	b Interest from U.S. Treasury obligation		38b		
31	9 River Edge Redevelopment Zone Div				
	High Impact Business Dividend subt		40		***
	Contribution subtraction (Form IL-11				
	Interest subtraction - River Edge Red		41		
	(Form IL-1120-ST financial organiza		42		
43	Interest subtraction - High Impact Bu		42		
	Trade Zone (Form IL-1120-ST finance		49		
44	Illinois Special Depreciation subtract		43		
	Related-Party Expenses subtraction	OII.	44	· ·	
	Distributive share of subtractions		46		
	Other subtractions (from Illinois Sch	adula 18 for Euripagnes	. 46		
_	ep 6: Figure your partne	edule W for Duslikesses)	47	.	
49 50	Section 1245 and 1250 gain Section 1231 gain Section 1231 gain less casually and t Capital gain	heft gain. See instructions,	48 49 50 51	_	
Эt	ep 7: Figure your partne	r's or shareholder's share of	your Illinois credits, recapture Il income subject to surcharge	∍,	
	pass though with	noiding payments and reders	ii ilicome subject to surchargi	•	
52	Hilapia credits	Member's or nonresident member's share from Illinois tax return	53 Recapture		Member's or nonresident member's share from Illinois tax return
	Film Production Services Tax Credit	52a	а Enterprise Zone or River		
þ	Enterprise Zone Investment Credit	52b	Edge Redevelopment Zone		
C	Tax Credit for Affordable		Investment Credit recapture	53a	
	Housing Donations	52c	b Replacement Tax Investment		• • • • • • • • • • • • • • • • • • • •
ď	EDGE Tax Credit	52d	Credit recapture	53b	
e	Research and Development Credit	520	c Angel Investment Credit recapture		
Í	Ex-Felons Jobs Credit	521	54 Pass-through withholding paymer		
g	Student-Assistance		(See instructions before completing		
	Contribution Credit	52g	55 Federal income attributable to	9-7 4-7	
h	Angel investment Credit	52h	transactions subject to the		
ì	New Markets Credit	521	Compassionate Use of Medical		
j	River Edge Historic		Cannabis Pilot Program Act surch	aroe.	
	Preservation Credit	52j	See instructions.	ange. 55	
k	Live Theater Production Credit	52k	AND THE RESIDENCE	au au	
	Hospital Credit	521			
	Other Credits	52m			
	Replacement Tax Investment				
	Credits, See instructions.	52n			

749132 01-22-18

Schedule K-1-P page 2 of 2 (R-12/17) ID: 2BX

This form is authorized as outlined by the illinois information is REQUIRED. Failure to provide this information could result in a panelty.



IL SCHEDULE K-1-P	OTHER BUSINESS INCOME AND EXPENSE	
DESCRIPTION		AMOUNT
CHARITABLE CONTRIBU	TIONS	-1,038
TOTAL TO LINE 31(A)		-1,038
IL SCHEDULE K-1-P	ILLINOIS OTHER INCOME AND EXPENSE	
DESCRIPTION		AMOUNT
CHARITABLE CONTRIBU	TIONS	-1,007
TOTAL TO LINE 31(B)	•	-1,007
		

<u> </u>	L SCH K-1-P MEMBER'S SHARE OF DISTRIBUTABLE BASE INCOME OR LOS	S	
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	Missouri Department of Revenue	Department Use Only (MM/DD/YY)	
M	O-1120S	2017 S-Corporation Income Tax Return	Missouri Tax	
			LD. Number	
		Missouri S-Corporation Income Beginning	Ending	7
	•	Tax Return for 2017 (MM/DD/YY) 0 1	0 1 1 7 (MM/DDYY) 1 2 3 1 1 7	
	•			
Fede	eral Employer	Charter Charter		
	Vumber .	2 6 1 9 0 7 4 9 2 Number		
	oration			
Name	SELI	ECT PROPANE, INC.		
Addı	ess 316 E	BETTY DRIVE	,	
	ſ <u>-</u>			
City	WATERLO)O	Stat	e IL
ZiP	62	2298-		
			17 10.0 130 10	
	Select this bo	ox if you have an approved federal extension. Attach a cop	ny of the approved Federal Extension (Form 7004)	
			of the approved redefal extension (Long 7004).	
Selec	st Applicable B	oxes. Failure to select the address change box may result	t in mailings going to the last address on file.	
	Amended Re	turn Name Change Address Change	Final Return and Close Account Bank	
1	,		Bani	kruptcy
		_	`	
	1. Does the	S corporation have any Missouri modifications?	Yes	X No
5	11 100,00	implete Lines 1-14 on pages 1 and 2, and the shareholder	Information on page 3.	
	2. Does the			No
			Yes	No No
S.Carpgration	if Yes, co	S corporation have any nonresident shareholders? mplete Lines 1-14 on pages 1 and 2, the shareholder infor	Yes mation on page 3, and Form MO-NRS.	_
	If Yes, co	S corporation have any nonresident shareholders?	Yes mation on page 3, and Form MO-NRS.	_
	If Yes, co	S corporation have any nonresident shareholders? mplete Lines 1-14 on pages 1 and 2, the shareholder infor	Yes mation on page 3, and Form MO-NRS.	_
	if Yes, co 3. Does the If Yes, co Additions	S corporation have any nonresident shareholders? mplete Lines 1-14 on pages 1 and 2, the shareholder infor S corporation have income derived from sources other the mplete and attach Form MO-MSS.	mation on page 3, and <u>Form MO-NRS.</u> an Missouri? X Yes	_
	if Yes, co 3. Does the If Yes, co Additions 1a. State and	S corporation have any nonresident shareholders? Implete Lines 1-14 on pages 1 and 2, the shareholder informs corporation have income derived from sources other the implete and attach Form MO-MSS. Ideal income taxes deducted on Federal Form 1120S	mation on page 3, and Form MO-NRS. an Missouri? 1a	_
	if Yes, co 3. Does the If Yes, co Additions 1a. State and 1b. Less: Kan	S corporation have any nonresident shareholders? Implete Lines 1-14 on pages 1 and 2, the shareholder informs corporation have income derived from sources other the implete and attach Form MO-MSS. Ideal income taxes deducted on Federal Form 1120S	mation on page 3, and Form MO-NRS. an Missouri? 1a 00	No No
	if Yes, co 3. Does the If Yes, co Additions 1a. State and 1b. Less: Kan	S corporation have any nonresident shareholders? Implete Lines 1-14 on pages 1 and 2, the shareholder informs corporation have income derived from sources other the implete and attach Form MO-MSS. Ideal income taxes deducted on Federal Form 1120S	mation on page 3, and Form MO-NRS. an Missouri? 1a 00	_
	if Yes, co 3. Does the If Yes, co Additions 1a. State and 1b. Less: Kan on Line 1	S corporation have any nonresident shareholders? Implete Lines 1-14 on pages 1 and 2, the shareholder information have income derived from sources other the implete and attach Form MO-MSS. Illustration to the income taxes deducted on Federal Form 1120S Sas City & St. Louis earnings taxes. Enter Lines 1a less 11	mation on page 3, and Form MO-NRS. an Missouri? 1a 00 1b 100 1	No No
	if Yes, co 3. Does the If Yes, co Additions 1a. State and 1b. Less: Kan on Line 1 2a. State and 2b. Less: relar	S corporation have any nonresident shareholders? Implete Lines 1-14 on pages 1 and 2, the shareholder information have income derived from sources other the implete and attach Form MO-MSS. Illustration have deducted on Federal Form 1120S Isas City & St. Louis earnings taxes. Enter Lines 1a less 1t local bond interest (except Missouri) Idea expenses (omit if less than \$500)	mation on page 3, and Form MO-NRS. an Missouri? 1a 00 1b 1b 100 1	No No
	if Yes, co 3. Does the If Yes, co Additions 1a. State and 1b. Less: Kan on Line 1 2a. State and 2b. Less: relar	S corporation have any nonresident shareholders? Implete Lines 1-14 on pages 1 and 2, the shareholder information in ormation in the shareholder information information information information in the shareholder information informati	mation on page 3, and Form MO-NRS. In Missouri? It is	No No
	if Yes, co 3. Does the If Yes, col Additions 1a. State and 1b. Less; Kan on Line 1 2a. State and 2b. Less; relationst	S corporation have any nonresident shareholders? mplete Lines 1-14 on pages 1 and 2, the shareholder information have income derived from sources other the mplete and attach Form MO-MSS. local income taxes deducted on Federal Form 1120S sas City & St. Louis earnings taxes. Enter Lines 1a less 1t local bond interest (except Missouri) local expenses (omit if less than \$500) 2 a less Line 2b on Line 2	mation on page 3, and Form MO-NRS. In Missouri? Ita Ita Ita Ita Ita Ita Ita It	. 00
	if Yes, co 3. Does the If Yes, col Additions 1a. State and 1b. Less: Kan on Line 1 2a. State and 2b. Less: relatenter Line 3. Partr	S corporation have any nonresident shareholders? mplete Lines 1-14 on pages 1 and 2, the shareholder information have income derived from sources other the mplete and attach Form MO-MSS. local income taxes deducted on Federal Form 1120S sas City & St. Louis earnings taxes. Enter Lines 1a less 1t local bond interest (except Missouri) local bond interest (except Missouri) led expenses (omit if less than \$500) local less Line 2b on Line 2 mership Fiduciary Other adjustments (exceptions)	mation on page 3, and Form MO-NRS. In Missouri? Ita Ita Ita Ita Ita Ita Ita It	No
	if Yes, co 3. Does the If Yes, co Additions 1a. State and 1b. Less: Kan on Line 1 2a. State and 2b. Less: relatenter Line 3. Partr 4. Donations	S corporation have any nonresident shareholders? Implete Lines 1-14 on pages 1 and 2, the shareholder information have income derived from sources other the implete and attach Form MO-MSS. Ideal income taxes deducted on Federal Form 1120S as City & St. Louis earnings taxes. Enter Lines 1a less 1t local bond interest (except Missouri) and expenses (ornit if less than \$500) are a less Line 2b on Line 2. Interestip Fiduciary Other adjustments (inclaimed for the Food Pantry Tax Credit deducted from females).	mation on page 3, and Form MO-NRS. an Missouri? 1a	. 00
	if Yes, co 3. Does the If Yes, co Additions 1a. State and 1b. Less: Kan on Line 1 2a. State and 2b. Less: rela Enter Line 3. Partr 4. Donations Section 1	S corporation have any nonresident shareholders? Implete Lines 1-14 on pages 1 and 2, the shareholder information have income derived from sources other the implete and attach Form MO-MSS. Ideal income taxes deducted on Federal Form 1120S Ideal income taxes deducted on Federal Form 1120S Ideal bond interest (except Missouri)	mation on page 3, and Form MO-NRS. an Missouri? 1a	. 00
	if Yes, co 3. Does the If Yes, co Additions 1a. State and 1b. Less: Kan on Line 1 2a. State and 2b. Less: rela Enter Line 3. Partr 4. Donations Section 1 5. Total of Li	S corporation have any nonresident shareholders? Implete Lines 1-14 on pages 1 and 2, the shareholder information have income derived from sources other the implete and attach Form MO-MSS. Ideal income taxes deducted on Federal Form 1120S as City & St. Louis earnings taxes. Enter Lines 1a less 1t local bond interest (except Missouri) and expenses (ornit if less than \$500) are a less Line 2b on Line 2. Interestip Fiduciary Other adjustments (inclaimed for the Food Pantry Tax Credit deducted from females).	mation on page 3, and Form MO-NRS. an Missouri? 1a	. 00
	if Yes, co 3. Does the If Yes, col Additions 1a. State and 1b. Less: Kan on Line 1 2a. State and 2b. Less: rela Enter Line 3. Partr 4. Donations Section 1 5. Total of Li Subtractions	S corporation have any nonresident shareholders? Implete Lines 1-14 on pages 1 and 2, the shareholder information have income derived from sources other the implete and attach Form MO-MSS. Illustration have deducted on Federal Form 1120S Isas City & St. Louis earnings taxes. Enter Lines 1a less 1t Illustration have income taxes deducted on Federal Form 1120S Isas City & St. Louis earnings taxes. Enter Lines 1a less 1t Illustration have income taxes deducted income taxes deducted from \$500) Isas Enter Lines 1 (except Missouri) Isas Expenses (ornit if less than \$500) Isas Line 2b on Line 2 Interestip Fiduciary Other adjustments (incomed for the Food Pantry Tax Credit deducted from fe 35.647, RSMo Interest 1 through 4	mation on page 3, and Form MO-NRS. an Missouri? 1a	. 00 . 00
	if Yes, co 3. Does the If Yes, col Additions 1a. State and 1b. Less: Kan on Line 1 2a. State and 2b. Less: rela Enter Line 3. Partr 4. Donations Section 1 5. Total of Li Subtractions 6a. Interest for	S corporation have any nonresident shareholders? Implete Lines 1-14 on pages 1 and 2, the shareholder information have income derived from sources other the implete and attach Form MO-MSS. Illustration have deducted on Federal Form 1120S Isas City & St. Louis earnings taxes. Enter Lines 1a less 1t Illustration have income taxes deducted on Federal Form 1120S Isas City & St. Louis earnings taxes. Enter Lines 1a less 1t Illustration have income taxes deducted in Federal Form 1120S Isas City & St. Louis earnings taxes. Enter Lines 1a less 1t Illustration have income taxes deducted income taxes and income taxes deducted from federal for the Food Pantry Tax Credit deducted from federal obligations Income exempt federal obligations	mation on page 3, and Form MO-NRS. an Missouri? 1a	. 00 . 00
	if Yes, co 3. Does the If Yes, col Additions 1a. State and 1b. Less: Kan on Line 1 2a. State and 2b. Less: relat Enter Line 3. Partr 4. Donations Section 1 5. Total of Li Subtractions 6a. Interest fre 6b. Less: relat	S corporation have any nonresident shareholders? Implete Lines 1-14 on pages 1 and 2, the shareholder information have income derived from sources other the implete and attach Form MO-MSS. Illustration have income derived from sources other the implete and attach Form MO-MSS. Illustration have income derived from sources other the implete and attach Form MO-MSS. Illustration have income derived from 1120S income taxes deducted on Federal Form 1120S income sas City & St. Louis earnings taxes. Enter Lines 1a less 1t local bond interest (except Missouri) income seems (ornit if less than \$500) income seems (ornit if less than \$500) income of the Food Pantry Tax Credit deducted from the st. 1 through 4 income exempt federal obligations income exempt federal obligations income seems (ornit if < \$500) Enter Line 6a less Line 6b	mation on page 3, and Form MO-NRS. an Missouri? 1a	. 00 . 00 . 00
S-Gordon Adustments	if Yes, co 3. Does the If Yes, col Additions 1a. State and 1b. Less: Kan on Line 1 2a. State and 2b. Less: rela Enter Line 3. Partr 4. Donations Section 1 5. Total of Li Subtractions 6a. Interest for 6b. Less: relat on Line 6	S corporation have any nonresident shareholders? Implete Lines 1-14 on pages 1 and 2, the shareholder information have income derived from sources other the implete and attach Form MO-MSS. Illustration have income derived from sources other the implete and attach Form MO-MSS. Illustration have income derived from sources other the implete and attach Form MO-MSS. Illustration have income derived from 1120S and income taxes deducted on Federal Form 1120S associated by a season of the same states and the same states are same states are same states and the same states are same states and the same states are same states are same states and the same states are same states and the same states are same states and the same states are same states are same states and the same states are same same states are same states are same states are same same states are same states are same same states are same states are same states are same same same same same states are same same same same same same same sam	Treation on page 3, and Form MO-NRS. an Missouri? 1a	. 00 . 00
	if Yes, co 3. Does the If Yes, col Additions 1a. State and 1b. Less: Kan on Line 1 2a. State and 2b. Less: rela Enter Line 3. Partr 4. Donations Section 1 5. Total of Li Subtractions 6a. Interest for 6b. Less: relat on Line 6	S corporation have any nonresident shareholders? Implete Lines 1-14 on pages 1 and 2, the shareholder information have income derived from sources other the implete and attach Form MO-MSS. Illustration have income derived from sources other the implete and attach Form MO-MSS. Illustration have income derived from sources other the implete and attach Form MO-MSS. Illustration have income derived from 1120S income taxes deducted on Federal Form 1120S income sas City & St. Louis earnings taxes. Enter Lines 1a less 1t local bond interest (except Missouri) income seems (ornit if less than \$500) income seems (ornit if less than \$500) income of the Food Pantry Tax Credit deducted from the st. 1 through 4 income exempt federal obligations income exempt federal obligations income seems (ornit if < \$500) Enter Line 6a less Line 6b	Treation on page 3, and Form MO-NRS. an Missouri? 1a	. 00 . 00 . 00
	if Yes, co 3. Does the If Yes, col Additions 1a. State and 1b. Less: Kan on Line 1 2a. State and 2b. Less: relat Enter Line 3. Partr 4. Donations Section 1 5. Total of Li Subtractions 6a. Interest for 6b. Less: relat on Line 6 7. Amount of	S corporation have any nonresident shareholders? Implete Lines 1-14 on pages 1 and 2, the shareholder information have income derived from sources other the implete and attach Form MO-MSS. Illustrational local income taxes deducted on Federal Form 1120S as City & St. Louis earnings taxes. Enter Lines 1a less 11 and local bond interest (except Missouri) and expenses (ornit if less than \$500) are also Line 2 are ship Fiduciary Other adjustments (included for the Food Pantry Tax Credit deducted from the 35.647, RSMo The ship of the Food Pantry Tax Credit deducted from the 35.647, RSMo The ship of the Food Pantry Tax Credit deducted from the 35.647, RSMo The ship of the Food Pantry Tax Credit deducted from the 35.647, RSMo The ship of the Food Pantry Tax Credit deducted from the 35.647, RSMo The ship of the Food Pantry Tax Credit deducted from the 35.647, RSMo The ship of the s	Treation on page 3, and Form MO-NRS. an Missouri? 1a	. 00 . 00 . 00

il i	Subtractions (continued)		
	9. Partnership Fiduciary Build America a	nd Recovery Zone Bond Interest	
Corporation Adjustments	Missouri Public-Private Transportation Act	ther adjustments (list	9 - 00
91101	10. Missouri depreciation basis adjustment (Section 143.121.3(7),	RSMo)	
Como	11. Depreciation recovery on qualified property that is sold (Section	1 143, 121,3(9), RSMo)	
10	12. Total Subtractions - Add Lines 6 through 11		
	13. Missouri S corporation adjustment - Net Addition - excess Line 8	5 over Line 12	13 . 90
	14. Missouri S corporation adjustment - Net Subtraction - excess Li	ne 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 a complete, and correct. I authorize the Director of Revenue or delegate to discuss my return a member of his or her firm, or if internally prepared, any member of the Signature of Officer Telephone Number 618-719-4847 Preparer's Signature (including Internal Preparer)	and attachments with the preparer or any internal staff Printed Name Date Signed (MM/DD/YY) Preparer's FEIN,	Pepartment Use Only R N S E X Yes No
	Telephone (618) 281-7605	SSN, or PTIN Date Signed (MM/DD/YY) 0 3	1 6 1 8

