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SUBMIT ORIGINAL AND FIVE ADDITIONAL COPIES, UNLESS FILING ELECTRONICALLY APPLICATION FOR RATE ADJUSTMENT BEFORE THE PUBLIC SERVICE COMMISSION JUL 14 2016 For Small Utilities Pursuant to 807 KAR 5:076 **PUBLIC SERVICE** (Alternative Rate Filing) COMMISSION B&H Gas Company (Name of Utility) P.O. Box 447 (Business Mailing Address - Number and Street, or P.O. Box.) Betsy Layne, Kentucky 41605 (Business Melling Address - City, State, and Zip) (606) 478-5851 (Telephone Number) BASIC INFORMATION NAME, TITLE, ADDRESS, TELEPHONE NUMBER and E-MAIL ADDRESS of the person to whom correspondence or communications concerning this application should be directed: Joe F. Childers, Esq. 201 West Short Street, Suite 300 (Address - Number and Street or P.O. Box) Lexington, Kentucky 40507 (Address - City, State, Zip) (859) 253-9824 (Telephone Number) ChildersLaw81@gmail.com (Email Address) (For each statement below, the Applicant should check either "YES", "NO", or "NOT APPLICABLE" (N/A)) YES NO N/A Z 1. a. In its immediate past calendar year of operation, Applicant had \$5,000,000 or less in gross annual revenue. b. Applicant operates two or more divisions that provide different types of utility service. X In its immediate past calendar year of operation, Applicant had \$5,000,000 or less in gross annual revenue from the division for which a rate adjustment is sought. Applicant has filed arrannual report with the Public Service Commission for the past M 2. a. year. b. Applicant has filed an annual report with the Public Service Commission for the two X previous years.

Applicant's records are kept separate from other commonly-owned enterprises.

3.

YES NO N/A

4.	. a.	Applicant is a corporation that is organized under the laws of the state of Kentucky, is authorized to operate in, and is in good standing in the state of Kentucky.	X		
	b.	Applicant is a limited liability company that is organized under the laws of the state of, is authorized to operate in, and is in good standing in the state of Kentucky.		X	
	C.	Applicant is a limited partnership that is organized under the laws of the state of, is authorized to operate in, and is in good standing in the state of Kentucky.		X	
	d.	Applicant is a sole proprietorship or partnership.		X	
	е.	Applicant is a water district organized pursuant to KRS Chapter 74.		X	
	f.	Applicant is a water association organized pursuant to KRS Chapter 273.		X	
5.	a.	A paper copy of this application has been mailed to Office of Rate Intervention, Office of Attorney General, 1024 Capital Center Drive, Suite 200, Frankfort, Kentucky 40601-8204.	X		
	b.	An electronic copy of this application has been electronically mailed to Office of Rate Intervention, Office of Attorney General at rateintervention@ag.ky.gov.	X		
6.	a.	Applicant has 20 or fewer customers and has mailed written notice of the proposed rate adjustment to each of its customers no later than the date this application was filed with the Public Service Commission. A copy of this notice is attached to this application. (Attach a copy of customer notice.)			
	b.	Applicant has more than 20 customers and has included written notice of the proposed rate adjustment with customer bills that were mailed by the date on which the application was filed. A copy of this notice is attached to this application. (Attach a copy of customer notice.)		X	
	c.	Applicant has more than 20 customers and has made arrangements to publish notice once a week for three (3) consecutive weeks in a prominent manner in a newspaper of general circulation in its service area, the first publication having been made by the date on which this Application was filed. A copy of this notice is attached to this application. (Attach a copy of customer notice.)	X		
7.		Applicant requires a rate adjustment for the reasons set forth in the attachment entitled "Reasons for Application." (Attach completed "Reasons for Application" Attachment.)	X		

YES	NO	N/A

		•
8.	Applicant proposes to charge the rates that are set forth in the attachment entitled "Current and Proposed Rates." (Attach completed "Current and Proposed Rates" Attachment.)	
9.	Applicant proposes to use its annual report for the immediate past year as the test period to determine the reasonableness of its proposed rates. This annual report is for the 12 months ending December 31, 2015	
10.	Applicant has reason to believe that some of the revenue and expense items set forth in its most recent annual report have or will change and proposes to adjust the test period amount of these items to reflect these changes. A statement of the test period amount, expected changes, and reasons for each expected change is set forth in the attachment "Statement of Adjusted Operations." (Attach a completed copy of appropriate "Statement of Adjusted Operations" Attachment and any invoices, letters, contracts, receipts or other documents that support the expected change in costs.)	
11.	Based upon test period operations, and considering any known and measurable adjustments, Applicant requires additional revenues of \$_\$283,359.82 and total revenues from service rates of \$_\$341,600.82. The manner in which these amounts were calculated is set forth in "Revenue Requirement Calculation" Attachment. (Attach a completed "Revenue Requirement Calculation" Attachment.)	
12.	As of the date of the filing of this application, Applicant had 258 customers.	
13.	A billing analysis of Applicant's current and proposed rates is attached to this application. (Attach a completed "Billing Analysis" Attachment.)	
14.	Applicant's depreciation schedule of utility plant in service is attached. (Attach a schedule that shows per account group: the asset's original cost, accumulated depreciation balance as of the end of the test period, the useful lives assigned to each asset and resulting depreciation expense.)	
15. a.	Applicant has outstanding evidences of indebtedness, such as mortgage agreements, promissory notes, or bonds.	
b.	Applicant has attached to this application a copy of each outstanding evidence of indebtedness (e.g., mortgage agreement, promissory note, bond resolution).	
C.	Applicant has attached an amortization schedule for each outstanding evidence of indebtedness.	

				YES NO N/A
16. a.	Applicant is not required to file state ar	nd federa	l tax returns.	
b.	Applicant is required to file state and fe	ederal tax	returns.	
C.	Applicant's most recent state and fede (Attach a copy of returns.)	ral tax re	turns are attached to this Applicat	ion. 🛭 🗌 🗎
17.	Approximately \$0.00 (Insert plant) of Applicant's total utility plant lots or other contributions.		mount or percentage of total unovered through the sale of real es	
18.	Applicant has attached a completed Transactions for each person who 807 kg			
which t	and walves any right to place its propose the application is accepted by the Publicant to sign I am authorized by the Applicant to sign completed this application, and to the lation and its attachments is true and com-	ic Servic in and file best of r	e Commission for filing. e this application on the Applicant	's behalf, have read n contained in this
		Date	6/30/16	
COMM	ONWEALTH OF KENTUCKY		/ /	
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behalf	Before me appeared Bud Rife had read and completed this application of the Applicant, and that to the best ation and its attachments is true and corre	t of his/h	who after being duled she is authorized to sign and filed are knowledge all the information and the succession of the su	this application on

LIST OF ATTACHMENTS (Indicate all documents submitted by checking box)

X	Customer Notice of Proposed Rate Adjustment
	"Reasons for Application" Attachment"
X	Current and Proposed Rates" Attachment
X	"Statement of Adjusted Operations" Attachment
X	"Revenue Requirements Calculation" Attachment
X	Attachment Billing Analysis ^a Attachment
X	Depreciation Schedules
×	Outstanding Debt Instruments (i.e., Bond Resolutions, Mortgages, Promissory Notes, Amortization Schedules.)
\square	State Tax Return
\square	Federal Tax Return
X	Statement of Disclosure of Related Party Transactions - ARF Form 3

FLOYD COUNTY TIMES P.O. BOX 390 PRESTONSBURG, KY 41653 (606) 886-8506 DATE	20 /4
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Floyd County The Times ASSIFIEDS

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The Times

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Wednesday's paper #

Mon-4 p.m. Friday's Paper

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NOTICE OF APPLICATION OF B&H GAS COMPANY TO ADJUST RATES FOR GAS SERVICE BEFORE THE PUBLIC SERVICE COMMISSION OF THE COMMONWEALTH OF KENTUCKY

B&H Gas Company has filed an application with the Public Service Commission of the Commonwealth of Kentucky seeking approval to adjust its rates for gas service within its designated service territory in the Commonwealth of Kentucky. If B&H Gas Company's application is accepted. monthly gas bills from B&H Gas Company will be affected as follows:

Present Residential and Commercial Rates

First 2 MCF (minimum bill)

\$23,5538

Next 8 MCF \$11,3588 Next 20 \$10.6903

Next 30 \$10,6903

Proposed Residential and Commercial Rates

Monthly Customer Charge

\$25.00

Rate per Ccf

\$1.87151

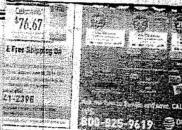
Amount of Increase Requested

Residential and Commercial 109.65%

Average Customer Bill Increase

Residential and Commercial \$57.71/month

The rates contained in this notice are the rates proposed by B&H Gas Company, but the Public Service Commission may order rates to be charged that differ from the proposed rates contained in this notice. Any corporation. association, or person with a substantial interest in the matter may submit a written request to intervene in the proceedings at the Public Service Commission. Copies of B&H Gas Company's application may be obtained at no charge from B&H Gas Company at 497 George Road, Betsy Layne, KY 41605 and the application and all documents filed with the Public Service Commission may be viewed and downloaded at the Public Service Commission's website at http://psc.ky.gov.