Name SELECT PROPANE, INC.						Number	
	irter				1.0.1		
persons.	noer (<u> </u>	<u> </u>	<u> </u>	<u>. l </u>		
Shah	. Select if archolder is paresident	3. Sc	ocial Secu	nity Numbe	r	4. Shareholder's Share %	5. Shareholder's Adjustment Addition Subtraction
a) RON RAMSEY	X J					50,0000%	0 00
b) MARSHA RAMSEY	K d					50,0000%	0 00
c) [%	00
d) [<u></u> %	00
e)						%	00
t						<u></u> %	00
2 g)						%	00
(A)						%	00
)						%	00
						%	co
k)						<u></u> %	00
3)						%	00
8 m)						<u></u> %	00
5 n)						%	00
Decay of the same							00
p)						%	00
q)						%	00
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				%	00
s)						%	00
Total Column 4 - Enter percentages from Federal Schedule K-1	1(s). Roun	d percenta	ages to w	nole numbe	ırs.	100%	
Column 5 - Enter Missouri S corporation adjustment from in Column 4 by the total in Column 5, Indicate The amount after each shareholder's name in Form MO-1040, Individual income Tax Retun	n Form M(te at the to n Column (0-1120S, L p of Colur 5 must be	ine 13 or nn 5 whet reported a	14, as tota her the adj as a modific	of Coluustment	s are additions the sharebold	or subtractions.

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.

Form MO-1120S (Revised 12-2017)



Form MO-NRS Missouri Department of Revenue S Corporation Nonresident Form

Attachment Sequence No. 1120S-01

Department Use On (MM/DD/YY)	ıly					
Reporting Period (MM/DD/YY)	1.	2	3	1	1	7

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15 00

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00

00

1,038 00

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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 <u>Form MO-NRI</u> of each nonresident shareholder.

Corporation SELECT PROPANE, INC.				<u> </u>	
Missouri Tax I.D. Number			 	30 11019	
Charter Number		Federal Er		0 7	4 9 2
Nonresident Shareholder's Name RON RAMSEY		Social Secur Number	rity We was		
	(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	0 0 1 .4 8 0	~209,648 00	-3,103 00
Net rental real estate income (loss) Other net rental income (loss)	00	00		00	00
(Federal Schedule K, Line 3c)	00	00		00	00
4. Interest income	00	00		00	00
5a. Ordinary dividends	00	00		00	00
55. 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
8b. Collectibles (28%) gain (loss)	00	00			00
8c. Unrecaptured section 1250 gain	00	00			00
5a. Ordinary dividends 5b. Qualified dividends 6. Royalties 7. Net short-term capital gain (loss) 8a. Net long-term capital gain (loss) 8b. Collectibles (28%) gain (loss) 8c. Unrecaptured section 1250 gain 9. Net section 1231 gain (loss)	00	00		0 00	00
10. Other income (loss)	00	00		00	00

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00

00

2,076 00

00

00

00

11. Section 179 deduction

12a. Contributions

12b. Investment interest expense

12c. Section 59 (e)(2) expenditures _____

12d. Other deductions

			· · · · · · · · · · · · · · · · · · ·		
	(a)	(b)	(c)	(d)	(e)
The lines below and Column (a) correspond to	Missouri			Shareholder's	
the lines on Form MO-1120S.	S Corporation	Missouri		S Corporation	Missouri
	Adjustment	Source	MOMSS %	Adjustment	Source
Additions					
Net state and local income taxes deducted	SECTION OF THE PURPOR				
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		1 1			
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					* 10 To 10 T
Transportation Act	00	00			
Missouri depreciation basis adjustment	- 00	100	<u> </u>		
(Section 143.121.3(7), RSMo)	00	oo			
Depreciation recovery on qualified property	55	- 130			
that is sold (Section 143.121.3(9), RSMo)	co	00			
			<u> </u>		
2. Total of Lines 6 through \$1	00	00			
Missouri S corporation adjustment					
- Net Addition	00			00	00
Missouri S corporation adjustment					
- Net Subtraction	00	00		. 00	00
5. Agriculture Disaster Relief					- 30
(Section 143,121,3(10), RSMo)	00]	00		00	00

Form MO-NRS (Revised 12-2017)

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



Form MO-NRS

Name

Missouri Department of Revenue S Corporation Nonresident Form

Attachment Sequence No. 1120S-01

Corporation SELECT PROPANE, INC.

Department Use Only (MM/DD/YY)	·		
Reporting Period	1 2	3 1	1 7

Reporting Period (MM/DD/YY)

1	2	3	ľ
		!!	ı

1 7

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 <u>Form MO-NRI</u> of each nonresident shareholder.

Miss Num	ouri Tax I.D.				14108	3011019	
Char Num			Federal Employer 2 6			0 7	4 9 2
	esident eholder's Name <u>MARSHA</u> RAMSEY		Social Secur Number	rity Paris			
		(a) Federal Schedule K	(b) Missouri Source	(c) MO-MSS	%	(d) Federal Schedule K-1	(e) Missouri Source
	Ordinary business income (loss)	-419,296 00	-6,206 00	0 0 1 .4	8 0	-209,648 00	-3,103 00
	Net rental real estate income (loss)	00	00			00	00
	Other net rental income (loss) (Federal Schedule K, Line 3c)	00	00			00	00
	Interest income	00	00			. 50	00
	5a. Ordinary dividends	00	00			00	00
Corporation's Distributive Share Rents Part	5b. Qualified dividends						
E		00	00			00	00
Dare	6. Royalties	. 00	00		<u></u>	00	00
9	7. Net short-term capital gain (loss)	00	00			00	. 00
	8a. Net long-term capital gain (loss)	00	00			00	00
Ď	8b. Collectibles (28%) gain (loss)	00	00			00	00
0	Bc. Unrecaptured section 1250 gain	00	00			00	00
8	9. Net section 1231 gain (loss)	00	00			0.00	00
ø	10. Other income (loss)	00	00				
	,				+	00	00
	11. Section 179 deduction	00	00			00	00
	12a. Contributions	2,076 00	31 00	0 0 1 .4	8 0	1,038 00	15 00
	12b. Investment interest expense	00	00			60	00
	12c. Section 59 (e)(2) expenditures	00	00			00	00
	12d. Other deductions	00				00	00

The lines below and Column (a) correspond to the lines on Form MO-1120S.	(a) Missouri S Corporation Adjustment	(b) Missouri Source	(c) MO-MS8 %	(d) Shareholder's S Corporation Adjustment	(e) Missouri Source
Additions					
1. Net state and local income taxes deducted					
on Federal Form 1120S	00	00			
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			<u> </u>		
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			
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					XIII
(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			
IO Tabelania	1 1				
2. Total of Lines 6 through 11	00	00			
Missouri S corporation adjustment					
- Net Addition	00	00		00	0
Missouri S corporation adjustment Not Subtraction					ļ
- Net Subtraction 5. Agriculture Disaster Relief	00	00		00	00
- ,					
(Section 143.121.3(10), RSMo)	00	1001		loni	ไกเ

Form MO-NRS (Revised 12-2017)

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



Form

Missouri Department of Revenue MO-MSS S Corporation Allocation

Department Use Only		
(MM/DD/YY)		

		711111	chment Sequence No. 1120S-02
Taxable Year Beginning (MM/DD/YY)		Finding (MM/DD/YY) 1	2 3 1 1 7
. Number	Do not comp	lete this form if all income is f	rom Missouri sources.
deral Employer Number 2 6 1 9 0 7	4 9 2 Number		
rporation	4 9 2 Number		
me SELECT PROPANE, INC.			
Missouri Statutes provide eight methods of det enter the method and the percentage calculate X One - Multistate Allocation and Three F	ed on <u>Form MO-NRS,</u> Parts 1 and	2, Column (c).	•
Two A · Optional Single Sales Factor Ap			
Special Methods - Attach Detailed Explanation Three - Transportation - Section 143.45 Five - Interstate Bridge - Section 143.45	51.3, RSMo	eur - Railroad - Section 143.45	11.4. RSMo
Five - Interstate Bridge - Section 143.44 Note: Complete mileage information below for M		x · Telephone and Telegraph -	Section 143.451.6, RSMo
Missouri Mil	es Total Miles	Percent	Paris I and 2, Column (c).
C. C			
Seven - Other Approved Method - Section		0 0 . <u>0 0 0 </u> %	
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.)	Total Missouri (a)	Total Everywhere (b)	Percent within Missouri (a) ÷ (b
			· Groom mumi anosoum (a) ÷ (c
Land		- 00	•
Depreciable assets	. 00		
		- 00	
Inventory and supplies		- 00	
Inventory and supplies Other (attach schedule)			Round all percentages on
Other (attach schedule) Net rent, times eight		. 00	Round all percentages on this form to three digits to the right of the decimal.
Other (attach schedule) Net rent, times eight Total Property Values		. 00	this form to three digits to the right of the decimal.
Other (attach schedule) Net rent, times eight Total Property Values 2. Wages, salaries, commissions, and other		. 00	this form to three digits to
Other (attach schedule) Net rent, times eight Total Property Values 2. Wages, salaries, commissions, and other compensation of employees related to		. 00	this form to three digits to the right of the decimal.
Other (attach schedule) Net rent, times eight Total Property Values 2. Wages, salaries, commissions, and other compensation of employees related to business income		. 00	this form to three digits to the right of the decimal.
, and the desired	. 00	. 00	this form to three digits to the right of the decimal.
Sales (gross receipts, less returns and alloware)	. 00	. 00	this form to three digits to the right of the decimal.
Sales (gross receipts, less returns and allowar a) Sales delivered or shipped to Missouri	. 00	922,318.00	this form to three digits to the right of the decimal. 10000.000
Sales (gross receipts, less returns and alloware)	. 00 . 00 . 00 . 00 . 00	922,318.00	this form to three digits to the right of the decimal.

					Γ			٦						
	•	Shipped from	within Missouri				0.00		1 400(81 138)		14105	02101	9 -	700
		b) Sales from Misso	uri to:		[٦						
		 the United St 	ates Governmen	t			0 . oc)						
		purchasers in	a state where th	n e										
2		taxpayer wou	ld not be taxable	3			1	7						
Ö		(e.g., under P	ublic Law 86-272	2)			Ooc)						
		 c) Other gross receipt 	pts (rents, royalti	es,		_		7						
		interest, etc.)			,,,, L <u></u>	'	0 . loc							
					<u> </u>			7 [
	T	otal Sales							15,692,3	<u>70</u>	.00 3	0 0	2 .9 5 !	9 %
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	Ĭ	Enter on Line 3 the a					•			_				
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		business transacted Enter on Line 4a the				: Z U	ie ambers of bu	sirie	ss transacted par	ray i	n Missouri a	na parti	y outside Misso	oun.
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9	***	partly without Misson	-				. 00							
Q.	3.	Amount of sales who		••••										
9														
	4.	Total amount - all sou			<u> </u>						,			
N.		Add Lines 1, 2, and 3					. 00 4a A	mai	int of total sales					. 00
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	5.	One-half of Line 2					. 00							
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		Add Lines 1 and 5					. 00							
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		fraction (Divide Line 6	by Line 4).						rtionment fraction					
		Enter on Form MO-NI	RS, Parts 1	i					Line 4A). Enter o	•				_
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julia Malia														_
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		All incom	e is presumed to	be	business incom	e un	less you can cle	arly	show the income	to i	oe nonbusin	ess inco	ome.	
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781352 11-07-17

Shareholder's Information MISSOURI For Calendar Year 2017, or Fiscal Year SCHEDULE K-1 2017 EQUIVALENT and Ending Beginning SHAREHOLDER'S NAME, ADDRESS, AND ZIP CODE SHAREHOLDER'S SS# RON RAMSEY SHAREHOLDER NO. _____1 PERCENTAGE _____50.0000 316 BETTY DRIVE WATERLOO, IL 62298 RESIDENCY STATUS; RESIDENT NONRESIDENT X S CORPORATION NAME, ADDRESS, AND ZIP CODE MITS/MO ID NO. FEDERAL ID NO. 26-1907492 SELECT PROPANE, INC. 316 BETTY DRIVE WATERLOO, IL 62298 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 Missoluti 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

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

1

Disabled Access Credit

New Enhanced Enterprise Zone Credit

MISSOURI SCHEDULE K-1 EQUIVALENT	Page 2
PART II - DISTRIBUTIVE MISSOURI CREDITS - CONTINUED	1 499 4
Dry Fire Hydrant Credit	
Champion for Children Credit	
Food Pantry Tax Credit Family Farms Act Credit	
Family Farms Act Credit	
Pregnancy Resource Credit	
Residential Treatment Agency Credit	
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Qualified Beef Credit	
Alternative Fuel Infrastructure Credit	
Missouri Works Credit	-
Sporting Event Credit	
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MISSOURI Shareholder's Information For Calendar Year 2017, or Fiscal Year SCHEDULE K-1 2017 **EQUIVALENT** Beginning and Ending SHAREHOLDER'S NAME, ADDRESS, AND ZIP CODE SHAREHOLDER'S SS#: MARSHA RAMSEY 2 PERCENTAGE 50.0000 SHAREHOLDER NO. 316 BETTY DRIVE WATERLOO, IL 62298 RESIDENCY STATUS: RESIDENT NONRESIDENT X S CORPORATION NAME, ADDRESS, AND ZIP CODE MITS/MO ID NO. FEDERAL ID NO. 26-1907492 SELECT PROPANE. INC. 316 BETTY DRIVE WATERLOO, IL 62298 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 Nelghborhood Assistance Credit Affordable Housing Assistance Credit Enterprise Zone Gredit 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 Shelter for Victims of Domestic Violence Credit Historic Preservation Credit New Market Tax Credit Charcoal Producers Gredit 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 Gredif Small Business Guaranty Fees Credit Bond Enhancement Credit Missouri Quality Jobs Credit New Enhanced Enterprise Zone Credit

MISSOURI SCHEDULE K-1 EQUIVALENT	Page	۰ 2
PART II - DISTRIBUTIVE MISSOURI CREDITS - CONTINUED		
Dry Fire Hydrant Credit		_
Champion for Children Cradit		••••
Food Pantry Tax Credit		_
		_
Pregnancy Resource Credit		_
Residential Treatment Agency Credit		
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Qualified Beef Credit Alternative Fuel Infrastructure Credit		
Missouri Works Credit		
Sporting Event Credit		
Sporting Contribution Cradit		
Observed Account and Account A		

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. suggest that you retain these copies indefinitely.	₩e
Sincerely,	;
Societil Roylin	
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 2,116,351. 2,116,351. Machinery 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 Depietable 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 2,116,351. 2,116,351 Subtotals 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 *	7			
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				
	0.		2,116,351.	
Subtotals		0.	2,110,0011	1,058,176
Average property Real property rented - rental expense (multiplied)	<u> </u>	υ.	+	1,030,170
			1	
by applicable factor)	<u> </u>		}	
Tangible property rented - rental expense				
(multiplied by applicable factor)	<u> </u>		· -	
Miscellaneous rental expense (multiplied by			1	
applicable factor)	-		}	
Total property		0.	1	1,058,176

^{* -} Not Applicable

ILLINOIS	Payroll and Sales Apportionment Detail Worksheet		2016	
SELECT PROPANE,	INC.		26-1907492	
	NOT APPLICABLE - PAYROLL FACT	ror		
Payroll Apportionment	·	Within	Everywhere	
Cost of goods sold				
Compensation of officers				
Salesmen's salaries			-	
Salesmen's commissions				
General and administrative wag	es and salaries	971,751.	971,751	
Others				
Total payroll		971,751.	971,751	
Sales Apportionment		Within	Everywhere	
Oalaa - 54 "- 1 1		rviii iiti		
Potures and allowerses	erty Silverty		12,993,094	
Calan from outside the state to	within the slots	2,644,460.		
Color from within the state to w				
Calce from within the state to II	ithin the state			
Sales from within the state to be	ontaxable jurisdictions	0.	<u> </u>	
	The state of the s			
			V	
Gain from sales of real and tand	ible personal property			
Gain from sales of intancibles		···		
Service income				
Other receipts				
Miscellaneous other	*			
		544 460	12,993,094	

^{* -} Not Applicable

MISSOURI Payroll and Sales Apportionment Deta		et	2016	
SELECT PROPANE,	INC.		26-1907492	
Payroll Apportionment		Within	Everywhere	
Cost of goods sold				
*				
			······································	
General and administrative was	ges and salaries	0.	971,751.	
Miscellaneous other	*			
Horved LetoT		0.	971,751.	
Sales Apportionment		TAME		
		Within	Everywhere	
Sales of tangible personal prop	erty (1997)		12,993,094.	
- Returns and allowances				
Sales from outside the state to	within the state	348,634.		
Sales from within the state to w	within the state	0.		
Sales from within the state to U	LS. government	<u>0.</u>		
	ontaxable jurisdictions	0.	· · · · · · · · · · · · · · · · · · ·	
***********************		-		
Gain from sales of real and tand	gible personal property	·		
Gain from sales of intangibles				
Service income				
Other receipts			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Miscellaneous other	*			
		348,634.	12,993,094.	

^{* -} Not Applicable

Apportionment Summary Worksheet 2016 PROPERTY FACTOR 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 lowa 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 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 Greek		·		
* 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

Apportionment Summary Worksheet 2016 PAYROLL FACTOR SELECT PROPANE, INC. 26-1907492 WITHIN **EVERYWHERE** UNWEIGHTED WEIGHTED Alabama Alaska Arizona Arkansas California Colorado Connecticut Delaware District of Columbia Florida Georgia Hawaii ldaho _____ Illinois Indiana lowa 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 N/AN/A N/A .000000

810731 04-01-18

PAYROLL FACTOR	Apportionment Summary Worksheet (Continued)	2016
SELECT PROPANE,	INC.	26-1907492

	WITHIN	EVERYWHERE	UNWEIGHTED	WEIGHTED
* Battle Creek				
* Detroit	· · · · · · · · · · · · · · · · · · ·			
* Flint				···
* Grand Rapids				
* Highland Park				<u></u>
* Lansing				
* Pontiac	·			
Port Huran			70.7	
* Saginaw				
New York City			VIII.	
New York - MCTD				
Muskegon				
* Muskegon Heights				

^{*} Not included in everywhere totals

Apportionment Summary Worksheet 2016 SALES FACTOR 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 12,993,094 12,644,460. .973168 .973168 Indiana lowa Kansas Kenlucky 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 Okiahoma _____ Oregon Pennsylvania Rhode Island South Carolina South Dakota Tennessee Texas Utah Vermont _____ Virginia ____ Washington West Virginia Wisconsin Wyoming Foreign Other N/A N/A N/A .999998

610731 04-01-16

SALES FACTOR	Apportionment Summary Worksheet (Continued)	2016
SELECT PROPANE,	INC.	26-1907492

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

^{*} Not included in everywhere totals

SUMMARY	Apportionment 5	Summary Worksheet	İ	2016
SELECT PROPANE, INC	۲.			26-1907492
SUMMARY OF FACTORS	PROPERTY	PAYROLL	SALES	APPORTIONMEN'I
Alabama				
Vaska				
krizona	1			

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D. F	· · · · · · · · · · · · · · · · · · ·			
Colorado				
Connecticut				
Delaware				
District of Columbia				
Florida				
Georgia				
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Maryland				
Massachusetts				
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New Mexico				
New York				
North Carolina				
North Dakota				<u>- </u>
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Oregon				
Pennsylvania				
Rhode Island	,,			
South Carolina				
South Dakota	i i			
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Texas				
Utah				
Vermont				
Virginia				
Washington				
West Virginia		-		
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Wisconsin		<u> </u>		
Wyoming				
Foreign	ł .			
Other				
	.000000	.000000	.99999	.98210
Total				

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 Helghts				

^{*} Not included in everywhere totals

SUMMARY	Allocation Summary Worksheet		2016
SELECT PROPANE,	INC.		26-1907492
,	·	WITHIN	EVERYWHERE
Alabama			
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6†067† 04-01-16			•

Form 7004 (Rev. December 2016) Department of the Treasury

Application for Automatic Extension of Time To File Certain Business Income Tax, Information, and Other Returns File a separate application for each return.

OMB No. 1545-0233

Information about Form 7004 and its separate instructions is at www.irs.gov/form7004 Internal Revenue 5 Identifying number Print SELECT PROPANE, INC. 26-1907492 Number, street, and room or suite no. (If P.O. box, see instructions.) or Type 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 | 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 Application Form is For: Code ls For: Code Form 1120 Form 1120 ND (section 4951 taxes) -12 20 Form:1120-G 34 Form 1120-PC 21 Form 1120-F 15 Form 1120-POE 22 Form 1420 FSG III Form 1120-REIT 16 23 Form 1120-H Form 1120 FIG ″24° 17 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 Application Form Form <u>ls For:</u> Code is For: Code Form 1041 (estate other than a bankruptcy estate) Form 1041 (trust) 05 04 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 Application Form Form Is For: Code is For: Code Form 706-GS(D) Form 1.120 ND (section 4951 taxes) 01 20 Form 706 QS(T) 02 Form 1120-PC 21 Fore 1/20 PQL Form 1041 (bankruptcy estate only) 22 03 Form 1044 N 06 Form 1120-REIT Form 1041-QFT rom 1320 RIC 24 07 Form 1042 08 Form 1120S 25 Form 1120 SEC Form 1065 26 09 Form 1065-B. 5 10 Form 3520-A Form 8612 Form 1066 28 11 Form 1120 12 Form 8613 29 Form 8725 Form 1120-C 34 **30**1 Form 1120-F 15 Form 8804 31 Form 8831-Form 1120-FSC 32 16 Form 1120 H 17 Form 8876 33 Form 1120-L 18 Form: 8924 35 Form 1120 ND 19 Form 8928 36 Part V 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 Form Application Form Is For: Code is For: Code Form 1120 ND (seellon 4951 taxes Form 1120 12 720 ≅ Form 1120 C 34= Form 1120-PC 21 Form 1120-F Form 1120 POD: 75 22.9 15 Form 1120-REIT Form: 1120 FSC: 16 . 23 Form 1120-H Form 1120HIG 17 24 18 Form 1120-SF 26 Form 1120-ND 19

Ľ ∧i	rm 7004 (Rev. 12-2016)			Page 2
P	art Ve 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	er		
	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			
h	The application is for calendar year 2016, or tax year beginning, and ending, and ending Short tax year. If this tax year is less than 12 months, check the reason: Initial return Final return	n		
~	Change in accounting period Consolidated return to be filed Other (see instructions - attach exp	alana	ition)	
		6		0.
6	Tentative total tax			
_	Total payments and credits (see instructions)	7		0.
7	Total payments and credits (see instructions)			
_	Balance due. Subtract line 7 from line 6 (see instructions)	8		0.
<u>8</u>	Balance due. Submact line 1 from line o loss mandeners.		Form 7004	(9av. 12.2016)

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 11205 and its separate instructions is at www.irs.gov/form1129s.

OMB No. 1545-0123

2016

		r year 2016 or tax year beginning	, and en	ding			7,540
		n effective date Name			D	Employ	yer identification number
		0/2008 E SELECT PROPANE, INC.			1	21	6-1907492
C	ode nun	HDEF Number stood and some an authorize to D.O. hour are inch	ructions		F		ncorporated
(5		ructions) 3100 2 316 BETTY DRIVE	GORIONO.		ľ		1/30/2008
0.0		3100 BETTY DRIVE Sch. M-3 City or town, state or province, country, and ZIP or foreign p	ostal code		₽.		issets (see instructions)
	ttached	WATERLOO. IL 62298	OOM OOG			Totalu	4,092,883.
G	is the c	orporation electing to be an S corporation beginning with this tax year?	es X No	If "Yes," attach For		53 if no	
		ft. (1) Final return (2) Name change (3) Address chang					
		ne number of shareholders who were shareholders during any part of the tax year					
	Cautio	nt. Include only trade or business income and expenses on lines 1a thro	uah 21. See	the instructions for	more	e infon	
	1 a	Gross receipts 12,993,094. b Return and allowances	C Bal, Subir	act line 16 from line 1a	>	10	12,993,094.
<u>ə</u>	2	Cost of goods sold (attach Form 1125-A)	_			2	11,086,556.
Income	3	Gross profit. Subtract line 2 from line 1c				3	1,906,538.
Ě	4	Net gain (loss) from Form 4797, line 17 (attach Form 4797)				4	
	5	Other income (loss) (attach statement)	STA	TEMENT 1	····	5	66,401.
	6	Total income (loss), Add lines 3 through 5				6	1,972,939.
	7	Compensation of officers (see instrs attach Form 1125-E)				7	151,158.
ons	8	Salaries and wages (less employment credits)		***************************************	***	8	820,593.
Ħ	9	Repairs and maintenance				9	23,591.
Ē	10	Bad debts		***************************************	···· }	10	15,379.
20	11	Rents				11	
Š	12	Taxes and ficenses	STA'	TEMENT 2	····	12	77,857.
Ę	19	interest				13	330,344.
Ę	14	Depreciation not claimed on Form 1125-A or elsewhere on return (attach Form				14	405,420.
nst	15	Depletion (Do not deduct oil and gas depletion.)				15	
Deductions (See instructions for limitations)	16	Advertising			- 1	16	16,257.
စ္တိ	17	Pension, profit-sharing, etc., plans				17	
5	18	Employee benefit programs				18	
ğ	19	Other deductions (attach statement)				19	618,054.
ğ	20	Total deductions. Add lines 7 through 19				20	2,458,653.
ă	21	Ordinary business income (loss). Subtract line 20 from line 6				21	-485,714.
	22 a	Excess net passive income or LIFO recapture tax (see instructions)			100		
		Tax from Schedule D (Form 1120S)					
	G	Add lines 22a and 22b				226	
23	23 a	2016 estimated tax payments and 2015 overpayment credited to 2016	23a		1		•
ë	ь	Tax deposited with Form 7004	23b				
Payments	C	Credit for federal tax paid on fuels (attach Form 4136)	230				
ă D	d	Add lines 23a through 23c				23d	
ĕ	24	Estimated tax penalty (see instructions). Check if Form 2220 is attached		.,,,, ▶ □] [24	
Tax an	25	Amount owed. If line 23d is smaller than the total of lines 22c and 24, enter arr	ount owed	*************************	[25	
_	26	Overpayment. If line 23d is larger than the total of lines 22c and 24, enter amo	unt overpaid ,		[26	
	27	Enter amount from line 26 Credited to 2017 estimated tax		Refunded	>	27	
Sig	i beli	der penalties of perjury, I declare that I have examined this return, including accompanying sche lat, it is true, correct, and complete. Declaration of preparar (other than taxpayer) is based on all i	dules and statem information of whi	ents, and to the best of m ich preparer has any know	know ledge.	edge an	May the IRS discuss this return with the
He		1	L				this return with the preparer shown below (see Instr.)?
		Signature of officer Date	Title				X Yes No
_	Print/Tv	pe preparer's name Preparer's signature		<u> </u>			1
		The state of the s		Date	žheck i	í	PTIN
Paid Pre-	KEI'	TH G. BRINKMANN CPA		INE / 20 / 4 17 18	eil- mploye		P00367977
parer Use	Firm's n	SCHEFFEL BOYLE			irm's E	b.	37-1206530
Only	Firm's a	address ▶ 7 HILL CASTLE LANE			hone r		
		COLUMBIA, IL 62236					18) 281-7605
1LX/A	Г	Daniel Daniel Baklar					E 11000 (0040)

orr	m 1120S (2016) SELECT_PROPAL	NE, INC.			26-19	<u>907492 </u>	Page 2
	chedule B Other Information (see					Yes	No
	Check accounting method: (a) Cash (b)		Other (specify)				
	See the instructions and enter the:	• • • • • • • • • • • • • • • • • • • •					
	(a) Business activity	(b) f	roduct or service 🕨 🔔				
3	At any time during the tax year, was any shareholder if	in the corporation a disrega	rded entity, a trust, an ea				
	nominee or similar person? If "Yes," attach Schedule I	B-1, Information on Certain	Shareholders of an S Co	orporation			X
4	At the end of the tax year, did the corporation:						
а	Own directly 20% or more, or own, directly or indirect	lly, 50% or more of the tota	il stock issued and outst	anding of any		13-30 A4E	
	foreign or domestic corporation? For rules of constru		ctions. If "Yes," complete	(i) through (v) below	N	L lux of Commonton	X
	(i) Name of Corporation	(ii) Employer Identification Number	(iii) Co	untry of	(iv) Percentage of Stock	lv) if Percentage 100%, Enter the D Gualified Subc Subsidiary Election	ate (frany) a hanter S
	ti, italia di data di	(if any)	ıncorp	oration	Owned	Subsidiary Election	Was Made
							
					1		
							
						1	
		<u> </u>		· · · · · · · · · · · · · · · · · · ·		-	
				.,			224.2.2429
b	Own directly an interest of 20% or more, or own, dire					(2) Table	
	capital in any foreign or domestic partnership (includi		-				
	trust? For rules of constructive ownership, see instru-	ctions. If "Yes," complete (i	through (v) below				X
	(i) Name of Entity	(ii) Employer Identification Number	(iii) Type of Entity		Country of janization	Percenta	laximum ge Owned in ss. or Capital
		(if any)					99' OI OTOWN
				•			
		-					•••
			<u></u>				
						ŀ	
5 -	a At the end of the tax year, did the corporation have an	w outstanding shares of re	elricted etack?	±			X
ve	If "yes" complete lines (i) and (ii) below	it offerming suches on to	an iologi diook:				
		***************************************		•		0.03	
	(ii) Total shares of non-restricted stock						
ŀ	At the end of the tax year, did the corporation have an						X
•	If "yes" complete lines (i) and (ii) below	() 44-4-m()(-()(,	,,		33889	
	(i) Total shares of stock outstanding at the end of the	e tax vear	.,,,,,	▶		172	
	(ii) Total shares of stock outstanding if all instrument						
6	Has this corporation filed, or is it required to file, Form				eportable transac	ction?	Х
	Check this box if the corporation issued publicly offer						
	If checked, the corporation may have to file Form 828	1, Information Return for	Publicly Offered Original	Issue Discount Instr	ements.		
В	if the corporation. (a) was a C corporation before it is with a basis determined by reference to the basis of t corporation and (b) has not unrealized built-in gain in the net unrealized built-in gain reduced by net recogn	elected to be an S corporati	on or the corporation ac	quired an asset		en en	
	with a basis determined by reference to the basis of t	he asset (or the basis of an	y other property) in the i	nands of a C			
	the net unrealized built-in gain reduced by net recogn	ized built-in gain from prio	r years	\$		NAME OF THE PARTY	
9	Enter the accumulated earnings and profits of the con	poration at the end of the I	ax year	> \$			
10	Does the corporation satisfy both of the following cor	nditions?					
ä	a The corporation's total receipts (see instructions) for	the tax year were tess than	\$250,000	,			
t	b The corporation's total assets at the end of the tax ye	ar were less than \$250,000					X
	If "Yes," the corporation is not required to complete S						
11	During the tax year, did the corporation have any nor	·					
	terms modified so as to reduce the principal amount						X
	If "Yes," enter the amount of principal reduction	***************************************		\$			
	During the tax year, was a qualified subchapter S sub						X
	a Did the corporation make any payments in 2016 that						
l	b if "Yes," did the corporation file or will it file all require	od Forms 1099?	1 <u>7.554 *</u>	***************************************	*******************		
						Form 1120	S (2016)

168

Schedule	2016) SELECT PROF	Items (continued)			5-1907492 Pag Total amount
	vestment income		· · · · · · · · · · · · · · · · · · ·	17a	Total amount
pg를 pin		***************************************		170	<u> </u>
₹ ¢Di	ividend distributions paid from accumu	lated earnings and profits	***************************************	170	
	ther items and amounts (attach statem	ent)			
				5.364264	Control of the Contro
Recon- ciliation ur 81	come/loss reconciliation. Combine fi	e amounts on lines 1 throur	th 10 in the far right column		
æ≅ _{Fr}	om the result, subtract the sum of the			18	-485,714
Schedule	Balance Sheets per Books		of tax year	· · · · · · · · · · · · · · · · · · ·	tax year
	Assets	(a)	(b)	(c)	(d)
l Cash			17,914.		130,105
a Trade note	es and accounts receivable	1,237,723.		<u>1,326,7</u> 38.	130,103
b Less allow	rance for bad debts		1,237,723.	1,340,730.	
Inventorie	9		127,407.		1,326,738
U.S. gover	nment obligations		14/,30/		144,183
	ot securities				
-	ent assets (att. strnt.)	STATEMENT 4	239,589.		100 713
Loans to s	hareholders		1,623.		105,713
	and real estate loans		1,020.		1,623
	stments (att. stmL)				
le Buildings	and other depreciable assets	2 005 574			Side book of the second
	mulated depreciation	3,825,571.		4,273,517.	
a Depletable		1,760,220.	2,065,351.	1,994,996.	2,278,521
	of any amortization) assets (amortizable only)		51,000.		51,000
_	1	100,000.		100,000.	
	mulated amortization	38,334.	61,666.	45,000.	55,000
	ts (att. stmt.)				
Total asset			3,802,273.		4,092,883
	s and Shareholders' Equity				
Accounts p	ayable ::		242,718.		617,005
Mortgages, n	otes, bonds payable in less than 1 year				
Other curre	ent liabilities (att. stmt.)	SUPAREMENTE	719,528.		774,918
	n shareholders		105,000. 5,332,564.		107,500
Mortgages, n	otes, bonds payable in 1 year or more		5,332,564.		5,527,624
Other Itabili	ties (att. stmt.)		241		
Capital stoc	*		1,000.		1,000
Adoltional	paid-în capital				
		STATEMENT 6	<u>-2,578,037.</u>		-2,914,664
	to shareholders' equity (alt. stmt.)				
	f treasury stock		20,500.		20,500
Total liabilit	ies and shareholders' equity 💢		<u> 3,</u> 802,273.		4,092,883