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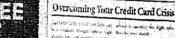
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REASONS FOR APPLICATION

B&H Gas Company ("B&H") is applying for a rate adjustment because, as reflected on B&H's annual reports, B&H consistently operates at a loss. As reported, B&H's net income over the past five (5) years is as follows:

2011	(\$16,311.00)
2012	(\$150,438.00)
2013	(\$85,298.00)
2014	(\$106,075.00)
2015	(\$218,467.00)

The average for these five years is a net operating loss of \$115,317.80. B&H must increase revenues in order to continue to provide service to its customers.

CURRENT AND PROPOSED RATES

B&H currently charges the same rate for both residential and commercial customers, this rate being:

Customer Charge up to 2 Mcf: \$23.5538
Next 8 Mcf, per Mcf Charge: \$11.3588
Next 20 Mcf, per Mcf Charge: \$10.9411
Next 30 Mcf, per Mcf Charge: \$10.6903

In 2015, a total of 14,117 Mcf were sold by B&H to its 258 total customers, which averages to 54.7171 Mcf/year, and 4.5598 Mcf/month, per customer. Based on the foregoing, the average customer bill at B&H's current rate is \$52.63 per month, and \$631.56 per year.

B&H hereby proposes a rate of \$25 monthly customer charge, and a proposed rate of \$1.87151/Ccf, or \$18.7151/Mcf. B&H proposes to use Ccf as a unit of measurement as opposed to Mcf, and will charge customers for gas used by the Ccf, instead of by the rounded Mcf as it currently charges.

Using the same amount of gas sold and the same total number of customers from 2015, the average customer bill at B&H's proposed rate is \$110.34 per month, and \$1,324.08 per year. The percentage increase between the current and proposed rate is an increase of 109.65%.

STATEMENT OF ADJUSTED OPERATIONS

B&H Gas Company ("B&H") believe expense items set forth in its 2015 annual report are not representative and will change, and proposed to adjust the test period for expenses to a five year average. In 2015 B&H experienced uncharacteristically high maintenance expenses, after heavy rains caused line breaks and washouts. Instead of using 2015 as a test period, B&H proposed using a five year average to calculate expenses, which is \$310,546.20 instead of the \$394,294.00 in operation and maintenance expenses reported for 2015.

B&H Gas Operations and Maintenance Expenses:

2011: \$230,552.00 2012: \$331,871.00 2013: \$285,384.00 2014: \$310,630.00 2015: \$394,294.00

AVERAGE: \$310,546.20

REVENUE REQUIREMENT CALCULATION

B&H Gas Company's ("B&H") annual reports submitted to the Kentucky Public Service Commission reflect total gas operation and maintenance expenses over the past five years are as follows:

2011: \$230,552.00 2012: \$331,871.00 2013: \$285,384.00 2014: \$310,630.00 2015: \$394,294.00

The average total gas operation and maintenance expenses over the past five years is \$310,546.20. Calculating in a 10% return on investment of \$31,054.62, B&H calculates \$341,600.82 in expenses for continued operations.

In 2015 B&H had 258 total customers, and sold a total of 14,117 Mcf of gas. Gross receipts and sales in 2015 were \$186,859.00, and \$128,618.00 was paid (or remains owed) for gas supply expenses, leaving a total of \$58,241.00 to cover B&H's expenses for continued operations. Based on the foregoing, B&H requires additional revenues in the amount of \$283,359.82.

In 2015, B&H had 258 total customers, and sold a total of 14,117 Mcf of gas. Based on the foregoing, B&H proposes a rate to include a \$25.00 monthly customer charge and \$18.7151/Mcf fee, which will generate income to B&H in the amount of \$341,600.82.

BILLING ANALYSIS

B&H currently charges the same rate for both residential and commercial customers, this rate being:

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2015 FEDERAL SUMMARY DEPRECIATION SCHEDULE PAGE 1

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2015 FEDERAL DEPRECIATION SCHEDULE

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2015 FEDERAL ALTERNATIVE MINIMUM TAX DEPRECIATION SCHEDULE

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2015 FEDERAL ADJUSTED CURRENT EARNINGS DEPRECIATION SCHEDULE

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COPIES OF OUTSTANDING EVIDENCE OF INDEBTEDNESS

B&H has outstanding debts owed to Bud Rife Construction Company for gas line repair and maintenance, and to B&S Oil and Gas Company for gas sold to B&H. These outstanding debts owed are payable on demand and no regular payments are made. For this reason, no amortization schedule exists for these debts owed. For this reason there are also no notes payable, or other documents evidencing indebtedness.

In 2015, Bud Rife Construction Co. billed a total of \$144,220.00 to B&H for services preformed, and B&H paid a total of \$24,400.00 towards this debt, the outstanding balance owed from 2015 being \$119,820.00. In 2015, B&S Oil and Gas Company billed a total of \$122,380.96 to B&H for gas supplied, and B&H paid a total of \$41,401.72 towards this debt, the outstanding balance owed from 2015 being \$80,979.24.

B&H's annual reports reflect a long-term outstanding debt of \$405,761.00 owed to the Commonwealth of Kentucky which references a 1995 loan from the Department of Local Government. The Department of Local Government has never sought repayment of this loan, and it is unclear to B&H whether this loan was converted to a grant, and/or otherwise abandoned by the Department of Local Government, which no longer exists. Upon information and belief other small utilities who received loans from the Department of Local Government had their loans converted to grants or were otherwise released from their obligation to pay. B&H has no records of this loan after B&H's records were destroyed by two fires at B&H's office in December, 2014 and January, 2015, respectively. B&H has continued to document this loan on its books, but to the best of B&H's knowledge the Commonwealth of Kentucky does not intend to collect on this loan.



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Kentucky Corporation/LLET Account Number

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22 Amount to be t	TAX PAYMENT SUM	MARY (Round to r	earest do	liar)		OF.	FICIALFUSE ON	97
	INCIAIMENT OUR	INCOME				P.I W		
LLET	s 175.		ll, Ln 15) \$	\$		22		
1, LLET due (Part 1, Ln 16)	, 4	2. Interest				22 01 4		
2. Interest	ş	3. Penalty		\$		39 Mi		
3. Penalty	175	4 Subtotal	!	\$		A		
4. Subtotal	·	- 1			175.	NA CANALANA		
TOTAL PAYMENT (Add Subtotals)	~ 3			<u> </u>	選		



B & H GAS COMPANY INC.						
B & H GAS COMPANT INC.	PART III -	TAXABLE INC	OME COMPUTATION			
1 Federal taxable income (Form 1120, line 28) .	1 -2	13907 00 7	Federal work opportunit	y credit 14		00
ADDITIONS:		11		15		00
2 Interest income (state and local obtigations) .	2	00 10	Other (attach Schedule 0-720)	16		00
3 State taxes based on		00 1	7 Revenue Agent Report			00
net/gross income	3 4	00 7	3 Net income (line 11 less lines	12 through 17). 18	-213907	00
4 Depreciation adjustment	4	100 11		adjustment 19	1	00
nontaxable income	5	00	(mandatory nexus only)		-213907	
6 Related party expenses (attch Sch RPC)	6	00 2		18 18 and 19) 20	213301	00
7 Dividend paid deduction (REIT)	7	00 2	 Taxable net income (attach Schedule A if ar 	olicable) 21	-213907	00
8 Domestic production activities deduction	#8 [*]	00 2				00
9 Other (attach Schedule 0-720)	49 ·	1 1	3 Taxable net income after NO		1	
10 Revenue Agent Report (RAR)		100 2	(ine 22)		-213907	00
11 Total (add lines 1 through 10)	117 -2	13907 00 2	4 Kentucky domestic production	activities		
SUBTRACTIONS:	36.4		darbrotton (KDPAD)			00
SUBTRACTIONS: 12 Interest Income (U.S. obligations)	12.	00 2	S Taxable net income after KD	PAD (fine 23	4	أممأ
13 Dividend income	¥13:	(00	less line 24)		<u>-213907</u>	100
PART IV -	- EXPLANATION	OF FINAL RET	URN AND/OR SHORT-PER	OD RETURN		
Ceased operations in Kentucky		Change in fill				
\ □	<u> </u>	<u> </u>				
Change of ownership	Ļ	Merger	,			
Successor to previous business		Other				
		NATION OF A	MENDED RETURN CHANG	ES		
			David In a David A			
OFFICER INFORMATION (Failure to Pro	vide Requested	nformation Ma	y Result in a Penalty)	alany and treasurer.		
Attach a schedule listing the name, home	address and Socia	I Security numb	BLOI (IIE AICS hissingur's secu	Stary una nouseron	п	1_
Has the attached officer information ch	anged from the la	ast return filed?	********		Yes XN	Ю
President's Name BUD RIFE			President's Home Address	š		
President's Social Security Number			P.O. BOX 339	,		
•			HAROLD, KY 41635			
Date Became President						=
I, the undersigned, declare under the penstatements, and to the best of my know	Missiga and belief	, 10 10 00 00 10	ned this return, including all a ect and complete.	occompanying schedu	Jas and	
	alped officer or chief acc	COLUMN CHICAL				
BUD RIFE	principal officer or chief	accountion officer	.			
· ·	:81∧ .	Madden C	04 5/24/16.	•		
DARRELL MADDEN, CPA	firm preparing return	I HEADYN L	SSN, PTIN OF	FEN		
PO BOX 529, HINDMAN,						
			May the DOR	discuss this return with	the preparer?	
Federal Form 1120, all pages and any supporting	schedules must be at	tached.	X Yes	No		
Make check payable	e to:		Email Address			
Kentucky State Trea				606-785-504		
Mail to: REFUNDS OR	NO TAX DUE		tucky Department of Revenu			
PAYN	MENTS		tucky Department of Revenu	e, Frankfort, KY 406	20-0020	
		19V81.WWW	ue.ky.gov			