Form 1120S (2016) SELECT PROPANE, INC.		-130/432 raysa
Schedule Mail Reconciliation of Income (Loss) per l Note: The corporation may be required to file Schedule	Books With Income (Loss) per Return	
1 Net income (loss) per books	5 Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize): a Tax-exempt interest \$	
4 Add lines 1 through 3 -315.100.	6 Deductions included on Schedule K, lines 1 through 12 and 14t, not charged against book income this year (iternize): a Depreciation \$ 170,614. 7 Add lines 5 and 6 8 Income (loss) (Schedule K, line 18), Line 4 less line 7	170,614. 170,614. -485,714.
Schedule M-2 Analysis of Accumulated Adjustmen	nts Account, Other Adjustments Accour e Income Previously Taxed (see instructions)	nt, and
	(a) Accumulated (b) Other adjustments account account	(c) Shareholders' undistributed taxable income previously taxed
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		<u> </u>
8 Balance at end of tax year. Subtract line 7 from line 6	-2,601,020.	44000
JWA		Form 1120S (2016)

Form 1125-A

Cost of Goods Sold

(Rev. October 2016)

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

Department of the Treasury Internet Revenue Service	Information about Form 1125-A and its instructions is at www.irs.go	v/form1125a.	
Name			Employer identification number
SELECT PRO	DPANE, INC.		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	1,00-1,00-1,00-1,00-1,00-1,00-1,00-1,00
5 Other costs (affach sch	edule)	5	TO And and
6 Total. Add lines 1 thro	igh 5	6	11,230,739.
7 Inventory at end of year		7	144,183.
8 Cost of goods sold. St	btract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the		
	tax return. See instructions	8	11,086,556.
(i) Cost (ii) Lower of cort (iii) Other (Spec	st or market fy method used and attach explanation) >		
b Check If there was a wri	letown of subnormal goods		>
c Check if the LIFO invent	ory method was adopted this tax year for any goods (if checked, attach Form 970)		▶ □
d If the LIFO inventory me	thod was used for this tax year, enter amount of closing inventory computed		
e if property is produced	or acquired for resale, do the rules of Section 263A apply to the entify? See instructions		Yes X No
f Was there any change in If "Yes," attach explanation	determining quantities, cost, or valuations between opening and closing inventory?		Yes X No
For Panerwork Reduction &	nt Natics spa canarata instructions	·	F 1405 b (D40 0040)

Form 1125-E

Compensation of Officers

(Rev. October 2016)
Department of the Treasury
Internal Revenue Service

► 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

Employer Identification number

26-1907492 SELECT PROPANE, INC. Note: Complete Form 1125-E only if total receipts are \$500,000 or more. See instructions for definition of total receipts. Percent of stock owned (f) Amount of (6) Percent of time devoted to business (b) Social security (a) Name of officer compensation (d) Common (e) Preferred 151,158. 100 100.00% PRONALD L. RAMSEY 151,158. 2 Total compensation of officers 3 Compensation of officers claimed on Form 1125-A or elsewhere on return 4 Subtract line 3 from line 2. Enter the result here and on Form 1120, page 1, line 12 or the 151,158. appropriate line of your tax return

4562

Depreciation and Amortization (Including Information on Listed Property) OTHER

Attach to your tax return.

Attachment Sequence No. 179

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service (99)

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

Business or activity to which this form relates

Name(s) shown on return

identifying number

OUI DOM DRODAND THA		Ļ					06 4005400
SELECT PROPANE, INC. Part I Election To Expense Certain Prope	arkı linder Cootion 1				CIATIO		26-1907492
	erty cares Section 1.	re note; if you have an	y asted p	горену, о	ompietė Par		· · · · · · · · · · · · · · · · · · ·
1 Maximum amount (see instructions)							500,000.
2 Total cost of section 179 property place		441,695.					
3 Threshold cost of section 179 propert							2,010,000.
4 Reduction in limitation. Subtract line 3				,,			E00 000
5 Dollar limitation for tax year. Subtract line 4 from fir 6 (a) Description of p			, see instruc wainesa use		(c) Electe		500,000.
6 (a) Description of p	opery	(b) cast (t	Maniess dae	· Olaly)	(6) Eleoid		
		<u> </u>					
7 Listed property. Enter the amount from	n line 20		 .	T			
		in salumn (a) finas C		7			
8 Total elected cost of section 179 prop	erty, Add amounts	in column (c), anes o a	ana /			8	
9 Tentative deduction. Enter the smalle	rotiine boriine 8	MARE- 4500			• •	9	000 404
10 Carryover of disallowed deduction from							880,404.
11 Business income limitation. Enter the s12 Section 179 expense deduction. Add	Smaller of Dusiness	income (not less than	Zero) Qr	ine 5		11	0.
							0.
f3 Carryover of disallowed deduction to 2 Note: Don't use Part II or Part III below for				13	000	,404.	
Part II Special Depreciation Allows		······································	luda liata	d nmaarb	43		
14 Special depreciation allowance for qua							
the tax year 15 Property subject to section 168(f)(1) el							
16 Other depreciation (including ACRS)							.,
Part III MACRS Depreciation (Don'		nerty I (Soo jostnuction				16	<u></u>
ERECTION OF THE PROPERTY OF TH	t inolado listoa pro	Section A	13.)				
17 MACRS deductions for assets placed	in egnica in tay ya					17	341,718.
18 If you are electing to group any assets placed in se							1 341,/10.
		e During 2016 Tax Ye				ation Syst	
(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment usi only - see instructions)	(a)	Recovery period	(e) Convention		(g) Depreciation deduction
19a 3-year property		#			1		
b 5-year property		230,48	7. 5	YRS.	НУ	200DB	46,099.
c 7-year property					 		
d 10-year property		162,24	3. 10	YRS.	HY	200DB	16,305.
e 15-year property							
f 20-year property		48,96	5. 20	YRS.	HY	SL	1,224.
g 25-year property				5 yrs.		S/L	· · · · · · · · · · · · · · · · · · ·
h Casida-st-1	1		27	7.5 yrs.	ММ	S/L	
h Residential rental property	/		27	7.5 yrs.	ММ	S/L	
t Nonregidential and assessed.	7/16	6,28	9. g	9 yrs.	MM	Ş/L	74.
Nonresidential real property	1				ММ	S/L	
Section C - Assets I	Placed in Service	During 2016 Tax Yea	Using t	ne Alterna	ative Depre	iation Sys	tem
20a Class life						S/L	
b 12-year			1	2 yrs.		\$/L	****
c 40-year			4	0 yrs.	MM	S/L	
Part IV Summary (See instructions.)							
21 Listed property. Enter amount from line	20					21	
	3 × 0 ······			• • • • • • • • • • • • • • • • • • • •			
22 Total. Add amounts from line 12, lines	14 through 17, line					```	
22 Total. Add amounts from line 12, lines Enter here and on the appropriate lines	14 through 17, line					22	405,420.
	14 through 17, line of your return. Pa	rtnerships and S corp	orations -				405,420.

P	Listed Proper recreation, or	amusement, j										erty us		itertainn	ient,
	Note: For any (a) through (c)	vehicle for wi of Section A.	hich you are, all of Section	using th i B. and	ie standa I Section	rd milea C if ana	age rate	or deđu	cting leas	se expei	rse, com	plete o	nly 24a,	24b, col	umns
		- Depreciatio						instruct	ions for li	mits for	passeno	er auto	mobiles	·	
24a	Do you have evidence to	support the bu	siness/investn	ent use	claimed?	T	Yes [24b if "Y					Yes	No
	(a)	(b)	(c)		(d)		(e)		(f)	1	(g)	T	(h)	7	(i)
	Type of property (list vehicles first)	Date placed in service	Business investmen use percenta	tj.	Cost or other basis	(3-)	ssis for dep usiness/inv use oni	estment	Recovery period	Me	sthod/ vention	Depr	eciation luction	Ele secti	ected on 179 ost
25	Special depreciation all	owance for q	ualified listed	proper	ty placed	in serv	ice durin	g the ta	x year an	d				100 PM	
	used more than 50% in	a gualified b	usiness use .		************		<u></u>	********		<u> </u>	25				
26	Property used more that	≆n 50% in a q	ualified busir	ess use) :					·					
				%											
	·····		· · · · · · · · · · · · · · · · · · ·	%	¬ 	_				<u> </u>					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
				%			<u>-</u>								
!7	Property used 50% or I	ess in a quali	fied business	use:							,			•	
		<u> </u>		%	<u>.</u>					S/L.					d in the
				<u>/6</u>	na	<u> </u>				S/L -					
		<u> </u>		%					_	S/L-				100	
8	Add amounts in column	1 (h), lines 25 1	through 27. E	nter he	re and or	n line 21	, page 1				28	-			
9	Add amounts in column	i (i), line 26. Ei	nter here and	on line	7. page	1					. +		. 29	AND TO THE CAPPE	
orr	plete this section for ve our employees, first ans	chicles used to wer the ques	y a sole prop	orietor, pon C to	B - Infor	mation or other u meet	on Use "more than excep	of Vehinan 5% obtion to	oles owner," c completi	or related	d person section fo	i. If you or those	provided vehicles	i.	
о ус 	our employees, first ans	wer the quesi miles driven du	by a sole prop tions in Secti ering the	orietor, pon C to	B - Infor partner, c	mation or other u meet	on Use "more th	of Vehi nan 5% otion to	oles owner," c	or related ng this s	d person	i. If you or those	provided	l vehicle: ;, (1 Veh	ř)
10 Ye	our employees, first ans Total business/investment Year (don't include commu	miles driven du	by a sole prop tions in Secti aring the	orietor, pon C to	B - Inforcatiner, of see if you	mation or other u meet	on Use "more than excep (b)	of Vehi nan 5% otion to	cles owner," c completin (c)	or related ng this s	d person section fo	i. If you or those	provided vehicles	i. (1	f)
:0 '	our employees, first ans Total business/investment rear (don't include commu Total commuting miles o	wer the quesi miles driven du ting miles)	by a sole prop tions in Secti ering the the year	orietor, pon C to	B - Inforcatiner, of see if you	mation or other u meet	on Use "more than excep (b)	of Vehi nan 5% otion to	cles owner," c completin (c)	or related ng this s	d person section fo	i. If you or those	provided vehicles	i. (1	ř)
10 1 11 1 12 1	our employees, first ans Total business/investment Tear (don't include commu Total commuting miles of Total other personal (no	wer the quesi miles driven du ting miles) driven during ncommuting)	by a sole propertions in Sections in Sec	orietor, pon C to	B - Inforcatiner, of see if you	mation or other u meet	on Use "more than excep (b)	of Vehi nan 5% otion to	cles owner," c completin (c)	or related ng this s	d person section fo	i. If you or those	provided vehicles	i. (1	ř)
10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	our employees, first ans Total business/investment rear (don't include commu Total commuting miles o	miles driven du ting miles) driven during ncommuting)	by a sole propertions in Sections in Sec	orietor, pon C to	B - Inforcatiner, of see if you	mation or other u meet	on Use "more than excep (b)	of Vehi nan 5% otion to	cles owner," c completin (c)	or related ng this s	d person section fo	i. If you or those	provided vehicles	i. (1	ř)
0 1 1 1 2 1 3 3 3 3 3	our employees, first ans Fotal business/investment rear (don't include commu Fotal commuting miles of Fotal other personal (no driven Fotal miles driven during	miles driven du ting miles) driven during noommuting)	ery a sole propertions in Sections in Sec	orietor, pon C to	B - Inforcatiner, of see if you	mation or other u meet	on Use "more than excep (b)	of Vehi nan 5% otion to	cles owner," c completin (c)	or related ng this s	d person section fo	i. If you or those	provided vehicles	i. (1	ř)
0 1 1 2 1 3 3 5 4 4 1	Fotal business/investment rear (don't include communication of the community of the communi	miles driven du ting miles) driven during necommuting) the year.	oy a sole propertions in Sections in Sec	orietor, pon C to	B - Inforcatiner, of see if you	mation or other u meet	on Use "more than excep (b)	of Vehi nan 5% otion to	cles owner," c completin (c)	or related ng this s	d person section fo	i. If you or those	provided vehicles e) hicle	(1	icle
0 1 1 2 1 2 3 3 5 4 4 1 4 1 4 1	Fotal business/investment rear (don't include communicated commuting miles of the community	miles driven du ting miles) driven during neommuting) g the year.	oy a sole proptions in Sections vietor, pon C to	B - Infor	rmation or other u meet	on Use "more th an excep (b) hicle	of Vehi nan 5% otion to Ve	oles owner," c completii (c) hicle	or related ng this s (Vel	d person section for d)	i. If you or those (Vel	provided vehicles	i. (1	ř)	
0 11 1 2 2 3 3 5 4 1 4 1 6 5 1	Fotal business/investment rear (don't include communicate of the communiting miles of the communiting miles of the community	miles driven duting miles) driven during necommuting) the year. le for persona	ering the miles	vietor, pon C to	B - Infor	rmation or other u meet	on Use "more th an excep (b) hicle	of Vehi nan 5% otion to Ve	oles owner," c completii (c) hicle	or related ng this s (Vel	d person section for d)	i. If you or those (Vel	provided vehicles e) hicle	(1	icle
0 1 2 3 3 3 4 4 4 6 5 t	Fotal business/investment rear (don't include communicated commuting miles of the communicated of the comm	miles driven du ting miles) friven during freemmuting) g the year. le for persona	ering the the year miles	vietor, pon C to	B - Infor	rmation or other u meet	on Use "more th an excep (b) hicle	of Vehi nan 5% otion to Ve	oles owner," c completii (c) hicle	or related ng this s (Vel	d person section for d)	i. If you or those (Vel	provided vehicles e) hicle	(1	icle
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0 1 1 2 3 3 3 4 4 4 6 5 1 t 6 1 1 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Fotal business/investment rear (don't include communicated commuting miles of the communicated of the comm	miles driven duting miles) driven during incommuting) the year. de for personal drimarily by a mad person? ble for persor	ering the the year miles	Yes	B - Infor	Yes	on Use "more th an excep (b) hicle	of Vehinan 5% obtion to	cles owner," c completi (c) hicle	or relateding this s	d person for dispersion for the	Yes	provided vehicles e) hicle	(1	icle
9 ye	Fotal business/investment fear (don't include commutating miles commutating miles of fotal other personal (no inven	miles driven du ting miles) driven during neommuting) the year. de for persona rimarily by a m d person? ble for persor	ering the the year miles	Yes	B - Infor	Yes	non Use "more than excep (b) hide	of Vehinan 5% obtion to	cles owner," c completii (c) hicle	relateding this some (d person for the section for t	Yes	provided vehicles e) hicle	Yes	icle No
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0 1 1 2 1 2 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1	Fotal business/investment rear (don't include communicated (don't include communicated (don't include communicated other personal (no driven during add lines 30 through 32 Was the vehicle available during off-duty hours? Was the vehicle used properties another vehicle availables? The persons to do the communicated persons.	miles driven duting miles) driven during necommuting) the year. de for personatinarily by a med person? ble for persor Section C - letermine if you	ering the string the s	Yes Yes Onlibits:	B - Inforce partner, or see if you see if you hide No No No No not compare will person will person will person will person to compare wil	Yes /ho Propleting Seal use of	non Use "more than exceptible hide No No No No No No No No No No No No No	Yes icles for vel es, includes	oles owner," o completi (c) hicle No r Use by hicles use ding com	Yes Their E	d person section for d) nicle No imployees	Yes	provided vehicles e) hicle No	Yes	No
0 1 1 2 1 2 3 1 1 1 2 3 1 1 1 1 1 1 1 1 1	Fotal business/investment rear (don't include communicated commuting miles of fotal commuting miles of fotal other personal (no driven fotal miles driven during add lines 30 through 32 Was the vehicle available furing off-duty hours? Was the vehicle used probable another vehicle availables another vehicle availables? These questions to deserve these questions to deserve these questions to deserve these questions a writter mployees?	miles driven du ting miles) driven during necommuting) If the year. If	oy a sole projections in Sections in Sec	Yes Yes On Emp	B - Inforce partner, or see if you want to compail person	Yes Tho Propleting S	non Use "more than except (b) hide No vide Veh Section E	Yes Idea for versa, includes, includes	oles owner," c completi (c) hicle No r Use by nicles use ding com	Yes Their Ext by enurting,	No imployees by your	Yes	provided vehicles e) hicle No	Yes Yes	icle No
9 ye	Fotal business/investment rear (don't include communicated (don't include communicated communicated communicated other personal (no driven controlled the subject of the su	miles driven du ting miles) driven during necommuting) g the year. If t	oy a sole projections in Sections in Secti	Yes Yes hibits a	B - Inforcement of the companies of the	Yes Yes Vino Propleting Status of yes	non Use "more than except (b) hide No vide Veh Section E	Yes Ves icles for ver except of	oles owner," o completi (c) hicle No r Use by hicles use ding commutic	Yes Their Ext by en	No Employees by your	Yes	provided vehicles e) hicle No	Yes Yes Yes	No No
0) 11 - 12 - 13 1	Fotal business/investment rear (don't include communicated (don't include communicated communicated communicated other personal (no driven contained don't include don't include a don't inclu	miles driven du ting miles) driven during necommuting) the year. If the	ering the string the s	Yes Yes Ohibits a by cors	B - Inforcer for see if your factor in the last of the	Yes The Propleting states of vicers, discountered to the propleting states of vicers, discountered to the vicers of vicers, discountered to the vicers of vicers, discountered to the vicers of vicers of vicers of vicers of vicers of	No vide Veh Section E	Yes Yes icles for vertex, includes, includes for 1% or No No ding commuting more of the commuting m	Yes Their Ext by en	No Employees by your	Yes	provided vehicles e) hicle No	Yes Yes Yes	No No	
5 ye	Fotal business/investment rear (don't include communicated (don't include communicated (don't include communicated other personal (not inventional miles driven during add lines 30 through 32 Was the vehicle available during off-duty hours? Was the vehicle used properties another vehicle availables? Therefore questions to do the communicated persons to do the communication a written mployees?	miles driven du ting miles) (riven during) (riven d	ering the string the s	Yes Yes Phibits is by corporated by corpor	B - Infor partner, of see if you (a) hide No loyers W n to comp personal n porate off use?	Yes The Propleting States of vicers, discontinuous control of the propleting states of the prop	No No vide Veh Section E rehicles, irectors,	Yes Ves Accept to a 1% control of the text of the te	No No No No No No No No No No No No No N	Yes Their Ext by en	No Employees by your	Yes	provided vehicles e) hicle No	Yes Yes Yes	No No
0 1 1 2 2 3 1 1 2 3 1 1 1 1 1 1 1 1 1 1 1	Fotal business/investment rear (don't include communicated (don't include communicated communicated communicated other personal (no driven controlled the subject of the su	miles driven du ting miles) driven during necommuting) the year. de for persona dimarily by a m de person? ble for persor Section C - letermine if you n policy state tructions for v chicles by em in five vehicle	ering the string that provides used ployees as person to your empty to your empt	Yes Yes Phibits phib	B - Infor partner, o see if you (a) hicle No loyers W n to comp personal in personal in porate off use?, obtain is	Yes The Propleting States of vicers, discontinuous control of the propleting states of the prop	No No vide Veh Section E rehicles, irectors,	Yes Ves Accept to a 1% control of the text of the te	No No No No No No No No No No No No No N	Yes Their Ext by en	No Employees by your	Yes	provided vehicles e) hicle No	Yes Yes Yes	No

41 Do you meet the requirements conce	mino qualified automobil	a damonetration use?	••••••••••••••••••••••••••••••••••••••		
Note: if your answer to 37, 38, 39, 40), or 41 is "Yes." don't co	moiete Section R for t	the covered vehicle		
Part VI Amortization	,	Chiproca George B 101	me covered venich	JA,	
(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 duri	ng your 2016 tax year:		·	parioti or personage	io and year
43 Amortization of costs that began before				43	6,667
44 Total. Add amounts in column (f). See	the instructions for whe	re to report		44	6,667
616252 12-21-16				· · · · · · · · · · · · · · · · · · ·	

Form **8925**

Report of Employer-Owned Life Insurance Contracts OMB No. 1545-2089

	_	 	 	-

Departs	anuary 2010) ment of the Treasury I Revenue Service (99)	►Attach to the policyholder's tax return - See instructions.		Attachment Sequence No. 160
	e(s) shown on return	le le	dentifying	number
	JECT PROPANE of policyholder, if diffe			26–1907492 umber, if different from above
	of business OPANE SALES			
1 E	nter the number of em	ployees the policyholder had at the end of the tax year	1	1.
2 E	Enter the number of employer	ployees included on line 1 who were insured at the end of the tax year under the owned life insurance contract(s) issued after August 17, 2006. See Section exception		1.
3 E	Enter the total amount of who were insured under	of employer-owned life insurance in force at the end of the tax year for employees r the contract(s) specified on line 2		1,000,000.
d	on line 2?	ave a valid consent (see instructions) for each employee included X Yes N	0	
		er of employees included on line 2 for whom the policyholder does not have a valid	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 FINANCE CHARGES	12,736. 53,665.
TOTAL TO FORM 1120S, PAGE 1, LINE 5	66,401.
FORM 1120S TAXES AND LICENSES	STATEMENT 2
DESCRIPTION	AMOUNT
OTHER PAYROLL	2,938. 74,919.
TOTAL TO FORM 1120S, PAGE 1, LINE 12	77,857.
FORM 1120S OTHER DEDUCTIONS	STATEMENT 3
DESCRIPTION	AMOUNT
401-K EXPENSE AMORTIZATION EXPENSE BANK CHARGES CASH DISCOUNTS CELL PHONE DUES EQUIPMENT RENTAL FUEL INSURANCE LEGAL AND PROFESSIONAL LICENSE MISCELLANEOUS OFFICE SUPPLIES POSTAGE SECURITY SUPPLIES TELEPHONE TRAVEL TRUCK UTILITIES	28,638. 6,667. 19,404. 13,865. 6,796. 16,539. 19,095. 119,653. 158,327. 19,299. 18,234. 3,482. 13,875. 7,353. 602. 11,393. 5,368. 1,843. 140,019. 7,602.

SCHEDULE L OTHER CURRENT ASSETS	5	STATEMENT
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 LIABILITI	TRS	STATEMENT !
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 SALES TAX	_ 684.	678,
UNEARNED REVENUE	7,916.	76,349.
AND AND AND AND AND AND AND AND AND AND	642,690.	609,284.
FOTAL TO SCHEDULE L, LINE 18	719,528.	774,918.
SCHEDULE L ANALYSIS OF TOTAL RETAINED EARNIN		
SCHEDULE L ANALYSIS OF TOTAL RETAINED EARNIN	GS PER BOOKS	STATEMENT 6
DESCRIPTION		TMUOMA
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, COL	UMN (D)	-2,914,664.
	:	

SCHEDULE M-1		 N BOOKS THIS	 STATEMENT	7
DESCRIPTION			AMOUNT	
NON DEDUCTIBLE IN	SURANCE		21,52	27.
TOTAL TO SCHEDULE	M-1, LINE 3		21,52	

Schedule K-1 (Form 11205) 2016	252	Final K-1	Amended K-1		OMB No. 1545-0123
Department of the Treasury	編載		Deductions, Credits		
Internal Revenue Service For calendar year 2016, or tax	1	Ordinany hus	iness income (loss)		Credits
year beginning	'		-242,857.	10	Croquis
ending	2		al estate inc (loss)		
Shareholder's Share of Income, Deductions, Credits, etc. See separate instructions.	3	Other net rea	ntal income (loss)		
Part I Information About the Corporation	4	Interest inco	me		
A Corporation's employer identification number 26–1907492	5a	Ordinary div	dends		
B Corporation's name, address, city, state, and ZIP code	5ħ	Qualified div	idends	14	Foreign transactions
SELECT PROPANE, INC. 316 BETTY DRIVE	6	Royalties			
WATERLOO, IL 62298	7	Net short-ter	m capital gain (loss)		·
C IRS Center where corporation filed return CINCINNATI, OH	8a	Net long-terr	n capital gain (loss)		
Part II Information About the Shareholder	8b	Collectibles	28%) gain (loss)		
D Shareholder's identifying number	8c	Unrecapture	d sec 1250 gain		
E Shareholder's name, address, city, state and ZIP code	9	Net section 1	1231 gain (loss)		
RON RAMSEY	10	Other incom	e (loss)	15	Alternative min tax (AMT) items
316 BETTY DRIVE				A	7,378.
WATERLOO, IL 62298					
F Shareholder's percentage of stock		<u>-</u>			
ownership for tax year50.00000%					
	H	·			
	11	Section 179		16	Items affecting shareholder basis
	12	Other deduct	ions		
>					
se Onl					
For IRS Use Only					
P. C. C. C. C. C. C. C. C. C. C. C. C. C.			,	17	Other information
				_	
		*Se	e attached statement f	for ad	ditional information.

Schedule K-1		Final K-1 Amended K-1		OMB No. 1545-0123
(Form 1120\$) ZU 10	Pa	Shareholder's Share		
Department of the Treasury Internal Revenue Service For calendar year 2016, or tay	1	Deductions, Credits Ordinary business income (loss)	ř. 1	Other items Credits
For calendar year 2016, or tax year beginning	"	-242,857.	'''	Oloubo
ending	2	Net rental real estate inc (loss)		
Shareholder's Share of Income, Deductions, Credits, etc. See separate instructions.	3	Other net rental income (loss)		
Part I Information About the Corporation	4	Interest income		
A Corporation's employer identification number 26–1907492	5a	Ordinary dividends		
B Corporation's name, address, city, state, and ZIP code	5b	Qualified dividends	14	Foreign transactions
SELECT PROPANE, INC. 316 BETTY DRIVE	6	Royalties		
WATERLOO, IL 62298	7	Net short-term capital gain (loss)		
C IRS Center where corporation filed return CINCINNATI, OH	8a	Net long-term capital gain (loss)		
Part I Information About the Shareholder	85	Collectibles (28%) gain (loss)		
D. Shareholder's identifying number	8c	Unrecaptured sec 1250 gain		
E Shareholder's name, address, city, state and ZiP code	9	Net section 1231 gain (loss)		
MARSHA RAMSEY 316 BETTY DRIVE	10	Other income (loss)	15 A	Alternative min tax (AMT) items 7,378.
WATERLOO, IL 62298				
F Shareholder's percentage of stock ownership for tax year				
	-			
	11	Section 179 deduction	16	items affecting shareholder basis
	12	Other deductions		
مَادِ				
For IRS Use Only				
75 75			17	Other information
		10		dilla di Information
	Щ.	*See attached statemen	<u>u ior a</u>	nonnous imperistion:

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.

lf t	his	return is not for calendar year 2016, enter your fiscal tax year here.			Enter the	e amount you are paying.
Tau	х уе	ear beginning , ending month day year month day year				,
		month day year month day year x years ending on or after December 31, 2016. For prior years, use the for	n for	the	\$	
			11 101	crici		
S	ter	o 1: Identify your small business corporation		J	Enter your federal employer id	entification no. (FEIN).
į	A E	Inter your complete legal business name.	_		26-1907492	
	lf	f you have a name change, check this box.		K	Check this box if you are	a member of a unitary
		Name: SELECT PROPANE, INC.			business group, and enter the prepared the Schedule UB, Co	HEIN of the member who
E		mer your mailing address.			Unitary Business Group. Attac	
-		Check this box if either of the following apply:				
	•	this is your first return, or		L	Enter your North American Inc	lustry Classification
	•	you have an address change.			System (NAICS) Code, See in:	structions.
	C	C/O:			493100	
				М	Enter your Illinois corporate file	e (charter) number issued
	à.	Mailing address:316 BETTY DRIVE			by the Secretary of State.	•
		City: WATERLOO State: IL ZIP: 62298			-,	
,		Check the applicable box if one of the following applies,		N	Enter the city, state, and ZIP of	code where your accounting
`	Ĭ	First return Final return (If final, enter the date.	١	••	records are kept. (Use the two	-
	1	mm dd yy	₩,		e.g., IL, GA, etc.)	,one postar approviation,
	, I	this is a final ratura hassures you sold this business anter the data sold			WATERLOO	IL 62298
		f this is a final return because you sold this business, enter the date sold				State ZIP
	(I	mm dd yyyy), and the new owner's FEIN.		^	City If you are making the business	
		Name of Samuel Carrylan I francisco a appoint appointment for	mula	Ü		
ŀ		Special Apportionment Formulas. If you use a special apportionment form	nu¦a,		nonbusiness income as busin- and enter "0" on Lines 36 and	. —
		check the appropriate box, and see the Special Apportionment Formula		n		
	IF	nstructions.		۲	If you have completed the follo	owing, Cherca the DUX atti
		Financial organizations Transportation companies			attach the federal form(s) to ti	Federal Sch. M-3,
_	- -	Federally regulated exchanges		_	T Ederal Olin bood	─ Part II, Line 10
		Check this box if you attached Form IL-4562.	=	Q	If you are making a Discharge	
		Check this box if you attached Illinois Schedule M (for businesses).	=		adjustment on Schedule NLD,	
,		Check this box if you attached Schedule 80/20.	=		Line 48, check this box and at	ttach federal Form 982.
<u>_</u>	_	Check this box if you attached Schedule 1299-A.				
Ste	₽ P	2: Figure your ordinary income or loss				(Whole dollars only)
	1	•				-485,714.00
	2	Net income or loss from all rental real estate activities.				.00.
	3	Net income or loss from other rental activities.				.00,
۳	4	Portfolio income or loss.				.00.
ere.		Net IRC Section 1231 gain or loss.			-	20.
0-ST-V here	6	All other items of income or loss that were not included in the computation	n of i	nco	me or loss on	
بغ		Page 1 of U.S. Form 1120-S. See Instructions.			•	
<u> 2</u>		Identify:			6	.00
<u>-</u>	7	Add Lines 1 through 6. This is your ordinary income or loss.			7	-485,714 .oc
Attack your payment and Form IL-112	St	ep 3: Figure your unmodified base income or loss		_		
ᅙ	ψţ	op a. 1 Sait Anni altitionillon page infallie of 1099				
and	8	Charitable contributions.				.00,
Ħ	9	Expense deduction under IRC Section 179.			9	.00.
Ĕ	10	Interest on investment indebtedness.				.00
, DE	11	All other items of expense that were not deducted in the computation of	ordina	ary		
χο		Page 1 of U.S. Form 1120-S. See instructions.				
<u>=</u>		Identify:			11	.00
Atta	12	Add Lines 8 through 11.				.00.
		unmodified base income or loss.			13	-485,714.00
						· · · · · · · · · · · · · · · · ·

Step 4: Figure your income or loss

14	Enter the amount from Line 13. Unitary filers, enter the amount from	m Schedule UB, Step 2, Col E, Line 30	14	-485,714.00
15	State, municipal, and other interest income excluded from Line 14.		.00.	
16	Illinois replacement tax and surcharge deducted in arriving at Line 1		.00.	
17	Illinois Special Depreciation addition. Attach Form IL-4562.			.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.			.00
20	The amount of loss distributable to a shareholder subject to replace	ment tax. Attach Schedule B.		.00.
21	Other additions. Attach Illinois Schedule M (for businesses).		21	
22			22	.00 -485,714 .00
Step	5: Figure your base income or loss			
23	interest income from U.S. Treasury or other exempt federal			
	obligations.	23		
24	Share of income distributable to a shareholder subject to			
	replacement tax. Attach Schedule B.	.00		
25	River Edge Redevelopment Zone Dividend subtraction.			
	Attach Schedule 1299-A.	25		
26	River Edge Redevelopment Zone Interest subtraction.	· · · · · · · · · · · · · · · · · · ·		
	Attach Schedule 1299-A.	26		
27	High Impact Business Dividend subtraction. Attach Schedule 1299-A.	27		
28	High Impact Business Interest subtraction. Attach Schedule 1299-A.	28		
29	Contribution subtraction. Attach Schedule 1299-A.	29		
30	Illinois Special Depreciation subtraction. Attach Form IL-4562.	00,0		
31	Related-party expenses subtraction. Attach Schedule 80/20.	31		
32	Distributive share of subtractions, Attach Schedule(s) K-1-P or K-1-T.	32		
33	Other subtractions. Attach Schedule M (for businesses).	.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
STØ	A. Ti the amount on time 36 is derived inside Illinois only, cr			
The same of the same of		THE CONTRACTOR OF THE CONTRACT	SECONDARIO SECON	And the company of the second
	B If any portion of the amount on Line 35 is derived outsid		7	一一元的400000000000000000000000000000000000
	See instructions (if you are a unitary filer, you must com			
Step	6: Figure your income allocable to Illinois (Complete o	only if you checked the box on Line B, a	above.)	
36	Nonbusiness income or loss. Attach Schedule NB.	3	6	00.00
37	Business income or loss included in Line 35 from non-unitary partner	erships, partnerships included on a		
	Schedule UB, S corporations, trusts, or estates. See instructions.		7	0.00
38	Add Lines 36 and 37.			0 .00
39	Business income or loss. Subtract Line 38 from Line 35.		9	-485.714.00



12,993,094

12,644,460

.973168

40 Total sales everywhere. This amount cannot be negative.41 Total sales inside Illinois. This amount cannot be negative.

42 Apportionment factor. Divide Line 41 by Line 40 (carry to six decimal places). 42

43 Business income or loss apportionable to Illinois. Multiply Line 39 by Line 42.
44 Nonbusiness income or loss allocable to Illinois. Attach Schedule NB.

on a Schedule UB, S corporations, trusts, or estates. See instructions.