B & H GAS COMPANY INC. SCHEDULE Q - KENTUCKY CORPOR

RA	TION/LLET QUESTIONNAIRE
8	Did the corporation at any time during the taxable year do business in KY and own 80 percent or more of the voting stock of another corporation doing business in KY?
	Yes X No. If yes, list name, address and federal I.D.
	number of each entity.
9	Was 80 percent or more of the corporation's voting stock owned by any corporation doing business in Kentucky at any time of the year?
	Yes X No. If yes, list name, address and federal LD. number of each entity.
10	The federal tax return attached to this Kentucky tax return is:
10	a pro forma federal tax return a copy of the federal tax
	return filed with the Internal Revenue Service
	Is the entity filing this Kentucky tax return or any entity included in the tax return organized as a limited cooperative association as
	provided by KRS Chapter 272A? Yes No. If yes, and this is a nexus consolidated return, enter each limited cooperative
	association's name, address and federal I.D. number included in the return:
12	is the entity fiting this Kentucky tax return or any entity included in this tax return organized as a statutory trust or a series statutory
	trust as provided by KRS Chapter 386A7 Yes No
	If yes, is the entity filing this Kentucky tax return or any entity
	included in this tax return a series within a statutory trust? Yes No.
	If yes, for each series within a statutory trust, enter the name,
	address and federal I.D. number of the statutory trust registered with the Kentucky Secretary of State:
	Total house (A) IV pregral
	Was this return prepared on: (a) cash basis, (b) xaccrual basis, (c) other
14	Did the corporation file a Kentucky tangable personal property tax return for January 1, 2016?
	If yes, list name and federal i.D. number of entity(res) filling return(s):
16	is the corporation currently under audit by the Internal
'	Revenue Service? Yes X No
	If ves, enter years under audit
	If the Internal Revenue Service has made final and unappealable adjustments to the corporation's taxable income which have not
	been reported to the denartment, check here and file an
1	amended return. See 2015 Kentucky Corporation Income Tax

Page 3

IMPORTANT: Questions 4 - 15 must be completed by all corporations. If this is the corporation's initial return or if the corporation did not file a return under the same name and same federal I.D. number for the preceding year, questions 1, 2 and 3 must be answered. Failure to do so may result in a request for a definquent return. 1 Indicate whether: (a) I new business; (b) | successor to previously existing business which was organized as: (1) corporation; (2) partnership; (3) sole proprietorship; or (4) other If successor to previously existing business, give name, address and federal I.D. number of the previous business organization. 2 List the following Kentucky account numbers. Enter N/A for any number not applicable. Employer Withholding..... Sales and Use Tax Permit..... Consumer Use Tax..... Unemployment Insurance..... Coal Severance and/or Processing Tax 3 If a foreign corporation, enter the date qualified to do business in Kentucky..... The corporation's books are in care of: (name and address) Are disregarded entities included in this return? X No. If yes, fist name, address and federal I.D. Yes number of each entity. (a) Was the corporation a partner or member in a pass-through entity doing business in Kentucky? Yes X No. If yes, list name and federal I.D. number of the pass-through entity(ies). (b) Was the corporation doing business in Kentucky other than through its Interest held in a pass-through entity Yes doing business in Kentucky?..... Are related party costs as defined in KRS 141.205(1)(I) Included in this return?.

If yes, attach Schedule RPC, Related Party Costs Disclosure Statement, and enter any related party cost additions on Part III, Line 6. X No. lYes and LLET Return instructions for information regarding amended returns. Attach a copy of the final determination to each amended return.

KYCA0102L 11/30/15

SCHEDULE LLET 41A720LLET (10-15) Commonwealth of Kentucky DEPARTMENT OF REVENUE



Taxable Year Ending

LIMITED LIABILITY ENTITY TAX KRS 141.0401

12/15 Mo./Yr.

Member of a Combined Group

- See	Attach to Form 720, 720S, 725 or 765. Reason Code									
		Federal Identification Kentucky Corporation/LLET								
Name	of Corporation or Limited Liability through Entity	Number	A	ccount	Number					
B &	H GAS COMPANY INC.		Short if the co	rnorati	ion or limited					
	Check this box and complete Schedule LLET-C, Limited Liability Entiliability pass-through entity filing this tax return is a partner or member partnership (organized or formed as a general partnership after Januamounts from Schedule LLET-C in Section A of this schedule.	ty Tax - Continual per of a limited liab ary 1, 2006) doing	ion Sneet, if the co bility pass-through business in Kentu	entity cky. E	or general nter the total					
Section	on A — Computation of Gross Receipts and Gross Profits		Column A		Column B					
			Kentucky		Total	_				
			187224.	00	187224.	00				
1	Gross receipts		365.		365.					
2	Returns and allowances	2.038085	500.							
	Gross receipts after returns and allowances (line 1 less line 2 or amount f Schedule LLET-C).	2 m 10 m 1 5 m	186859. 128618.		186859. 128618.					
4	Cost of goods sold (attach Schedule COGS)	5		00	58241.					
5	Gross profits (line 3 less line 4 or amount from Schedule LLE 1-0)		000121							
Section	on B - Computation of Gross Receipts LLET	10 音 / 3	No complete to the	000 E						
1	If gross receipts from all sources (Column B, line 3) are \$3,000,000 or les and enter \$175 on Section D, line 1	ss, STOP								
2	If gross receipts from all sources (Column B, line 3) are greater than \$3,000,000 but less than \$6,000,000, enter the following: (Column A, line 3 x 0.00095) — [\$2,850 x (\$6,000,000 — Column A, line 3	3)]								
	\$3,000,000			00						
	but in no case shall the result be less than zero	contar enter								
3	If gross receipts from all sources (Column B, line 3) are \$6,000,000 or grothe following: Column A, line 3 x 0.00095.			00						
	Enter the amount from line 2 or line 3		0.	00	《大學》					
_4	Enter the amount from line 2 of line 3.									
Sec	tion C - Computation of Gross Profits LLET	SI 324 6-200			253					
1	If gross profits from all sources (Column B, line 5) are \$3,000,000 or less, STG enter \$175 on Section D, line 1	or and								
2	If gross profits from all sources (Column B, line 5) are greater than \$3,000,000 but less than \$6,000,000, enter the following: (Column A, line 5 x 0.0075) — [\$22,500 x (\$6,000,000 — Column A, line \$3,000,000	<u>5)]</u>								
	but in no case shall the result be less than zero			00						
		425								
3	If gross profits from all sources (Column B, line 5) are \$6,000,000 or gr the following: Column A, line 5 x 0.0075		3.2	00						
	Enter the amount from line 2 or line 3	14.75	4 (00						
	ction D - Computation of LLET				The Control of the Co					
-	Casting R ling 4 or Section C. line 4, or a minimum	of								
	\$175 on this line and on Form 720 of 7205, Part 1, line 7, or 5		No. Walk	5.00						
	Mark the applicable Receipts Method box on Form 720, 7	20S, 725 or 765, p	age 1, Item B.							

SCHEDULE COGS 41A720COGS (10-15) Commonwealth of Kentucky DEPARTMENT OF REVENUE



12 15 Mo. Yr.