46 Base income or loss allocable to Illinois. Add Lines 43 through 45.

45 Business income or loss apportionable to Illinois from non-unitary partnerships, partnerships included

-472,681.00



7-	•					
Step	7: Figure your net income					
47	Base income or net loss from Step 5, Lin	ne 35. ar S	tep 6, Line 46.		47	-472,681.00
48	Discharge of Indebtedness adjustment.			structions.	48	00. 0
49	Adjusted base income or net loss. Add L				49	-472,681 .00
50	Illinois net loss deduction. Attach Scheo			egative amount, enter "0."	50	000
51	Net income. Subtract Line 50 from Line				51	0 .00 -472,681 .00
Step	8: Figure your net replacement	t tax, su	rcharge, and pas	s-through withhold	ing pay	ments you owe
52	Replacement tax, Multiply Line 51 by 1.5		• • •	-		00.00
53	Recapture of investment credits. Attach		4255.			.00
54	Replacement tax before investment cred	dits. Add L	ines 52 and 53.		54	00.00
55	Investment credits, Attach Form IL-477.				55	.00.
56	Net replacement tax, Subtract Line 55	from Line !	54. If the amount is ne	gative, enter "0."		00. 0
57	Compassionate Use of Medical Cannabi					.00
58	Pass-through withholding payments you					
	Schedule B, Section A, Line 9. See instru				58	000
59	Total net replacement tax, surcharge,			payments you owe.		
	Add Lines 56, 57, and 58.	•	-		59	0.00
Sten	9: Figure your refund or balance	e due				
-	Payments, See instructions.					
	a Credit from prior year overpayments.		60a		.00	
	ь Form IL-505-В (extension) payment.				.00	
	c Pass-through withholding payments repor	rted to vair o			******	
	K-1-P or K-1-T. Attach Schedule(s) K-1-P	•	٠.		.00	
	d Illinois gambling withholding. Attach					
	e Form IL-516-I prepayments.				.00	
	f Form IL-516-B prepayments.				.00	
61	Total payments, Add Lines 60a through	60f.				.00,
62	Overpayment, If Line 61 is greater than I		btract Line 59 from Li	ne 61.	62	.00.
63	Amount to be credited forward. See ins				- ♣63	.00
64	Refund. Subtract Line 63 from Line 62.		amount to be refunde	d.		.00
65	Complete to direct deposit your refur	•		····		
	Routing Number		□ ci	necking or Savings		
	Account Number	·				
66	Tax Due. If Line 59 is greater than Line to	61 subtrac	at Line 61 from Line 59	This is the amount you o	 we. 66	00. 0
•	If you owe tax on Line 66, complete a p					
	check or money order and make it payable to					
	Special Note - Enter the	amount o	f your payment on th	e top of Page 1 in the sp	ace provi	ded.
Step	10: Sign here					
Under	penalties of perjury, I state that I have exa	amined this	s return and, to the be	st of my knowledge, it is t	ue, correc	ct, and complete.
	·					618-719-4847
Signat	ure of authorized officer		Date	Title		Phone
			05/30/17	P00367977		Check this box if the Department may
Signat	ure of paid preparer			Paid preparer's PTIN		discuss this return with the paid
-		7	HILL CASTLE	LANE		preparer shown in this step.
		CO	LUMBIA, IL			
<u>SC</u> HI	FFEL BOYLE		236			<u>(618) 281-7605</u>
	reparer's firm name		ress			Phone
•						

If a payment is not enclosed, mail this return to: If a payment is enclosed, mail this return to:

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

Illinois Department of Revenue P.O. Box 19053 Springfield, IL 62794-9053

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 16 Morth Year

IL Attachment no. 1

Enter your federal employer identification number (FEIN).

26-1907492

SELECT PROPANE, INC.

STOP Read this information first

You must read the Schedule B instructions and complete Schedule(s) K·1-P(3) before Enter your name as shown on your Form IL-1065 or Form IL-1120-ST.

• <u>[</u>	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 Performance follow these instructions may detay 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.	le B. I may also be required to submit
on [Section A: Total members' information (from Schedule(s) K-1-P and Schedule B, Section B)	
<u> </u>	STOP Before completing this section you must first complete Schedule(s) K1-P, Schedule(s) K1-P(3), and Schedule B, Section B. You will use the amounts from those schedules when completing this section.	those schedules when completing
<u></u>	Totals for resident and nonresident partners or shareholders (from Schedule(s) K-1-P and Schedule B, Section B)	
Ψ-	Enter the total of all nonbusiness income or loss you reported on Schedule(s) K-1-P for your members. See instructions.	THE THE TWO PERSONS ASSESSMENT AS
Ø	Enter the total of all Income and replacement tax credits you reported on Schedula(s) K-1-P for your members. See instructions.	2
n	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.	6
<u> </u>	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. Sertion B. Column J for your popuse Media	
	individual members. See instructions.	4
rð.	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,	ເກີ
æ	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.	9
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.	**
0	Enter the total pass-through withholding voir reported on all pages of your School de Richard and Farman I for your Connection	
	members. See instructions.	8
œ	Add Line 4 through Line 8. This is the total pass-through withholding you owe on bahalf 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.	6

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).

(it Column F is blank, complete Column G through Column J. Otherwise, enter zero in Column G through Column J.) Page 5 of 5 0.00 0.00 Pass-through withholding payment amount 0.00 0.00 Distributable share of credits 0.00 0.00 Note - If you have more members than space provided, attach additional copies of this page as necessary. Pass-through withholding before credits 0.00 0.00 G Share of Minois jh income subject g to pase-through withholding bis Menthar's Excluded from Significant distributable amount pass-through in of base of pass peymente -242 857,00 R -342,857,00 R Subject to littrols replacement d tex or an ESOP Section B: Members' Information (See instructions before completing.)

A B C D

Partner or Subject to Sheribider SSN replicant type or type or type or type or type or type or type I CONTROLLED SSN PP PER h IL 62298 WATERLOO IL 62298 Add: 1316 BETTY DRIVE Add: 1316 BETTY DRIVE 649312 01-13-17 ID: 2BX Schedule B (R-12/16) Nems MARSHA RAMSEY State Name and Address Name RON RAMSEY WATERLOO Addr. 1 Ader. 1 Addr. 2 Addr. 2 Addr. 2 Addr. 1 Addr. 2 Addr. 2 Neme 5 Name S. Šį 4 Name City ş Ş Ş Ş ŝ S 0,0 Ç. (r)

Illinois Department of Revenue

23

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

Year ending

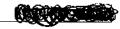
Schedule K-1-P

Deductions, Credits, and new
To be completed by partnerships filing Form IL-1065 or S corporations filing Form IL-1120-ST

Shareholders reneiving Schedule K-1-P should attach this to their Illinois tax returns.

12 16 Month Year IL Attachment No. 12

Step 1: Identify your partnership or S corporation	iesi misaois i	ax return.	
Step 1. Identity your partnership of 3 corporation		•	
1 Check your business type partnership X S corporation	3	26-1907492	
		Enter your federal employer identific	ation number (FEIN).
2 SELECT PROPANE, INC.	4	Enter the apportionment factor from	
Enter your name as shown on your Form (L-1065 or Form IL-1120-ST.		IL-1120-ST, Line 42. Otherwise, ent	er "1." <u>. 973168</u>
Step 2: Identify your partner or shareholder			
5 RON RAMSEY	7	Social Security number or FEIN	
e 21 C DEGMY DOTTE	Q	50.000000	
Mailing address	¥	Share (%)	
WATERLOO, IL 62298	9a	Check the appropriate box. See inst	ructions.
City State ZIP		X individual	corporation trust S corporation estate
	9ts	To be completed by the recipient of	
			disregarded entity
		and the amounts on this Schedule v	vill be reported by:
		Name:	
		SSN or FEIN:	
Step 3: Figure your partner's or shareholder's share of you	ır nonbu	siness income or loss	····- ,, ,
		A	В
		Member's share (See instructions.)	Member's share allocable to Illinois
10 Interest	10	(Obo mott distortion)	diddioto to mindio
11 Dividends			
12 Rental income			
13 Patent royalties			
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	19		
Specify			
Step 4: Figure your partner's or shareholder's share of you	ir busine	ess income or loss	
		A .	Ð
		Member's share from U.S. Schedule K-1, less nonbusiness income	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			
22 Net income or loss from other rental activities			
23 Interest			
24 Dividends	24		
25 Royalties	25		
26 Net short-term capital gain or loss	. 28		
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	31		



	ter the partner's or shareholder's identi	ification number from Line 7. r's or shareholder's share of	f Hlinoid	. ođditi	ings and subtraction		
		nformation provided in Step 5, you mu		auuit	orio ana sanaacaor	15	
		the amounts listed in Columns A and			٨		В
	Additions	wie Estebasie incod in Oblassica A dita	, <u>,</u>		Member's share from Form IL-1065 or IL-1120-ST		Member's share apportioned o
32	Federally tax-exempt interest income			32	FORTH (C. 1005 OF IC- 1120-51		atlocated to Illinois
	Illinois replacement tax and surcharg	e deducted		33			
	Illinols Special Depreciation addition			34			
38	Related-Party Expenses addition			35			
36	Distributive share of additions			36			 ·
37	Other additions (from Illinois Schedu	le M for businesses)		37			
	Subtractions	,					
38	a Interest from U.S. Treasury obligat	ions (business income)		38a			
	b Interest from U.S. Treasury obligat			_			
39	River Edge Redevelopment Zone Divi			39			
	High Impact Business Dividend subtr			40			
	Contribution subtraction (Form IL-11			41			·
	Interest subtraction - River Edge Red	-•		41			
	(Form IL-1120-ST financial organizat	•		42			
43	interest subtraction - High Impact Bu			42 _			
	Trade Zone (Form IL-1120-ST financi			40			
44	Illinois Special Depreciation subtraction			43 _			
	Related-Party Expenses subtraction	Çi i		44			
	Distributive share of subtractions			45 _			
	Other subtractions (from Illinois Sche	dula Métar huninagaan)		46			
1.4	Other Separations (if our minors siche	odle w for positicases)		47 _			
49	Section 1245 and 1250 gain Section 1231 gain Section 1231 gain long security and the	halfa air Oo aan aa a		48 _ 49			
	Section 1231 gain less casualty and the	nent gain. See instructions.		50 _	· · · ·		
_	Capital gain			51 _			
Sto	ep 7: Figure your partner pass-through with	r's or shareholder's share of nolding payments and federa	your III al incor	inois c ne sub	redits, recapture, ject to surcharge		
	Illinois credits	Member's or nonresident member's share from Illinois lax return	53	Recaptui	re		Member's or nonresident member's share from Illinois tax return
	Film Production Services Tax Credit	52a	a	Enterpris	e Zone or River		
	Enterprise Zone Investment Credit	52b		Edge Red	fevelopment Zone		
8	River Edge Redevelopment			Investme	nt Credit recapture	53a	
	Zone Investment Credit	52c	Ь	Replacen	nent Tax Investment		
ď	Tax Credit for Affordable			Credit rea	apture	53b	
	Housing Donations	52d			estment Credit recapture	53c	
	EDGE Tax Credit	52e	54	Pass-thro	ough withholding payment		***************************************
	Ex-Felons Jobs Credit	52f		(See insti	ructions before completing.)	54	
Ô	Veterans Jobs Credit	529	55	Federal in	come attributable to		
þ	Student-Assistance			transactio	ons subject to the		
	Contribution Credit	52ħ		Compass	ionate Use of Medical		
į	Angel Investment Credit	52i		Cannabis	Pilot Program Act surcharge.		
•	New Markets Credit	52j		See instru		55	
k	River Edge Historic				·		
	Preservation Credit	52k					
ŧ	Live Theater Production Credit	521					
	Hospital Credit	52m					
	Replacement Tax Investment	-					•
	Credits. See instructions.	52n					

849182 01-13-17

Schedule K-1-P page 2 of 2 (R-12/18) ID: 2BX

This form is authorized as outlined by the litinois income Tax Act. Disclosure of this information is REQUIRED. Faiker to provide this information could result in a penalty.



II	L SCH K-1-P MEMBE	R'S SHARE OF DISTRIBUTABLE BASE INCOME OR LOSS	
1	ENTER THE SHARE THIS MEMBER (SCH	OF INCOME FROM IL-1120-ST LINE 14 FOR HEDULE K-1-P COLUMN A LINES 10-27 & 30-31)	\$ -242,857
2	ENTER THE SHARE FROM IL-1120-ST	OF ADDITIONS DISTRIBUTABLE TO THIS MEMBER LINES 15-19 AND LINE 21	0
3	ADD LINES 1 AND	2	-242,857
4		OF SUBTRACTIONS DISTRIBUTABLE TO THIS MEMBER LINES 23 AND 25-33	. 0
5	SUBTRACT LINE 4	FROM LINE 3	\$ -242,857

Illinois Department of Revenue

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

Year ending

Schedule K-1-P

Deductions, Credits, and Re
To be completed by partnerships filing Form IL-1065 or S corporations filing Form IL-1120-ST

Schedule K-1-P should attach this to their Illinois tax re

IL Attachment No. 12

Partners and Shareholders receiving Schedule K-1-P should attach this to the	it inthuis tax retuin.	
Step 1: Identify your partnership or S corporation		
1 Check your business type partnership X S corporation	3 26-1907492 Enter your federal employer identifica	
2 SELECT PROPANE, INC.	4 Enter the apportionment factor from	_
Enter your name as shown on your Form IL-1065 or Form IL-1120-ST.	iL-1120-ST, Line 42. Otherwise, ente	r"1." <u>. 973168</u>
Step 2: Identify your partner or shareholder		
6 MARSHA RAMSEY	7 Social Security number or FEIN	A
6 316 BETTY DRIVE	8 50.00000 <u></u>	
Malling address	Share (%)	
WATERLOO, IL 62298	9a Check the appropriate box. See Instru	uctions.
City Slate ZiP		orporation trust
	Sh To be completed by the recipient or	•
•		disregarded entity
	and the amounts on this Schedule w	
·	Name:	
	SSN or FEIN:	
Ot O Financia de al qual de la chara estada de la chara estada de la chara estada de la chara estada de la chara estada de la chara estada de la chara estada de la chara estada de la chara estada de la chara estada de la chara estada de la chara estada de la chara estada de la characteria del la characteria del characteria del la characteria del la characteria del la characteria del la c	nanhusianas insoma er less	
Step 3: Figure your partner's or shareholder's share of your	nonousiness income or loss	а
	Member's share (See instructions.)	Member's share allocable to Illinois
10 Interest	10	
11 Dividends	11	
12 Rental income	t2	<u> </u>
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	
2.00 1.134.0) Car Parallel Co. C. C. C. C. C. C. C. C. C. C. C. C. C.		_
	A Member's share from U.S. Schedule K-1, less nonbusiness încome	B Member's share apportioned to Illinois
20 Ordinary income or loss from trade or business activity	20 <u>-242,857</u>	-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	<u></u>
30 Net Section 1231 gain or loss (other than casualty or theft). Total for year.	30	<u> </u>
31 Other income and expense Specify	31	
- Partier A		

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



ma 1441								_		B 8184	l
	_						- alaawa baidaa	'a skara	of Illinois	i additions and	i subtractions
Sta	· 5·	· F-1/7	t tro	VOLIT	namner	'S D	r snarenoiuei	2 211GF &	OI THITTOIS	PORITION OF	l subtractions