LIMITED LIABILITY ENTITY TAX COST OF GOODS SOLD

KRS 141.0401 (1)

3, 7205, 725 or 765.	Federal Identification Number	Kentucky Acco	Kentucky Corporation/LLET Account Number			
MADANY TNC.		Limited Liabil	Ity Entity Tax			
MPANY INC.	Federal Form 1125-A Cost of Goods Sold	Column A Kentucky Cost of Goods Sold	Column B Total Cost of Goods Sold			
酒	4	100 619	128,618.			
Terrino Di Vesi	128,618.	128,618.	120,020			
32 23 32						
and and	<u> </u>					
	100 (10	128,618.	128,618			
	128,618.					
and afterer	128,618.	128,518.	128,618			
end of year	120,010.1					
chases on line 2:	881					
(五)	50					
			 			
	6		 			
	9)8					
	<u>02</u>					
	ĵi					
	101					
	03					
	03					
	(8)					
ditional section 263A costs on line 4:	BAN					
	(6)! (6)!					
9	(0)					
	(6)					
	(OE					
	K(5)).					
	(6)					
	10)					
	201					
	1001					
to an line 5:						
other costs on line 5:	201					
	(6)					
	E (0):					
	(d) (e)					
	(e))i					
	K (0)					
	(g)).	_				
	(h)					
	新 0度					
	202					
)近(IO射					
	KYCZOZOIL 07/30/15					

i		ř	11 6 6	orporation	Income Ta	ax Return			OMB No. 1545-0123
Form	1120	T andam	1 201E or tay 1	ear beginning	. 20	15, ending			2015
Departm	ent of the Treasury	For Calent	ormation about Form 11	20 and its separa	te instructions	is at www.irs.go	v/form1120.		
	Revenue Service	T					В	mployer iden	tification number
Tac	onsolidated return	1					.0.5	ale incorpora	lad
	itach Form 851) L	TYPE	B & H GAS COM	PANY INC.			1		
	ersonal holding co.	PRINT	P.O. BOX 447	TOT 43 COE				/01/19	ee instructions)
- (a	altach Sch. PH)		BETSY LAYNE,	KY 41605			-	Oldi assers (a	50,504.
	ersonal service orp. (see instrs)	3[\$	1 1	ess change
4 5	ichedule M-3	E Check	if: (1) Initial retu	(-)	inal return	(3) Name (Addi	ess charge
a	1 a Gross rece	ints or sales					87,224.		
1	1 - 1	-1 -11				16	365.	1 c	186,859.
		tton at time 1	h from line 12					2	128,618.
		I d / - No.	ab Form 1125.4)					3	58,241.
I N			- O from line 10					4	00,211.
2002		m	line 101					5	
M								6	
-	6 Gross rent	s	· · · · · · · · · · · · · · · · · · ·					7	
	7 Gross roya	alties	(attach Schedule D (l	1120))				8	
	8 Capital ga	in net income	Form 4797, Part II, lin	e 17 (attach For	m 4797)			9	
			- Head statement					10	
								11	58,241.
			- / in-terrations -	attach Form III	7.5)			12	32,400.
								14	148,768.
								15	4,203.
DF	1							16	23,391.
DEDUCT	16 Rents								
u L							ייייי דייי מייי	17	7,288.
TM	18 Interest							19	
OTA	19 Charitable	contributions	n 4562 not claimed on	T 1105 A or	alcaubere on	return (attach F	orm 4562).	20	
N A	20 Depreciat	ion from Form	n 4562 not claimed on	Form 1120-A 01	elsewhere on			21	
5 0	21 Depletion							22	
SEE SES	22 Advertisin	ıg	, etc., plans					23	
1 0	23 Pension,	profit-sharing	rams					24	8,230.
ZSTRUCH		e benefit prog	rams ctivities deduction (att	Form P003\				25	
TRUCTI	25 Domestic	production ac	ctivities deduction (att	acii Foiii 6303).	Si	EE STATEME	NT 2	26	25,468.
CU	26 Other deduc	ctions (attach stat	lines 12 through 25					27	272,148.
1 T	27 Total dec	ductions. Add	perating loss deduction and	ini daduations	Subtract line 27 from	m line 11		28	-213,907.
0 2 8	28 Taxable inc	ome before net of	perating loss deduction and	special deductions.	SEE ST 3	29a	0.		
SN	29 a Net oper	ating loss ded	fuction (see instruction	1S)		29b			
		1 1 -11 10.	chodula (* line 211)					29 c	*
	c Add lines	s 29a and 29b	ract line 29c from line	OR (and instruct	ione)			30	-213,907.
T C	30 Taxable	income. Subt	ract line 29c from line	28 (see instruct	10115)	,		31	0.
	31 Total tax	(Schedule J,	Part I, line 11)		line 21\			32	0.
RE	22 Total na	yments and re	Part I, line II) efundable credits (Sch	equie J, Part II,	nie 21)		≻□	33	
F i	33 Estimate	ed tax penalty	(see instructions). Ch	eck it Form 222	o is allacined	amount owed		34	0.
N D	24 Amount		an' that then the	total of HDAS 31	AUG 33. EILE	Children ouran.		35	
A B	M 35 Overpay	ment. If line :	32 is smaller than the to	otal of lines 31 a	ing 55, enter a	lounk overpaid.	Refunded >	36	
KERDZDABLE								y knowledge	May the IRS discuss
	Under penalties	of perjury, I decla	you want: Credited to 2016 are that I have examined this complete. Declaration of prep	return, including acco parer (other than taxp	mpanying schedules ayer) is based on all	information of which	preparer has an	y knowledge.	this return with the preparer shown below (see instructions)?
Sig	311	true, correct, and	completes accommend to be a	1		PRESI	DENT		(see instructions)?
He	Signature	of officer		Dat	e	Title			X Yes No
_		Viype preparer's n	name	Preparer's signatur		A Date	Check	if	
-	1	RRELL MAI		Danell	Madden	1 0/24/	self-emp		P01256506
		KKELL MAI	ARRELL MADDEN	, CPA			Firm's E	IN - NI	
110		's address F	O BOX 529					160	6) 785-5046
	1	T	JINDMAN KY 41	822		00010000	08/25/15	. (00	Form 1120 (2015)
BI	A For Paperwo	rk Reduction	Act Notice, see separ	rate instructions	i.	CPCA0205L	Adjesi io		

rm 1	dule C Dividends and Special Deductions (see instructions)	(a) Dividends received	(b) Percentage	(c) Special deductions (a) x (b)
	one award domestic cornerations (other		70	
4.1	John figanced sinck)			
ti	ovidends from 20%-or-more-owned domestic corporations (other than debt-financed stock)		80 see	
	Dividends on debt-financed stock of domestic and preign corporations.		instructions	
	to the file of than 201% - DWDPU		42	
£	public utilities.		48	
	whice utilities			
	Dividends from less-than-20%-owned foreign corporations and certain FSCs.		70	
	Dividends from 20%-or-more-owned foreign corporations and certain FSCs.		80	
		No	100	100
	Dividends from wholly owned foreign subsidiaries			
9	Total. Add lines 1 through 8. See instructions for limitation			
0	Total. Add lines 1 through 8. See instructions for the second by a small business investment company operating under the Small Business Investment Act of 1958.		100	
		1	100	
	Dividends from affiliated group members	1	100	
12	Dividends from certain FSCs.			
13	Dividends from foreign corporations not included on lines 3, 6, 7, 8, 11, or 12	1		
14		1		
	(attach Form(s) 54/1)			
15	Foreign dividend gross-up			198
16	IC-DISC and former DISC dividends not included on lines 1, 2, or 3	-		
17	Other dividends			
	Deduction for dividends paid on certain preferred stock of public utilities.			
19	Total dividends. Add lines 1 through 17. Enter here and on	-		
20	Add lines 9, 10, 11, 12, and 18. Enter h	ere and on page 1, lir	ne 29b	Form 1120 (2

Form 1120 (2015) B & H GAS COMPANY INC.			Page 3
Schedule J Tax Computation and Payment (see instructions)			
Part I - Tax Computation	Form 1120)\\		
Check if the corporation is a member of a controlled group (attach Schedule O (I))	Form 1120),		
		2	0.
		3	
a see the minimum law (attach Form 4626)		4	0.
A Add lines 0 and 3			
5 a Foreign tax credit (attach Form 1118)			
b Good t from Form 8834 (see instructions)	30		
Consol business credit (attach Form 3800)	30	1	
d Condit for prior year minimum tax (attach Form 8827).	30	1	
	26	6	
Addition to through the		7	
		8	
2 Demand holding company tax (attach Schedule PH (Form 1120))			
De Decepture of investment credit (attach Form 4255)	34	- 1	
b Recapture of low-income housing credit (attach Form 8611)	96	1	
to the state and at the look-back method — completed long-term contracts	11		
(attach Form 8697).	90	4.4.4	
the lock back method - income forecast method (attach	1	4.00	
C 0066)	9d		
Alternative tax on qualifying shipping activities (attach Form 8902)	. 56		
· · · · · · · · · · · · · · · · · · ·	. 1 0 1		
O		77	0.
10 Total. Add lines 9a through 91		111	
= 111 December and Defundable Credits			
			0.
100			
			0.
17 Withholding (see instructions). 18 Total payments. Add lines 15, 16 and 17.		200	
D-4			
	19a		
h Form 4126			
· '		100000	
d Other (attach statement — see instructions). 20 Total credits. Add lines 19a through 19d.		. 20	0.
and 20. Enter here and on page 1, 1	ine 32	. 21	
Other Information (see Instructions)			Yes No
Screening method: a Cash b X Accrual c Ott	her (specify)		Yes No
Citech accounting motions and enter the:			
a Business activity code no. 221210			
- TAMETONE CAC CALES			
c Product or service NATURAL GAS			X
c Product or service NATURAL GAS s the corporation a subsidiary in an affiliated group or a parent-subsidiary co	ntrolled group		
If 'Yes,' enter name and EIN of the parent corporation			
4 At the end of the tax year:		ama!	
a Did any foreign or domestic corporation, partnership (including any entity freated as	s a partnership), trust, or tax-ex	asses of	
a Did any foreign or domestic corporation, partnership (including any entity treated as organization own directly 20% or more, or own, directly or indirectly, 50% or more the corporation's stock entitled to vote? If 'Yes,' complete Part I of Schedule	G (Form 1120) (attach Sched	lule G)	X
the corporation's stock entitled to vote: It les, complete and	the to	tal voting power of	
b Did any individual or estate own directly 20% or more, or own, directly or individual or estate own directly 20% or more, or own, directly or individual or estate own directly 20% or more, or own, directly or individual or estate own directly 20% or more, or own, directly or individual or estate own directly and on the composition of the composition o	Il of Schedule G (Form 1120)	(att Schedule G)	X
all classes of the corporation's stock entitled to vote? If Yes, complete rait		Form	1120 (2015)