Sch	 P Recipient: Before using the info 	ormation provided in Step 5, you mus	t read			n
	edule K-1-P(2) to correctly report the	ne amounts listed in Columns A and I	3.	A Member's share from		Member's share apportioned or allocated to Illinois
	Additions			Form R-1085 of IL-1120-ST		allocated to Illinois
	Federally tax-exempt interest income		3			
	Illinois replacement tax and surcharge	deducted	3.			
34	Illinois Special Depreciation addition		3			
	Related-Party Expenses addition		3			
	Distributive share of additions		3			
37	Other additions (from Illinois Schedule	M for businesses)	3	7		
	Subtractions					
38	a interest from U.S. Treasury obligation	ns (business income)	3	Ва		
	b Interest from U.S. Treasury obligation	ns (nonbusiness incomé)	3	6b		
39	River Edge Redevelopment Zone Divide	end Subtraction	3	ê		
	High Impact Business Dividend subtra		4	0		
41	Contribution subtraction (Form IL-112	0-ST filers only)	4	1		
42	Interest subtraction - River Edge Rede	velopment Zone				
	(Form IL-1120-ST financial organization		4	2		
43	Interest subtraction - High Impact Bus					
	Trade Zone (Form IL-1120-ST financia		4	3		
44	Minois Special Depreciation subtractio		4	4		
	Related-Party Expenses subtraction		4	5		
	Distributive share of subtractions			6		
	Other subtractions (from Illinois Scher	dule M for businesses)		17		
*1		's or shareholder's (except			1	
49 50	Section 1245 and 1250 gain Section 1231 gain Section 1231 gain less casualty and th Capital gain	neft gain. See instructions.		(Form IL-1065 or IL-1120-ST) 18		allocated to Illinois
	i rahusi dani			· · · · · · · · · · · · · · · · · · ·		
_						
St	ep 7: Figure your partner	's or shareholder's share of	your Illir	ois credits, recapture,		
St	ep 7: Figure your partner pass-through with	's or shareholder's share of nolding payments and feder	your Illir al income	ois credits, recapture, e subject to surcharge		
St	ep 7: Figure your partner pass-through with	nolding payments and feder Member's or nonresident	your illin al income	ois credits, recapture, subject to surcharge	•	Member's or nonresident
	pass-through with	nolding payments and feder Member's or nonresident member's share from	al income	ois credits, recapture, subject to surcharge		Member's or nonresident member's stare from illinois tax return
52	pass-through with	nolding payments and feder Member's or nonresident member's share from Illinois tax return	al income 53 R	subject to surcharge		member's share from
52	pass-through withit Illinois credits Film Production Services Tax Credit	Member's or nonresident member's share from illinois tax return	al income 53 R a E	ecapture		member's share from
52 a b	pass-through withit Illinois credits Film Production Services Tax Credit Enterprise Zone Investment Credit	nolding payments and feder Member's or nonresident member's share from Illinois tax return	al income 53 R a E E	ecapture on River	53a	member's share from
52	pass-through withit Illinois credits Film Production Services Tax Credit Enterprise Zone Investment Credit River Edge Redevelopment	Member's or nonresident member's share from illinois tax return 52a 52b	53 R a E b	ecapture nterprise Zone or River dge Redevelopment Zone nvestment Credit recapture	53a	member's share from
52 a b	pass-through withit Illinois credits Film Production Services Tax Credit Enterprise Zone Investment Credit River Edge Redevelopment Zone Investment Credit	Member's or nonresident member's share from illinois tax return	al Income 53 R a E E li b R	ecapture nterprise Zone or River dge Redevelopment Zone	53a 53b	member's share from
52 a b	pass-through within the pass-through within the pass-through within the passes of the	Member's or nonresident member's share from illinois tax return 52a 52b	53 R a E li b R	ecapture Interprise Zone or River Idge Redevelopment Zone Investment Credit recapture Ideplacement Tax investment		member's stare from Illinois tax return
52 a b c	pass-through within the pass-through within the production Services Tax Credit Enterprise Zone Investment Credit River Edge Redevelopment Zone Investment Credit Tax Credit for Affordable Housing Donations	Member's or nonresident member's share from illinois tax return 52a 52b 52c	53 R a E h b R c A	ecapture Interprise Zone or River Idge Redevelopment Zone Investment Credit recapture Ideplacement Tax investment Iterative tecapture	53b	member's stare from Illinois tax return
52 a b c	pass-through within the control of t	Member's or nonresident member's share from illinois tax return 52a 52b 52c 52d 52d	53 R a E li b R c A 54 P	ecapture nterprise Zone or River dge Redevelopment Zone nvestment Credit recapture eplacement Tax investment tredit recapture angel Investment Credit recapture ass-through withholding payment	53b	member's stare from Illinois tax return
52 a b c d	pass-through within the control of t	Member's or nonresident member's share from illinois tax return 52a 52b 52c 52d 52d 52t	53 R a E li b R c A 54 P	ecapture Interprise Zone or River Idge Redevelopment Zone Investment Credit recapture Idgel Investment It investment Tax investment	53b 53c	member's stare from Illinois tax return
52 a b c d e f	pass-through within the control of t	Member's or nonresident member's share from illinois tax return 52a 52b 52c 52d 52d	53 R a E b R C c A 54 P ()	ecapture nterprise Zone or River dge Redevelopment Zone nvestment Credit recapture teplacement Tax investment redit recapture ingel Investment Credit recapture ass-through withholding payment See instructions before completing.) ederal income attributable to	53b 53c	member's stare from Illinois tax return
52 a b c d	pass-through withing the control of	Member's or nonresident member's share from illinois tax return 52a 52b 52c 52d 52e 52f 52g	53 R a E b R C A 54 P ()	ecapture nterprise Zone or River dge Redevelopment Zone nvestment Credit recapture deplacement Tax investment tredit recapture ungel Investment Credit recapture ass-through withholding payment See instructions before completing.) dederal income attributable to ransactions subject to the	53b 53c	member's stare from Illinois tax return
52 a b c d e f g	pass-through within the contribution of contri	Member's or nonresident member's share from illinois tax return 52a 52b 52c 52d 52e 52t 52g 52h	53 R a E b R c A 54 F	ecapture nterprise Zone or River dge Redevelopment Zone nvestment Credit recapture teplacement Tax investment redit recapture ingel Investment Credit recapture ass-through withholding payment See instructions before completing.) ederal income attributable to	53b 53c 54	member's stare from Illinois tax return
52 a b c d e f	pass-through withing the contribution Credit Enterprise Zone Investment Credit River Edge Redevelopment Zone Investment Credit Tax Credit for Affordable Housing Donations EDGE Tax Credit Ex-Felons Jobs Credit Veterans Jobs Credit Student-Assistance Contribution Credit Angel Investment Credit	Member's or nonresident member's share from illinois tax return 52a 52b 52c 52d 52e 52f 52g 52h	53 R a E b R c A 54 P 65 P	ecapture nterprise Zone or River dge Redevelopment Zone nvestment Credit recapture seplacement Tax investment tredit recapture agel Investment Credit recapture ass-through withholding payment See instructions before completing.) ederal income attributable to ransactions subject to the compassionate Use of Medical cannabis Pilot Program Act surcharge	53b 53c 54	member's stare from Illinois tax return
52 a b c d e f g h	pass-through withing the contribution Credit Services Tax Credit Enterprise Zone Investment Credit River Edge Redevelopment Zone Investment Credit Tax Credit for Affordable Housing Donations EDGE Tax Credit Ex-Felons Jobs Credit Veterans Jobs Credit Student-Assistance Contribution Credit Angel Investment Credit New Markets Credit	Member's or nonresident member's share from illinois tax return 52a 52b 52c 52d 52e 52t 52g 52h	53 R a E b R c A 54 P 65 P	ecapture nterprise Zone or River dge Redevelopment Zone nvestment Credit recapture deplacement Tax investment tredit recapture angel Investment Credit recapture ass-through withholding payment See instructions before completing.) dederal income attributable to ransactions subject to the compassionate Use of Medical	53b 53c 54	member's stare from Illinois tax return
52 a b c d e f g	pass-through withing the control of	Member's or nonresident member's share from illinois tax return 52a 52b 52c 52d 52e 52f 52g 52h 52l	53 R a E b R c A 54 P 65 P	ecapture nterprise Zone or River dge Redevelopment Zone nvestment Credit recapture seplacement Tax investment tredit recapture agel Investment Credit recapture ass-through withholding payment See instructions before completing.) ederal income attributable to ransactions subject to the compassionate Use of Medical cannabis Pilot Program Act surcharge	53b 53c 54	member's stare from Illinois tax return
52 a b c d e f g h i j k	pass-through withing the control of	Member's or nonresident member's share from illinois tax return 52a 52b 52c 52d 52e 52f 52g 52h 52i 52i 52i 52i 52k	53 R a E b R c A 54 P 65 P	ecapture nterprise Zone or River dge Redevelopment Zone nvestment Credit recapture seplacement Tax investment tredit recapture agel Investment Credit recapture ass-through withholding payment See instructions before completing.) ederal income attributable to ransactions subject to the compassionate Use of Medical cannabis Pilot Program Act surcharge	53b 53c 54	member's stare from Illinois tax return
52 a b c d e f g h i j k	pass-through withing the contribution Credit Enterprise Zone Investment Credit Enterprise Zone Investment Credit River Edge Redevelopment Zone Investment Credit Tax Credit for Affordable Housing Donations EDGE Tax Credit Ex-Felons Jobs Credit Veterans Jobs Credit Veterans Jobs Credit Student-Assistance Contribution Credit Angel Investment Credit New Markets Credit River Edge Historic Preservation Credit LIve Theater Production Credit	Member's or nonresident member's share from illinois tax return 52a 52b 52c 52c 52t 52t 52t 52t 52t 52t 52t 52t 52t 52t	53 R a E b R c A 54 P 65 P	ecapture nterprise Zone or River dge Redevelopment Zone nvestment Credit recapture seplacement Tax investment tredit recapture agel Investment Credit recapture ass-through withholding payment See instructions before completing.) ederal income attributable to ransactions subject to the compassionate Use of Medical cannabis Pilot Program Act surcharge	53b 53c 54	member's stare from Illinois tax return
52 a b c d e f g h i j k	pass-through withing the contribution Credit Enterprise Zone Investment Credit Enterprise Zone Investment Credit River Edge Redevelopment Zone Investment Credit Tax Credit for Affordable Housing Donations EDGE Tax Credit Ex-Felons Jobs Credit Veterans Jobs Credit Veterans Jobs Credit Student-Assistance Contribution Credit Angel Investment Credit New Markets Credit River Edge Historic Preservation Credit LIve Theater Production Credit Hospital Credit	Member's or nonresident member's share from illinois tax return 52a 52b 52c 52d 52e 52f 52g 52h 52i 52i 52i 52i 52k	53 R a E b R c A 54 P 65 P	ecapture nterprise Zone or River dge Redevelopment Zone nvestment Credit recapture seplacement Tax investment tredit recapture agel Investment Credit recapture ass-through withholding payment See instructions before completing.) ederal income attributable to ransactions subject to the compassionate Use of Medical cannabis Pilot Program Act surcharge	53b 53c 54	member's stare from Illinois tax return
52 a b c d e f g h i j k	Pass-through withing the contribution Credit Enterprise Zone Investment Credit Enterprise Zone Investment Credit River Edge Redevelopment Zone Investment Credit Tax Credit for Affordable Housing Donations EDGE Tax Credit Ex-Felons Jobs Credit Veterans Jobs Credit Veterans Jobs Credit Student-Assistance Contribution Credit Angel Investment Credit New Markets Credit River Edge Historic Preservation Credit Live Theater Production Credit Hospital Credit	Member's or nonresident member's share from illinois tax return 52a 52b 52c 52c 52t 52t 52t 52t 52t 52t 52t 52t 52t 52t	53 R a E b R c A 54 P 65 P	ecapture nterprise Zone or River dge Redevelopment Zone nvestment Credit recapture seplacement Tax investment tredit recapture agel Investment Credit recapture ass-through withholding payment See instructions before completing.) ederal income attributable to ransactions subject to the compassionate Use of Medical cannabis Pilot Program Act surcharge	53b 53c 54	member's stare from Illinois tax return

849132 01-13-17

Schedule K-1-P page 2 of 2 (R-12/16) 1D: 2BX

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.



I	L SCH K-1-P MEMBER'S SHARE OF DISTRIBUTABLE BASE INCOME OR LO	SS	
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

MC	Form)-1120S	Missouri Department of Revenue 2016 S-Corporation Income T	ax Return	Department Use (MM/DD/YY)	Only Missouri Tax		
		Missouri S-Corporation Income Begi Tax Return for 2016 (MM	nning 0 1 0 1	Endin	I.D. Number 9 DD/YY) 1 2 3	1 1 6	
Federa LD, Nu Corpora Name	ation		Charter Number				
Addre	ss 316 I	BETTY DRIVE					
City	WATERLO	00				State	$\lceil_{ ext{IL}} ceil$
ZIF		2298		1	1611201	1019	
	Select this bo	ox if you have an approved federal exter	nsion. Attach a copy of the	e approved Federal	Extension (Form 7004)	-	
	Applicable E	Soxes. Failure to select the address cha	nge box may result in ma	·············	st address on file. d Close Account	Bankn	ıptcy
S-Eorporal on	If Yes, co 2. Does the If Yes, co 3. Does the	e S corporation have any Missouri modificant place to the second of the	nd the shareholder informates areholders?	nation on page 3.	m MO-NRS.	X Yes	X No
	Additions						
2402.25		d local income taxes deducted on Fede Insas City & St. Louis earnings taxes. Er		1a			
		1		1b	. 00 1		
	2a. State an	d local bond interest (except Missouri)		2a	- 00		
Neule	2b. Less: rel	ated expenses (omit if less than \$500)			. 00 2		. 00
S-Corporation Adjustments	4. Donation	tnership Fiduciary (1) on s claimed for the Food Pantry Tax Cred 135,647, RSMo			3 4		. 00
9	5. Total of I	Lines 1 through 4	,,		5	<u></u>	_ 00
3	Subtractions			6a	. 00		
NE CONTRACT		from exempt federal obligations ated expenses (omit if < \$500) Enter Lin	e 6a less Line 6b	i Sa	-1-99		
		6		6Ь	. 00 6		[00]
	7. Amount	of any state income tax refund included	in federal ordinary incon	ne	7		. 00
081311	8. Federally	y taxable - Missouri exempt obligations			8		. 00

Subtractions (continued) 9. Partnership Fiduciary Build America and	d Recovery Zone Bond Interest		
9. Partnership Fiduciary Build America and Missouri Public-Private Transportation Act 10. Missouri depreciation basis adjustment (Section 143.121.3(7), Public Private Transportation Act 11. Depreciation recovery on qualified property that is sold (Section 143.121.3(7)).	er adjustments (list) 9	. 00
10. Missouri depreciation basis adjustment (Section 143.121.3(7), R	<u>SMo</u>)	10	
11. Depreciation recovery on qualified property that is sold (Section	143.121.3(9), RSMo)	11	
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 Lin	e 12 over Line 5	14	
15. Agriculture Disaster Relief (Section 143.121.3(10), RSMo)		15	- 00
Under penalties of perjury, I declare that the above information and a complete, and correct.	ny attached supplement is true,	Deparment U	se Conty
I authorize the Director of Revenue or delegate to discuss my return a			res No
member of his or her firm, or if internally prepared, any member of the	nnemai stan	<u></u> _	es140
5 of Officer	Name		
Telephone	Date Signed		
Number 618-719-4847	(MM/DD/YY)		
Preparer's Signature	Preparer's FEIN,		
(Including Internal Preparer)	SSN, or PTIN P 0	0 3 6 7	9 7 7
Telephone (618) 281-7605	Date Signed (MM/DD/YY) 0	5 3 0 1	7

ame ederal D. Nun	SELECT PROPANE, INC. Employer 2 6 1 9 0 7 4 9 2	Charter Number							dumber	i			
	Name of each shareholder. All shareholders must be listed. Use attachment if necessary.	Select it shareholder is nouresident	s 3.	. Socia	al Secui	rity Nu	ımber		4. Shareholder's Share %	5.	Sherehole Addition		stment
(a)	RON RAMSEY	X .							50.0000%	, [00 00
b)	MARSHA RAMSEY	X	0	P 3		-63	4.72		50,0000%	,			0 00
(c)									9/	5			00
d)									9	۵ 🗀			00
В)									9	<u> </u>			00
Allocation of Missouries Corporation Adjustment to State Broader Corporation (Corporation of Corporation of Cor									9	á [00
g)									9	6			oc
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s)				1		J L	.			% <u> </u>			01
龖 C	otal olumn 4 - Enter percentages from Federal Sche	dule K-1(s). I	Round pe	ercenta	ages to	whole	numb	ers.	100			•	0
E C	olumn 5 - Enter Missouri S corporation adjustments in Column 4 by the total in Column 5. The amount after each shareholder's Form MO-1040, Individual Income Ta	Indicate at t name in Col	the top of ump 5 mi	f Colur ust be	nn 5 wh reporte	ether d as a	the ad modif	ijustme fication	ents are additi I by the share	ions o hoide	r subtra r on his	etions. or her	

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.

Form MO-1120S (Revised 12-2018)



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)

1	2

3 1

1 6

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 <u>Form MO-NRI</u> of each nonresident shareholder.

Corporation Name	SELEC'	PROPANE,	INC.	 										
Missouri Tax Number	I.D.				ļ i			14	1080	11019				
Charter Number					Federal Employer	2	6	1	9	0	7	4	9	2
Nonresident Shareholder	s Name R	ON RAMSEY			Social Security Number	4		7					25	2

	(a) Federal Schedule K	(b) Missouri Source	(c) MO-MSS %	(d) Federal Schedule K-1	(e) Missouri Source
Ordinary business income (loss)	-485,714 00	-4,34200	0 0 0 .8 9 4	-242,857 00	-2,17100
Net rental real estate income (loss)	. 00	00		00	06
Other net rental income (loss)					
(Federal Schedule K, Line 3c)	00	00		00	0
4. Interest income	. 00	00		00	. 0
5a. Ordinary dividends	. 00	00		00	0
5b. Qualified dividends	. 00	00		00	0
6. Royalties		00		00	0
7. Net short-term capital gain (loss)		00		00	0
8a. Net long-term capital gain (loss)	. 00	00		00	0
8b. Collectibles (28%) gain (loss)	00	00		00	0
8c. Unrecaptured section 1250 gain	00	00		90	c
9. Net section 1231 gain (loss)	00	00		00	0
10. Other income (loss)	00	00		00	0
11. Section 179 deduction	. 00	00	, ,	00	0
12a. Contributions	00	00		00	0
12b. Investment interest expense		00		00	
12c. Section 59 (e)(2) expenditures		00		00	0
12d. Other deductions ,		00		60	0

3	(a)	(b)	(c)	(d)	(e)
The lines below and Column (a) correspond to	Missouri			Shareholder's	
the lines on Form MO-1120S.	S Corporation	Missouri		S Corporation	Missouri
	Adjustment	Source	MOMSS%	Adjustment	Source
Additions					
1. Net state and local income taxes deducted					
on Federal Form 1120S	00	00			
Net state and local bond interest		Ì			
(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			and the second
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			
0. 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)	90	00			
2. Total of Lines 6 through 11	00	00			
Missouri S corporation adjustment					
- Net Addition	00	00		00	00
Missouri S corporation adjustment					
- Net Subtraction	00	00		00	00
15. Agriculture Disaster Relief					
(Section 143,121.3(10), RSMo)	00	00		00	00

Form MO-NRS (Revised 12-2016)

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



Fo	m
VIO-	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)

2	3	1	1	6

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.

be entered or	the app	ropria	te lines (of <u>Form</u>	MO-NRI	of each nonresident	shareholder.	
Corporation Name	SELE	CT	PROP	ANE,	INC.			
Missouri Tax Number	l.D.						14-108011019	
Charter Number		•••••					Federal Employer 2 6 1 9 0 7 4 9 2 I.D. Number	
Nonresident Shareholder's	Name	MAR	SHA	RAMS	EY		Social Security Number	

	(a) Federal Schedule K	(b) Missouri Source				(c) MSS	%			d) Federa hedule N		(e) Missouri Source	
Ordinary business income (loss)	_485,714,00	-4,342 00	О	0	0	. 8	9	4	-2	42 <u>,857</u>	00	-2,171	
Net rental real estate income (loss)	00	00									00	0	
Other net rental income (loss) (Federal Schedule K, Line 3c)	00	00].[00	0	
4. Interest income		00									00	0	
5a. Ordinary dividends	00	00								<u></u>	00	0	
5b. Qualified dividends		00									00	0	
6. Royalties	00	00].[00	G	
7. Net short-term capital gain (loss)	00	00									00		
8a. Net long-term capital gain (loss)		00],					00		
8b. Collectibles (28%) gain (loss)	00	00								<u>-</u> .	00		
Bc. Unrecaptured section 1250 gain	00	00].[ao		
9. Net section 1231 gain (loss)	00	00									00		
10, Other income (loss)	. 00	00].[00		
11. Section 179 deduction	00	00								·	00		
12a. Contributions	00	00							<u> </u>		00		
12b. Investment interest expense	00	00									00		
12c. Section 59 (e)(2) expenditures	00	00									00		
12d. Other deductions	00	00									00		