Page 3

8	Check this box if the corporation issued publicly offered debt instruments with original issue discount
9	NONI
10	Enter the number of shareholders at the end of the tax year (if 100 or fewer) > 1
11	If the corporation has an NOL for the tax year and is electing to forego the carryback period, check here \(\sim \textbf{X}\) If the corporation is filling a consolidated return, the statement required by Regulations section 1.1502-21(b)(3) must be attached or the election will not be valid.
12	Enter the available NOL carryover from prior tax years (do not reduce it by any deduction on line 29a.) > \$
13	Are the corporation's total receipts (page 1, line 1a, plus lines 4 through 10) for the tax year and its total assets at the end of the tax year less than \$250,000?

Did the corporation receive assets in a section 351 transfer in which any of the transferred assets had a fair market basis or fair market value of more than \$1 million?

X

X

Form 1120 (2015)

4 Add lines 1, 2, and 3.....

2015

BALANCE SHEET STATEMENTS

PAGE 2

B & H GAS COMPANY INC.

STATEMENT 1 FORM 1120, SCHEDULE L, LINE 14 OTHER ASSETS

	BEGINALNG	ENDING
ROUNDING. TOTAL	\$ <u>1.</u> \$ <u>1.</u>	\$ <u>0.</u> \$ <u>0.</u>

STATEMENT 2 FORM 1120, SCHEDULE L, LINE 18 OTHER CURRENT LIABILITIES

	BI	GINNING	 ENDING
ACCRUED PAYROLL TAXESCUSTOMER DEPOSITS	\$.	1,623. 9,510.	\$ 1,683. 9,510.
TOTAL	\$	11,133.	\$ 11,193.

STATEMENT 3 FORM 1120, SCHEDULE L, LINE 21 OTHER LIABILITIES

	BEG	INNING		ENDING
DUE TO RELATED COMPANY	\$	5,952. 5,952	\$ 5	952. 952.

STATEMENT 4 FORM 1120, SCHEDULE M-1, LINE 5 BOOK EXPENSES NOT DEDUCTED

OFFICER LIFE INSURANCE PREMIUMS	\$ 418.
PENALTIES.	 34.
TOTAL	\$ 452.

Form 1125-A

(Rev December 2012)

Department of the Treasury Internal Revenue Service

Cost of Goods Sold

► Attach to Form 1120, 1120-C, 1120-F, 1120S, 1065, or 1065-B. ► Information about Form 1125-A and its instructions is at www.irs.gov/form1125a. CMB No. 1545-2225

Name	Enthiosa Indianic	
B & H GAS COMPANY INC.		<u> </u>
1 Inventory at beginning of year	1	
2 Purchescs	2	128,618.
3 Cost of !abor	3	
4 Additional section 253A costs (attach schedule)	4	
5 Other costs (attach schedule)		
6 Total. Add lines 1 through 5		128,618.
7 Inventory at end of year		
8 Cost of goods sold. Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the approproache line of your tax return (see instructions)	, 8	128,618.
9 a Check: ' methods used for valuing closing inventory:		
(v) ∐ Cost		
(ii)ower of cost or market	`	
(iii) Tother (Specify method used and attach explanation)		
b Check i' 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 LICO inventory method was used for this tax year, enter amount of closing inventory computed		
under E rO		
e If property is produced or acquired for resale, do the rules of section 263A apply to the entity (see installation)	tructions)?	. Yes XNo
f Was there any change in determining quantities, cost, or valuations between opening and closing aventory? If 'Yes,' attach explanation	· · · · · · · · · · · · · · · · · · ·	Yes X No
BAA For Pa, crwork Reduction Act Notice, see instructions.	Form 1	125-A (Rev 12-2012)

Form 1125-E (Rev December 2013)

Compensation of Officers

► Attach to Form 1120, 1120-C, 1120-F, 1120-REIT, 1120-RIC, or 1120S. ► Information about Form 1125-E and its separate instructions is at www.lrs.gov/form1125e. OMB No. 1545-2225

Department of the Treasury Internal Revenue Service Name

Employer Identification number

B & H GAS COMPANY INC.

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

	(b) Social security number	(c) Percent of time devoted	Percent of stock owned		(f) Amount of compensation
(a) Narne of officer	number	to business	(d) Common	(e) Preferred	Compensation
ID RIFE		0 %	100%	0.00%	32,400
		8	96	&	<u>,</u>
		%	ф	ફ	
	-	%	95	9,	
		ቴ	*	*	
		*	8	8	
		*	*		
			ફ	ફ	
			ક	8	
		*	ક	3	
		ક	<u>**</u>	8	
		육	ક્ર	*	
		*	*	- %	
		ą.	₹	*	
		8	- %	*	
		8	8	<u></u>	
		- %	*	<u> </u>	· · · · · · · · · · · · · · · · · · ·
		-8-	<u> </u>	ي و	
		*	%	%	
		8	8	%	
Total compensation of officers.					32,40
Subtract line 3 from line 2. Ent	er the result here and on I	Form 1120, page 1,	, line 12 or the appr	opriate	32,40
3 Compensation of officers claim	ed on Form 1125-A or else er the result here and on t	ewhere on return Form 1120, page 1,	, line 12 or the appr	opriate	

	1120	U.S. Corporation Income Tax Return		OMB No. 1545-0123
		For calendar year 2015 or tax year beginning, 2015, ending	_1	2015
Depart	ment of the Treasury I Revenue Service	Information about Form 1120 and its separate instructions is at www.irs.gov/form	1120.	2013
	neck if:			entification number
1 a (Consolidated return []			
	(allach Form (\$1).	YPE TO GOVERNMENT THE .	C Date incorp	orated
	Life/nonlife consoli-	B & H GAS COMPANY INC.		
		P.O. BOX 447	1/01/1	
'	(attach Sch (14)	BETSY LAYNE, KY 41605	D Total assets	(sta instructions)
	Personal service corp. (see myrs)		\$	50,504.
	Schedule M.	Check if: (1) Initial return (2) Final return (3) Name change	(4) Ad	idress change
	eltached E	Should in (i)		
	1 a Grass receipts			
	b Retirns and a	albutanoss.	65.	
	C Balance, Subt	ract line 1b from line 1a		186,859.
	2 Control goods	sold (attach Form 1125-A)	2]	128,618.
Į.		Subtract line 2 from line 1c		58,241.
Č	A Diversida /Co	hedule C, line 19)	4	
* 00%	4 Div trics (ou		5	
Ë			····	
			· · · · · · · · · · · · · · · · · · ·	
		S		
	8 Cr⊢tidgainin	et income (attach Schedule D (Form 1120))	8	
	9 Nr. con or (lo	oss) from Form 4797, Part II, line 17 (attach Form 4797)	9	
	10 Off Toxas (see	a instructions — attach statement)	10	
	11 To income.	Add lines 3 through 10	11	58,241.
	12 Cc : relation	of officers (see instructions - attach Form 1125-E)	12	32,400.
		vages (less employment credits)		22,400.
	14 Policies and n	naintenance	14	148,768.
F		ionitetiones.		4,203.
DE R			· · · · · - - - - - - - - 	23,391.
ē .	16 R::	enses SEE STATEMENT 1	17	7,288.
DEDUCT				1,200.
				
Ö İ		ntributions		
N A S T		rom Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 456		
- 1	21 De lutton		21	
SEE	22 Ac erisina		22	
	23 Pc - n. profi	t-sharing, etc., plans	23	
א א	23 FC 1, 01011	r-shalling, but, plana	24	8,230.
5		nefit programs	···· 	0,230.
RE	25 D ic prod	duction activities deduction (attach Form 8903)		
C II	26 0: ctons	(attach statement). SEE STATEMENT 2	.,,, 26	25,468.
TRUGT	27 Tr Lifection	ons. Add lines 12 through 25	► 27	272,148.
0 1		efore net operating loss deduction and special deductions. Subtract line 27 from line 11		-213,907.
N O	40 16 . ILLINO D	lear deduction (see jestrustions) SEE ST 3 29a	A 38633	
S	29aN Carating	loss deduction (see instructions).	U.	
	bS. : deduc	ctions (Schedule C, line 20)		
		and 29b	29 c	
Т.	30 T: incom	me. Subtract line 29c from line 28 (see instructions)	30 _	-213,907.
T C	1	nedule J, Part I, line 11)	31	0.
		ts and refundable credits (Schedule J, Part II, line 21)		0.
KHUNDABLE			33	
4 F U Z		penalty (see instructions). Check if Form 2220 is attached	·	
D p		d. If line 32 is smaller than the total of lines 31 and 33, enter amount owed	34	0.
A M	35 C syment	Lif line 32 is larger than the total of lines 31 and 33, enter amount overpaid	35	
L S		m line 35 you want: Credited to 2016 estimated tax > Refunde	d ► 36	
<u>=</u>	100 E 30, 110	III III E 33 YOU WOIL OF COILED OF TOTO COLUMBICO (CX		May the IRS discuss
ρ1	Under corper	pry, I declare that I have examined this return, including accompanying schedules and statements, and to the best arrect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer ha	s any knowledge.	this return with the
Sign	· · L	PRESIDENT		preparer shown below (see instructions)?
Her	e S or office			X Yes No
			t H	PIN PIN
	•	1/10 34 11 034 5/24/5	~ []" {	
Pale		THADER, CIA		P01256506
	parer same	DARRELL MADDEN, CLA	's EIN >	
Uşe	Only Gade			N
		HIMDIAN, KI 41022	18 AO. (606	
BAA	For Pa ry re Re	duction Act Notice, see separate instructions. CPCAD2051. 08/75/15		Form 1120 (2015)

Sc	redule	Dividends and Special Deductions (see instructions)	(a) Dividends received	(b) Percentage	(c) Special deductions (a) x (b)
1	Dividen: "	em. loss-than-20%-owned domestic corporations (other sended stock).		70	
2	Dividen::: than de	20%-or-more-owned domestic corporations (other enced stock).		80	
3	Divident foreign	arbt-financed stock of domestic and		see instructions	
4	Dividen:	certain preferred stock of less-than-20%-owned		42	
5	Divider public :	c rtain preferred stock of 20%-or-more-owned		48	
6	Divident certain	ess-than-20%-owned foreign corporations and		70	
7	Dividen:	70%-or-more-owned foreign corporations and		80	
8	Divide:	~ wholly owned foreign subsidiaries		100	
9 10	Total. A Dividen investm	through 8. See instructions for limitation		100	
11		ന affiliated group members		100	
12	Dividen	m certain FSCs		100	Speciance (annumination of all the be-
13	Divident 11, or 1	reign corporations not included on lines 3, 6, 7, 8,			
14	Income (attach	ontrolled foreign corporations under subpart F (s) 5471)			
15	Foreign	and gross-up			
16	IC-DISC	mer DISC dividends not included on lines 1, 2, or 3.			
17	Other d	5			
18	Deduct :	dividends paid on certain preferred stock of			
19	Total d page 1.	25. Add lines 1 through 17. Enter here and on			

= ' -:	S E II CAS COMPANY THE		Page 3
Form 1120 (20			
Schedule			
Parti - Ta	Co :putation		
1 Check if	e c repration is a member of a controlled group (attach Schedule O (Form 1120))	Ì	
2 Income	x. Crack if a qualified personal service corporation	2	0.
	s(i = z)	3	
3 Alternat	num tax (attach Form 4625)	4	0.
4 Add line	r · 3		
5 a Foreign	c: (attach Form 1118)		
b Credit fr	n F. 18834 (see instructions)	1	
c General	usin credit (attach Form 3800)	- 1	
d Credit f.	orice or minimum tax (attach Form 8827)		
e Bond c:	ts 17 Form 8912 5e	_	
6 Total c:	id lines 5a through 5e	6	
7 Subtrac	om line 4	7	
8 Persona	company tax (attach Schedule PH (Form 1120))	8	
9 a Recaptu		W 1	
b Recaptu	of sincome housing credit (attach Form 8611)		
c Interest	the least had mathed completed long term contracts		
(attach	7)9c		
	The state of the s		
d Interes:	er the look-back method — income forecast method (attach	200	
Form 8.	: qualifying shipping activities (attach Form 8902)		
e Alternat	" dealing and bring are the		
f Other (.		10	
10 Total. F	a (mough St	11	0.
11 Total ta	is 7, 8, and 10. Effet fiele and on page 1, like 57		
Part II - P	and Refundable Credits	12	
12 2014 c	credited to 201a	13	
13 2015 e:	.x payments	14	
14 2015 re	-3 for on Form 4400	15	0.
15 Combin	1! 13, and 14	16	<u> </u>
16 Tax de	i. 1 Form 7004		
17 Withho	. iSt(UCtio(15)	17	0.
18 Total p	dd lines 15, 16 and 17	18	<u> </u>
19 Refun:	r from:		
a Form 2	19a		
b Form a			
c Form !			
d Other	ment — see instructions)		
20 Total c	lines 19a through 19d	20	
21 Total	d credits. Add lines 18 and 20. Enter here and on page 1, line 32	21	0.
Schedule	er Information (see instructions)		
	method: a Cash b X Accrual c Other (specify)		Yes No
1 Check	ns and enter the:		
2 See th	rode no. > 221210		
a Busine	- NATURAL GAS SALES		
b Busin			
c Produ	The second of th		Х
3 Is the			
If 'Ye	e and EIN of the parent corporation		
4 At the	tax year:	ni	
a Did a		es of	
organ	stock entitled to vote? If 'Yes,' complete Part I of Schedule G (Form 1120) (attach Schedule	G)	X
the c	Stock citation to vote: in res, complete for the second to the total	voting now	er of
p Did a	or estate own directly 20% or more, or own, directly or indirectly, 50% or more of the total orporation's stock entitled to vote? If 'Yes,' complete Part II of Schedule G (Form 1120) (at	tt Schedule	0, 0, 1
all c'	orporation's stock entitled to vote? If Tes, complete 2 at it of occupant to the complete 2 at it occupant to the complete 2 at it occupant to the complete 2 at it occupant to the complete 2 at it occupant to the complete 2 at it occupant to the complete 3 at its occupant to the complete 3 at its occupant to the complete 3 at its occupant to the complete 3 at its occupant to the complete 3 at its occupant to the complete 3 at its occupant to the complete 3 at its occupant to the complete 3 at its occupant to the complete 3 at its occupant to the complete 3 at its occupant to the complete 3 at its occupant to the complete 3 at its occupant to the complete 3 at its occupant to the complete 3 at its occupant		Form 1120 (2015)
BAA	CPCM0X34L 00X501/2		

Farin 1800 (2)		B & H GAS COMPANY INC.			Page 3
Form 1120 (2	-	ax Computation and Payment (see instructions)			
Schedule -	-	na			
Part I - Ta	<u> 20</u>	utation (Albert Schodule O. (So	cm 1120)) >		
1 Check if	e c	pration is a member of a controlled group (attach Schedule O (Fo	IIII 1120),		
		if a qualified personal service corporation	- □	2	0.
(see ins:		Q.,		3	
3 Alterna!		num lax (attach Form 4626).		4	0.
4 Add lin-		• 1		-	
5 a Foreign	:	, attach i offi i i i o	5 a	1	
b Credit fr	١F.		5b	1]	
c General	Jsir	credit (attach Form 3000)	5c	1	
d Credit f.	ori:	r minimum tax (attach Form 8827)	5 d	-	
e Bond c:	.5 .	1 Form 8912	5e	- 1	
6 Total c:		d lines 5a through 5e		6	
7 Subtrac		om line 4		7	
8 Persona		company tax (attach Schedule PH (Form 1120))		В	
9 a Recaptu	of	Itment credit (attach Form 4255)	9 a	10.48 (
b Recaptu		ncome housing credit (attach Form 8611).	96		
	of				
c Interes:	.6 1	the look-back method — completed long-term contracts 7)	90		
(attach	::"		30	121	
d Interes:		r the look-back method — income forecast method (attach	9 d		
Form 8.					
e Alterna*	íf	qualifying shipping activities (attach Form 8902)	9e		
f Other (.	. ir	ions - attach statement)	9f		
10 Total. F	lin-	3 through 9f		10	
11 Total to	2:1	s 7, 8, and 10. Enter here and on page 1, line 31		11	0.
Part II - F		and Refundable Credits			
12 2014 c		credited to 2015		12	
13 2015 c		x payments		13	
14 2015 re		d for on Form 4456		14	
15 Combin	٠.,	13, and 14		15	0.
16 Tax de	1.	Form 7004		16	
17 Withho	•	structions).		17	
	•	dd lines 15, 16 and 17		18	0.
18 Total :		from:			
1000			19a		
a Form 2			196		
b Form 6					
c Form :			19c		
d Other		ment - see instructions)	190		
20 Total :	1	lines 19a through 19d	· · · · · · · · · · · · · · · · · · ·	20	
21 Total;		d credits. Add lines 18 and 20. Enter here and on page 1, line	32	21	0.
Schedul		er Information (see instructions)			
1 Check		method: a Cash b X Accrual c Other	(specify) >		Yes No
2 See t		ns and enter the:			
a Busin		"ode no. ► 221210			
b Busin		- NATURAL GAS SALES			
c Produ					建建 建造
3 Is the		NATURAL GAS subsidiary in an affiliated group or a parent-subsidiary control	lied group?		. X
If 'Ye	•	and EIN of the parent corporation			
11 (6					
4 At the		tax year:	artnershin) trust or tay-ever	noi	
a Did a		ornestic corporation, partnership (including any entity treated as a precity 20% or more, or own, directly or indirectly, 50% or more of the	E lotal voting porter of all old	2000 01	
organ the c		lock entitled to vote? If 'Yes,' complete Part I of Schedule G (F	form 1120) (atlach Schedu	le G)	. X
		or estate own directly 20% or more, or own, directly or indirect	ly 50% or more of the total	l voting power of	
b Did at		er estate own directly 20% or more, or own, directly of induced exporation's stock entitled to vote? If 'Yes,' complete Part II of	Schedule G (Form 1120) (att Schedule G).	. X
		CPCA0234L 08/25/15		Forn	n 1120 (2015)
BAA					