	4-1	<i>G</i> -1	(c)	(d)	(e)
	(a)	(b)		Shareholder's	
The lines below and Column (a) correspond to	Missouri	3.61		S Corporation	Missouri
the lines on Form MO-1120S.	S Corporation	Missouri	MO-MSS %	Adjustment	Source
	Adjustment	Source	I WIO-WIGO 70	Adjustment	
Additions					
Net state and local income taxes deducted					
on Federal Form 1120S	00	0.0		-	
2. Net state and local bond interest					
(except Missouri)	00	00			
3. Partnership Fiduciary					
r 					
Other adjustments	00	00	<u>' </u>		
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	DI			
Subtractions	Į [
Net interest from exempt federal obligations	00	00			
Amount of any state income tax refund					
included in federal ordinary income	00	0			
8. Federally taxable - Missouri exempt					
obligations	00	0			
9. Partnership Fiduciary					
Other adjustments					
Duild America and Bosovery Zopo					
Build America and Recovery Zone Bond Interest					
Missouri Public-Private	1				
Transportation Act	oc	ol a	0		
10. Missouri depreciation basis adjustment					
(Section 143.121.3(7), RSMo)	00) la	o		
11. Depreciation recovery on qualified property					
that is sold (Section 143.121.3(9), HSMo)	00		o		
tilat is sold toodidit indicate, tolog, trottoy					
12. Total of Lines 6 through 11	00		0		
13. Missouri S corporation adjustment					
Net Addition	00	م ا _د	0	0	00
14. Missouri S corporation adjustment	<u> </u>	-		1	
	lo	م ا اد	0	0.	o oc
- Net Subtraction					
10. Agriculture Disaster Hener	1 10	n [c	0	i lo	0 00

Form	MO-N	JRS.	(Revis	sed 12	2-2016	ò

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



Form MO-MSS	Missouri Department of Revenue S Corporation Allocation and Apportionment Schedule	2	Department Use Only (MM/DD/YY)	Attachme	ent Sequenc	≫ No. 1120S	3-02
Missouri Tax	Taxable Year (MM/DD/YY) 0		Ending (MM/DD/YY) ste this form if all incom	1 2	2 3	1 1 1 urces.	6
Federal Employer		Charter Charter		1	1 1	1 1	 1
I.D. Number	2 6 1 9 0 7 4	. 9 2 Number					
Corporation							
Name SEL	ECT PROPANE, INC.						
enter the me	tutes provide eight methods of determine thod and the percentage calculated on - Multistate Allocation and Three Factor - Business Transaction Single Factor A	Form MO-NRS, Parts 1 and Apportionment - Multistate Transportionment - Section 143.4	2, Column (c). ax Compact - Section 3 51.2(2), RSMo - (Comp	32-200, R lete Parts	SMo - (Com : 3 and 2)		
置 L Two	A - Optional Single Sales Factor Apport	ionment · <u>Section 143.451,2</u>	3), RSMo - (Complete F	Parts 3 an	id 2)		
177 - 77.5	nods - Attach Detailed Explanation e - Transportation - <u>Section 143.451.3,</u>		ur - Railroad - Section 1				
Five	- Interstate Bridge - Section 143.451.5		- Telephone and Teleg				
Note: Comp	lete mileage information below for Meth Missouri Miles	od Three - Six and enter the p Total Miles	ercentage on Form MU Percent	FNHS, Pa	πsιanα∠,	Column (c).	
	PROSOCI PROS	7 7 7					
		÷ = 0	00.000%	ó			
Seve	n - Other Approved Method - Section 1	43.461.2, RSMo. Letter of Ap	proval from the Directo	r of Reve	nue must b	e attached.	
persona whether (at origin	yearly value of real and tangible I property used in the business, owned or rented. Owned property: nal cost, see instructions) (Exclude						
2.31	not connected with the business se of construction in progress.)	Total Missouri (a)	Total Everywhere	(b)	Percent wit	hin Missouri	(a) ÷ (b)
100 miles	or contract the programme			· []			
Land		- 00		. 00			
Depreci	able assets	0.00	1,058,176	00			
	y and supplies			. 00			
Other (a	ttach schedule)	. 00		. 00		l percentage	
Net rent	, times eight	- 00		. 00		to three digi of the decim	
				7			T_
Total Prope		0.00	1,058,176	00	100	0 .0 0	0 %
_£ 2. Wages,	salaries, commissions, and other						
compen	sation of employees related to sincome			- F-		····	 -
Total Wages	and Salaries	0.00	971,751	00	200	0.00	0 %
3. Salas (or	oss receipts, less returns and allowance	es):					
September 1	oss receipts, iess returns and allowands s delivered or shipped to Missouri						
purcl	hasers:						
661951 12-02-16 1) SI	nipped from outside Missouri	348,634.00		14	10-20 t 10 f	<u>.</u>	

5488								ı (141 05				
		2) Shipped from w	vithin Missouri				Q	00		f immiwa (imsi	m i K i ki	14105	02101	9	III 3316 1 (#)#	
		b) Sales from Missour														
13 2		1) the United Stat	es Government					00								
		2) purchasers in a	state where the													
		taxpayer would	not be taxable		r ^{i.} ———			רו ו								
Contin			olic Law 86-272)				- 0	00								
7		c) Other gross receipt	s (rents, royalties	,				7 []								
art		interest, etc.)	,,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,). [<u>oo</u>]								
1.3.2					i									T		
(1) (1) (1) 1 (1) (2)		otal Sales					3,634		•	<u> 12,993,09</u>	3 4	.[<u>00]</u> 3	0 0	2	. 6 8	3_%
	4.	Apportionment Factor												T		
1 gland 1 7 7 7 1		instructions). Enter on	Form MO-NRS, 9	arts	s 1 and 2, Colu	usi (4	c)					4	0 0	U	J-18 19	4 %
s.a. A}}	_	- 41 41h				u de a	lhe in Adia	anuri E	ntor	on Lion to the s	mo	int of sales	e in Mies	NOL II	ri	
	•	Enter on Line 1 the an Enter on Line 2 the an	nount of sales wit	ion a	are transacted t	wno: parti	ny na ivas Na withio	Mecou	nter dan	dingster a me a	n nor	anti Souri	4 11 14 11 10 C	OG	11.	
	Ī	Enter on Line 3 the an								a party without	177145	J. J. J. J. J. J. J. J. J. J. J. J. J. J				
	-	In determining income	from Missouri e	usr~	ee in caese wha	941IC	oh seie:	not avo	ress.	the volume of b	usin	ess. enter	on Line	1 tl	he amount o	of
	•	business transacted v	cholli in Missouri	and	Lenter on Line 2	2 the	amouni	t of busi	ines	transacted par	tlv ir	Missouri a	and par	tiv o	outside Miss	souri.
	_	Enter on Line 4a the a			(C)1001 011 2-10 1						,		•	_		
	-	Attach an explanation			l ine 4a with sc	ecif	ic data c	n Feder	ral F	orm 1120S.						
	_	Arracti an exhibitation	reconcing time	7 01	Lilo 4a Willion	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	io data c	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		0.,,, 1.200.						
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.5		Susiness:Transaction S	ingle Eactor App	artio	nment			Option	als	ingle Sales Pact	or A	орентопле	int (3 = 5 iz		
Q.				Г				1a. An	nour	t of sales wholly	/ in					
Ö.	1.	Amount of sales wholl	ly in Missouri	. L			00	Mi	SSOL	ıri			L			. 00
5,	2.	Amount of sales partly	y within and	Г		_										
8		partly without Missour	ri	. L			. 00									
96	3.	Amount of sales whole	ly without	Γ			7 [7									
5		Missouri		. L			. 00									
	4.	Total amount - all soul		Γ												
		Add Lines 1, 2, and 3		. L				4a. Ar	nour	nt of total sales			L			. 00
				Γ			7 []									
		One-half of Line 2		. L			. 00									
1037	6.	Total amount Missour		Γ												
et e		Add Lines 1 and 5		L			. 00									
	7.	Missouri single factor	• •							uri optional singl						
		fraction (Divide Line 6							•	ionment fraction	-					
		Enter on Form MO-NF		_	0.0	0	0 %	1,5	n Dy De n	Line 4A). Enter o arts 1 and 2, Co	on re	o (a)	0	r	ı la la	0 %
		and 2, Column (c)		. [<u>, o o .o</u>	U	U 176	191	no r	ans rand 2, Co	וונאנ	11 (C)	10 10	1	-10 10	
QEES S	i	Directly allos	able nonbusi⊓es	e ind	come. De not al	lloca	ite expe	nses tha	et ha	ve been exclude	ed fr	om federal	taxable	inc	ome.	
		All income	is presumed to													
		7 47 (1.14.2.11)								business incom						
Ě		ļ	Gro	ss in	come					ed Expenses		Indir	ectly Re	late	ed Expense	8
Ö		1	(1) Everywhere		(2) Missouri		(3) Ev	erywhei	e	(4) Missouri		(5) Even	ywhere	1	(6) Misso	uri
O	1													1		
Ö	1.	Directly alloc All income Interest income		00		00			00		00		0	0		00
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	2.	Royalties		00		00			00		00		0	<u>o </u>		00
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5	3.	Rents		00		00			00		00		0	0		00
ē	THE SECTION AND ADDRESS OF THE SECTION ADDRESS OF THE SECTION ADDRE															
	4.	Net capital gains		<u>00</u>		00	<u></u>		00		00		0	۱		00
e de	1	Net capital gains Dividends														
	5.	Dividends		00		00			00		00		0	니		00
	1								65		00			اہ		00
亞斯	6.	Total each column		00		00	<u> </u>		00	<u> </u>	00	i <u></u> .	U	0		00

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Shareholder's Information MISSOURI For Calendar Year 2016, or Fiscal Year 2016 SCHEDULE K-1 EQUIVALENT and Ending Beginning SHAREHOLDER'S NAME, ADDRESS, AND ZIP CODE SHAREHOLDER'S SS#: 4 RON RAMSEY 1 PERCENTAGE 50.0000 SHAREHOLDER NO. 316 BETTY DRIVE RESIDENCY STATUS: RESIDENT [NONRESIDENT X WATERLOO, IL 62298 S CORPORATION NAME, ADDRESS, AND ZIP CODE MITS/MO ID NO. FEDERAL ID NO. 26-1907492 SELECT PROPANE, INC. 316 BETTY DRIVE WATERLOO, IL 62298 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	Page 2
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	

Shareholder's Information MISSOURI 2016 For Calendar Year 2016, or Fiscal Year SCHEDULE K-1 and Ending EQUIVALENT. Beginning SHAREHOLDER'S SS#: SHAREHOLDER'S NAME, ADDRESS, AND ZIP CODE 2 PERCENTAGE 50.0000 SHAREHOLDER NO. MARSHA RAMSEY 316 BETTY DRIVE NONRESIDENT X RESIDENCY STATUS: RESIDENT | WATERLOO, IL 62298 FEDERAL ID NO. MITS/MO ID NO. S CORPORATION NAME, ADDRESS, AND ZIP CODE 26-1907<u>492</u> SELECT PROPANE, INC. 316 BETTY DRIVE WATERLOO, IL 62298 PART I - DISTRIBUTIVE SHARE ITEMS Shareholder Adjustment - Net Subtraction Shareholder Adjustment - Net Addition 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 Hilization 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

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Missouri Quality Jobs Credit

MISSOURI SCHEDULE K-1 EQUIVALENT	Page 2
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Alternative Fuel Infrastructure Credit	
Missauri Works Credit	
Sporting Event Gredit	
Sporting Contribution Credit	

MARCH 2018 INCOME STATEMENT 0100 SELECT PROPANE

	01	00 SELECT PRO		SATATA		
*****	74 FOUR TIL	CUTY	OKRENT	YID AMOUNT	YID QIY	96
SALES	AMOUNT AGO 10	QTY CT COO A	<u>8</u>	387,128.25	168,282.0	<u>-</u> 7.707-
30200 GASOLINE SALES	152,463.12	65,828.0	117.345	2,715,544.79	1,114,233.3	54.062-
30300 DIESEL SALES	820,858.30	338,772.3	631.782 200.957	1,248,973.43	838,992.3	24.865-
30500 PROFANE SALES	261,098.11	175,070.3	15,548	50,129.72	030,992.3	.998-
30600 MISC. SALES	20,200.93 6,938.22		5.340	13,283.79		.264-
30650 LUBE SALES			5.340	4,415,059.98		1201
TOTAL SALES	1,261,558.68			4,413,039.90		
COST OF SALES						
40200 GASOLINE FURCHASES	149,342.92		13.585	378,593.80		9.874
40300 DIESEL FURCHASES	773,486.02		70.363	2,570,071.47		67.032
40400 ACCESORY PURCHASES	.00		.000	1,209.57		.032
40500 PROPANE FURCHASES	142,881.31		12.998	817,999.28		21.335
40600 MISC. FURCHASES	27,007.87		2.457	54,145.96		1.412
40650 LUBE PURCHASES	5 ,648 .90		.514	10,357.60		.270
49150 RETAINED GALLONS COMMISSION	919.73		.084	1,709.75		.045
TOTAL COST OF SALES	1,099,286.75			3,834,087.43		
GROSS FROFTT/LOSS	162,271.93			580,972.55		
SELLING/GENERAL EXPENSE						
45100 ACCUNTING & 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 ROSTAGE	1,282.96		.643	1,798.48		.299
48900 RENT-EQUIEMENT	1,550.00		.777			
49100 REPAIRS & MAINTENANCE	3,613.98		1.810	5,458.64		.906
49200 SECURITY	75.00		-038	7,603.64 75.00		1.263
49300 SUPPLIES	307.25		.154			.012
49500 TAXES GENERAL				1,963.01		.326
49700 TAXES FAYROLL	91.67 5,582.30		-046 2.707	275.01 21, 1 99.74		.046
49900 TELEPHONE	590.92		2.797 -296	•		3.520
50000 TRAVEL	310.00	-	.155	1,458.33 310.00		.242 .051
50100 TRICK EXPENSE			8.298			
50300 UTILITIES	16,563.93 613.56		.307	35,902.61 2,059.09		5.962
50500 WAGES EXPENSE	67,544.31		33.838	,		.342
TOTAL SELLING/GENERAL EXPENSE	199,613.55		22.030	223,846.38 602,216.02		37,170
OHER 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-		

MARCH 2018 INCOME STATEMENT 0100 SELECT PROPARE

α	TY2	QΨ	N. I

		CURRENT
	CASH	YID ZWOUNI
10000	PETTY CASH	43.50
	CASH ON DEPOSIT	89,905.83-
	•	89,862.33-
10	ITAL CASH	03,002.33
	N. CARACTER STOCK CONTRACTOR TO THE TO	
	ACCUNIS RECEIVABLE	1 405 505 00
	ACCOUNTS RECEIVABLE	1,426,795.90
	SELECT FUEL & CONV. RECEIVAB	633,245.54
	ALT EVEL CREDIT RECEIVABLE	5,908.68
10493	ADM TAX RECEIVABLE	15,478.00
TO	TAL ACTUNIS RECEIVABLE	2,081,428.12
	INVENTORY	
10501	INVENTORY	142,365.41
TO	TAL INVENIORY	142,365.41
	OTHER ASSETS	
10901	PREPAID PROPANE	.00
10902	PREPAID LICENSE	16,923.89
	PREPAID INSURANCE	26,375.66
	PPD HAUT TAX	274.97
	FREPAID TAX FREP	
		.04
	ACQUISITION COSTS	100,000.00
	AMORITAZATION/ORGANIZATION	53,333.76-
	LOAN COSTS	462,423.83
	AMORITIZATION/LOAN COSIS	38,535.32-
TO	DAL OTHER ASSETS	514,129.31
	PROPERTY/EQUIEMENT	
12101	LAND	51,000.00
12105	LAND IMPROVEMENTS	34,614.99
12110	ACC. DEPRLAND IMPROVEMENTS	16,286.99-
12201	EUITADING	196,049,61
12301	ACC. DEPR. HAUTIDING	28,808.89-
	OFFICE EQUIPMENT	106,477.15
	ACC. DEPROFFICE EQUIPMENT	47,320.03-
	TRANSPORTATION EQUITMENT	1,904,262.34
	ACC. DEPRTRANSPORTATION EQU	879,791.53-
	EQUIPMENT	•
	•	605,165.76
	ACC. DEFREQUIPMENT	186,143.97-
	IFASED EQUIEMENT	1,788,961.26
	ACC. DEPRLEASED EQUIPMENT	•
	PRIOR PERIOD ADJUSTMENT	947,855.00-
TO	TAL 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 MET PAYABLE	50,800.22
	SIMIE U/C PAYABLE	2,068.06
	FED U/C PAYARLE	599.48
	MO MET PAYABLE	4,749.17
	SALES TAX PAYABLE	46,869.13
	METERED CAS DEPOSIT	1,200.00
	BUDGET RELLING LEADELITY	
ムいろつい	THEREIGH TARREST LEEVING	10,557.25~

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0100 SELECT PROPANE

KRYN	

	COMPENT
CURRENT LIABILITIES	YID AMOUNT
25610 NOTES PAYABLE / FIRST BUSINE	255,106.64
TOTAL CURRENT LIABILITIES	1,559,285.78
LONG TERM DEET	
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	249,000.0D
25605 NOTES PAYABLE / NEWIEK	4,750,851.41
25615 NOTE PAYABLE / LOADER	13,390.84
25620 NOIE PAYABLE/ RETAIL CAPITAL	141,025.47
TOTAL LONG TERM DEBT	6,711,385.53
EQUITY	
27150 CAPITAL SIXXK	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