	hedulc		r Information continued (see	inetructions)				uge
-				li isti uctions)			Yes	No
	At the		year, did the corporation:		1 alanges of shock anti-	-4		1110
	a Own dire to vote		more, or own, directly or indirectly, 50% in or domestic corporation not include	or more of the total voting power of all led on Form 851. Affiliations Schedu	le? For rules of consi	ructive		1
	owners		ructions	• • • • • • • • • • • • • • • • • • • •				X
	if 'Yes.) through (iv) below.				\perp	
			Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Po		
		-						
	Own di partner, owner; If 'Yes,		et of 20% or more, or own, directly or in an entity treated as a partnership) or injections	ndirectly, an interest of 50% or more in n the beneficial interest of a trust? For	rules of constructive	c		X
			(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Country of Organization	(iv) M Percentag Profit, Los	laximum ge Owr	ned in
				(ii aliy)		11 10111, 200	3, 01	-apitoi
_		٠						
						-		
						-	100	
	During thi	:	d the corporation pay dividends (other	than stock dividends and distributions	in exchange for stock)	in	T	Γ
Ü	excear :		ation's current and accumulated ear 52, Corporate Report of Nondividence	nings and profits? (See sections 301 d Distributions.	and 316.)			X
	If this r		rited return, answer here for the parer	nt corporation and on Form 851 for e	each subsidiary			
7	At any tin all classes For rules		the tax year, did one foreign person of cooration's stock entitled to vote or (on, see section 318. If 'Yes,' enter:	own, directly or indirectly, at least 25 b) the total value of all classes of the	6% of (a) the total voti e corporation's stock?	ng power of		X
	(i) Percer		and (ii) Owner's	country >				
	(c) The c		may have to file Form 5472, Informat		U.S. Corporation or	Foreign		
	Cor:		in a U.S. Trade or Business. Enter the				-	
8	Checked, :	,	o corporation issued publicly offered may have to file Form 8281, Information Retu	debt instruments with original issue urn for Publicly Offered Original Issue Discoun	discount t Instruments.			
9	Enter the :		x-exempt interest received or accrued during the tax year > \$NONE					
10	Enter the r		s an NOL for the tax year and is ele		check here	- X		
11	If the con		ing a consolidated return, the statemention will not be valid.	nt required by Regulations section 1.150	02-21 (b)(3) must be			
12	Enter 1 3V		:yover from prior tax years (do not reduce it by a			011,647.	-	
13	Are the tax		s total receipts (page 1, line 1a, plus than \$250,000?			t the end	X	2000
	If 'Yes,' to the rotal a	٠	on is not required to complete Sche sh distributions and the book value of p	edules L. M-1, and M-2. Instead, enti property distributions (other than cash) VONE	er			
14	Is to be		guired to file Schedule UTP (Form 1 ad attach Schedule UTP)		nent (see instructions)	?		X
15:	Did		make any payments in 2015 that wo	uld require it to file Form(s) 1099?			1 Section	X
15.7	olf 'ves,'		ne corporation file required Forms 10					
	During the		d the corporation have an 80% or mor		ange due to redemption			Х
17	Du , c		at to this tax year, but before the filling a taxable, non-taxable, or tax defe	ng of this return, did the corporation	dispose of more than	65% (by		X
18	Va J.		receive assets in a section 351 trans	sfer in which any of the transferred a	ssets had a fair mark	et basis or		х
	fair		more than \$1 million?	CPCA02341 0R/25/15		Form	n 1120	

Form 1100 (2) Sched	$\frac{1}{3\varepsilon}$	H GAS COMPANY ce Sheets per Books		of tax year	End of	Page 5
		nets	(a)	(b)	(c)	(d)
1 Cash				2,393.	(4)	
2 a Trade r	.#	ounts receivable	53,445.		33 040	4,299.
b Less a	1.			~	33,040.	22.040
3 Invento				53,445.		33,040.
4 U.S ··	٦.	ligations				
5 Tax		es (see instructions)				
6 Other cur	5 (ach statement)				
7 Loans t						
	-110	rs				
		state loans				
9 Other av.	190.4	statement)	1			
10 a Buildin	1.	depreciable assets			251,062.	40 50 50
b Le:		epreciation	237,897.	13,165.	237,897.	13,165.
11 a Dep.		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	have a second			1 18 18 18 18 18 18 18 18 18 18 18 18 18
b Less a.	3.	epletion				
12 Lanc	2	ortization)	The state of the s			-
13a Intan		nortizable only)	34,252.	X	34,252.	
b Less ac		mortization	34,252.		34,252.	
14 OUT . 15		ment) SEE ST 4		1.	3-7-232.	
15 To				69,004.		0. 504
Lii		areholders' Equity		05,004.		50,504.
16 Ac.:.	•			1,527,210.		1,728,009.
17 Morts		cayable in less than 1 year			· · · · · · · · · · · · · · · · · · ·	1,120,003.
18 Other		tlach stmt)SEEST5.		11,133.		11,193.
19 Loan		ders				22/2331
20 Mc ···		ayable in 1 year or more		212,941.		212,941.
21 Ott		tement)SEE.ST.6.		5,952.		952.
22 Uc:		:ferred stock	2 222			
23 Ad :		mmon stock	8,000.	8,000.	8,000.	8,000.
24 Re'si:		op (att stmt)		11,412.		11,412.
25 Re'a		Unappropriated		1 707 644		
26 Ad:		Jity (att stmt)		-1,707,644.		-1,922,003.
27 Le		stock				
28 Tc	16	hareholders' equity		69,004.		50 504
Sched		enciliation of Income	(Loss) per Pooks	03,004. 競	MILEA ANTENNES	50,504.
Var Vermonands	ite	The corporation may be re	equired to file Schedule	M.3 (see instructions)	urn	
1 Ne		er books	-214,359.	7 Income recorded on	b	NAMES OF CHILD OF STREET
2 Fe		per books	214,339.	included on this return		The state of
3 Ex		ses over capital gains			rn (itemize):	
4 In		x not recorded on books	Section 2	Tax-exempt interest \$		
th .		The state of sound				
	,		can desirate and the			
5 Exc		on books this year not	COMPLETE STATE OF THE CONTRACT	8 Deductions on this return i		
de .		urn (itemize):		against book income this y		
				a Depreciation \$	·	
a Dr.		\$		b Charitable contribus \$		
b Ch		\$				
c Tr-		\$				
STAL		452.				THE PLANT OF THE PROPERTY
-			452.	9 Add lines 7 and 8		0.
6 Ac	:2"	5	-213,907.	10 Income (name 1 line 28) -	- line 6 less line 9	-213,907.
Sched		ysis of Unappropriat	ed Retained Earning	gs per Books (Line 2	25. Schedule I)	213,301,
1 B:	1	of year	-1,707,644.	5 Distributions	a Cach	
2 N::		er books	-214,359.			
3 0.	٠.		214, 333.	6 Other decreases (iter	C Property	
			199	o Onici decidases (Itel	11126).	
·				7 4212 5		
4 Ar		; -	-1 022 002	7 Add lines 5 and 6		
		3	-1,922,003.	8 Balance at end of year (lin	e 4 less line 7)	-1,922,003.
			CPCA0234L 08/2	CI 10		Form 1120 (2015)

Form Cost of Goods Sold OMB No. 1545-2225 (Rev Decr Attach to Form 1120, 1120-C, 1120-F, 1120S, 1065, or 1065-B. Departou-internal i Information about Form 1125-A and its instructions is at www.irs.gov/form1125z. Nama Employer identification number B & ! 'NY INC. 1 1 rang of year 1 2 F 2 128,618 3 С 3 4 costs (attach schedule)..... Α. 4 5 h schedule) ... (5 through 5...... T 6 128,618. 7 8 C d. Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the your tax return (see instructions).... 128,618. 9 a C " used for valuing closing inventory: :st or market - ताटthod used and attach explanation) . . . ৮ (0) bС a writedown of subnormal goods..... c(di: method was used for this tax year, enter amount of closing inventory computed u. 9d ced or acquired for resale, do the rules of section 263A apply to the entity (see instructions)?..... e If p f Was age in determining quantities, cost, or valuations between opening and Yes, attach explanation. Ci : BAA F

Form 1125-A (Rev 12-2012)

action Act Notice, see Instructions.

SCHED! E a	Information Co	n on Certain Pe proration's Vol	1120.		OMB No. 1545-0123
(Rev Decemb		≻ See instructi	ons.	Employer identification	in number (EIN)
Dobal Alien Con					
Name	PANY INC. n Entities Owning the Corp te columns (i) through (v) below for hip), trust, or tax-exempt organization ting power of all classes of the co	Voting S	tock, (Form 1120,	Schedule K, Question 4a)	itity treated as a
B&HG'S Part 1	n Entities Owning the Corp	or any foreign or dome	stic corporation, par	rectly or indirectly, 50% or n	nore of the
7.5	te columns (i) through (v) ganization hip), trust, or tax-exempt organization columns (i)	on that owns directly 20 a coordion's stock entitle	ed to vote (see instri	UCTIONS).	(V) Percentage Owned in
	ting power of all classes of the so	(ti) Employer Identification Number (if any)	(III) Type of Entity	(17)	40mg 0.00m
;	() Maine or cred	Number (a may			
-					
_					
				-	
			_		
	in Individuals and Estate		- vetion's Votic	na Stock. (Form 1120, S	chedule K, Question 4b).
- William C	in Individuals and Estate	es Owning the Cor	ate that owns directly	20% or more, or owns, alre-	tions).
Partill C	in Individuals and Estate te columns (i) through (iv) below more of the total voting powe	er of all classes of the c		(III) Country of Citypenship	(iv) Percentage Owned
# <u>`</u>	(i) Name of Individual or Estate		(ii) Identifying Number (if any)	(see instructions)	in Volume Stack
	(i) Name of Individual or Estate				100.00%
			?	UNITED STATES	100.00%
nan ni. '					
BUD RT					
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				C - b - shale	e G (Form 1120) (Rev 12-2011)
	- Act Notice		CPCA1901L	06/02/11 Schedule	· = y ····

Compensation of Officers

OMB No. 1545-2225

► 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.

Department Internal Revi

ne	2840.7.3	Y INC.					
<u>& H</u>	<u></u>	5-F only if to	tal receipts are \$500,000	or more. See instr	octions for definition	of total receipts.	
ite. Con			1	(c) i recent of	Percent of st	ock owned	(f) Amount of
	יחני	officer	(b) Social security	time devoted to obsiness	(d) Common	(e) Preferred	compensation
				0 %	100 %	0.00 %	32,400.
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				<u> </u>			32,40
2 Tota'	.?'						
3 Compe			ned on Form 1125-A or el ter the result here and or	Corm 1320 0208	1. line 12 or the app	огорпате	32,40
4 Subtra line of	-	3	ter the result here and on the Notice, see separate in			For	m 1125-E (Rev 12-201:

2015		FEDERAL STATEMENTS	PAGE 1
		B & H GAS COMPANY INC.	C C
STATE FORM TAXE: KY PU KY SA OTHER PAYRC	ND	E 17 EENSES RVICE COMM. ASSESS INCLUDED IN INCOM. LICENSE TOTAL S	416. 1,824. 518. 4,530. 7,288.
STATE FORM OTHE	-747 . ! L	E 16 TH NS	
BANK INSU: LEGAI MISCE OFFIC POST, SUPPI TELEF UTILI	A. C! ND ANT.	SE TOTAL SE	643. 9,240. 2,050. 4,513. 1,111. 1,320. 968. 1,753. 3,870. 25,468.
STAT FORI NET	- 1-	2 19A 3 LOSS DEDUCTION	
CARR	- • ₁ ,		
		FUNTED FROM YEAR END 12/31/97 \$ 41,461.	41.461.
EV.	:	CARRYOVER TO 2015	41,461. 49,873.
CLEF	Ξ	CARRYOVER TO 2015	
CAP**	:	ATED FROM YEAR END 12/31/98 \$ 49,873. CARRYOVER TO 2015	49,873. 24,651.
CAPT.	:	ATED FROM YEAR END 12/31/98 \$ 49,873. CARRYOVER TO 2015	49,873.

01	FEDERAL STATEMEN	ITS		PAGE
	B & H GAS COMPANY INC			T
ST F	NTINUED) 32 29A 6 LOSS DEDUCTION			
	CARRYOVER TO 2015			14,464.
C.	THE PROPERTY OF THE PROPERTY O		14,308.	14,308.
63:	R CARRYOVER TO 2015			14,308.
C1 (CARRYOVER TO 2015			41,469.
C.*_	RATED FROM YEAR END 12/31/07 R CARRYOVER TO 2015			92,195.
CF	ATED FROM YEAR END 12/31/08	\$	87,622.	07.600
CI	CALED LIGHT THIRT HAD	\$	122,484.	87,622.
C.	CARRYOVER TO 2015		90,787.	122,484.
CI.	R CARRYOVER TO 2015			90,787.
Cr.	CARRYOVER TO 2015	,		13,031.
Ci . h	TED FROM YEAR END 12/31/12 CARRYOVER TO 2015			147,082.
CA.	TED FROM YEAR END 12/31/13 CARRYOVER TO 2015	\$	85,297.	85,297.
CA.	TED FROM YEAR END 12/31/14 CARRYOVER TO 2015	\$	105,470.	
NE	SSES AVAILABLE IN 2015		\$	1,011,647.
T/				-213,907.
T(ING LOSS DEDUCTION (LIMITED TO TAX	ABLE INC	OME)=	0.

015		FEDERAL STATEMENTS B & H GAS COMPANY INC.	PAGE 3
ST FO		LE L, LINE 14 BEGINNING	ENDING
RO.	•	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	0. 0.
ST/ FO OT	SC SE	LE L, LINE 18 ABILITIES BEGINNING	ENDING
AC CL		* 1,623. \$ 9,510. \$ 11,133. \$	1,583. 9,510. 11,193.
STALE FC? OT	,	LE L, LINE 21	ENDING
DÜ		BEGINNING \$ 5,952. \$ MPANY TOTAL \$ \$ 5,952. \$	
ST FC B OF PE		ULE M-1, LINE 5 OT DEDUCTED URANCE PREMIUMS TOTAL	\$ 418. 34. \$ 452.

2015	FEDERAL SUPPORTING DETAIL	PAGE 1
	B & H GAS COMPANY INC.	
DE T PAY : EMP; EMP; FED STA	SECURITY TAXES	3,398. 795. 84. 253. 4,530.

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STATEMENT OF DISCLOSURE OF RELATED PARTY TRANSACTIONS

represents all present transactions and months between	or the purpose of this statement, "related p in excess of \$25.00, except regular salary, wa ne Utility's current or former employees; 2) nonissioners or board of directors; 3) persor at In the Utility; 4) family members* of a person with a 10 percent or greater ownersh on which any current or former Utility en arcent or greater ownership interest in the	st twenty-four (24) Itility") and related Party transactions" Pages and benefits, Current or former Pass who have a 10 Party current Utility Paip interest in the Papelogee, director,			
Name of Related Party	Type of Service Provided	Amount of			
(Individual or Business)	By Related Party	Compensation			
Bud Rife Construction Company	Gas line repair and maintenance	\$54,900.00			
B&S Oil and Gas Company	Sold gas to B&H	\$79,894.82			
Bud Rife	Office Rents	\$6,038.30			
Bud Rife	Truck Leasing	\$25,984.00			
Check this box if the Utility has no related party transactions. Check box if additional transactions are listed on the supplemental page. Check box if any employee of the Utility is a family member of the Utility's chief executive officer, a Utility commissioner, or any person with a 10 percent or greater ownership interest in the Utility. The name of each employee and the official to whom they are related and the nature of the relationship are listed on the supplemental page entitled "Employees Related to Utility Officials."					
Bud Rife (Print Name)	(Soned)				
to a management	Lange (Lange)				
President, B&H Gas Company					

* "Family Member" means any person who is the spouse, parent, sibling, child, mother-in-law, father-in-law, son-in-law, daughter-in-law, grandparent, or grandchild of any current Utility employee, director, commissioner or person with a 10 percent or greater ownership interest in the Utility; or is a dependent for tax purposes of any Utility employee, director, commissioner or person with a 10 percent or greater ownership interest in the Utility or his or her spouse; or who is a member of the household of any Utility employee, director, commissioner or person with a 10 percent or greater ownership interest in the Utility.

(Position/Office)

Commence of the second of the

COMMONWEALTH OF KENTUCKY

COUNTY OF Hoyd

Subscribed and sworn to before me by _

(fyame)

this 30th day of June

___,20<u>16</u>.

NOTARY PUBLIC

State-at-Large