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efile GRAPHIC print - DO NOT PROCESS

A For the 2010 calendar year, or tax year beginning 01-01-2010

C Name of organization

EDUCATION FOUNDATION

MID ATLANTIC PROPANE RESEARCH &

As Filed Data -

DLN: 93492136017711

D Employer identification number

51-0387695

OMB No 1545-1150

.990-EZ

Department of the Treasury Internal Revenue Service

Check if applicable

Address change

Name change

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

(except black lung benefit trust or private foundation) Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the

year may use this form ▶ The organization may have to use a copy of this return to satisfy state reporting requirements

and ending 12-31-2010

Open to Public Inspection

_	ame ch	-	Number and street (or P O box, if mail is not delivered to street address) R 250 WEST MAIN STREET	oom/suite	E Telephone num	ber	_
_	iitial ret erminat		230 WEST MAIN STREET		(434) 9	77-3719	
		d return	City or town, state or country, and ZIP + 4		F Group Exemption	on .	
_		on pending	CHARLOTTESVILLE, VA 22902		Number 🕨		
			<u> </u>				
		ting method :	Cash Accrual Other (specify) ►		Check ► 🔽		-
			only one) — 501(c)(3) 501(c)(6) (insert no) 4947(a)(1) or 55	l l	required to att		
		_			(Form 990, 99		
\$5	0,000	0 A Form 990	anization is not a section 509(a)(3) supporting organization and it -EZ or Form 990 return is not required though Form 990-N (e-po to file a return, be sure to file a complete return	-	•	•	
			o line 9 to determine gross receipts, If gross receipts are \$200,000 or more, or if d of Form 990-EZ	total assets	(Part II, line 25, col	umn (B) b	elow) are \$500,000 or 98,022
_	rt I		e, Expenses, and Changes in Net Assets or Fund Ba	lances	See the instruct	ions for	<u> </u>
			e organization used Schedule O to respond to any question in this		·		
	1	Contribution	s, gifts, grants, and similar amounts received			1	97,607
	2	Program serv	vice revenue including government fees and contracts			2	
	3	Membership	dues and assessments			3	
	4	Investment	income			4	415
	5a	Gross amour	nt from sale of assets other than inventory	5a			
9	ь	Less cost o	rother basis and sales expenses	5b	C		
Revenue	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from l	ıne 5a)		5c	
Ō C	6	Gaming and	fundraising events				_
	а	Gross income fr	rom gaming (attach Schedule G if greater than \$15,000)	6a			
	Ь		re from fundraising events (not including \$ <u>0</u> of contributions from ine 1) (attach Schedule G if the sum of such gross income and co		_		
	c	Less direct	expenses from gaming and fundraising events	6c	C		
	d	Net income o	or (loss) from gaming and fundraising events (Add lines 6a and 6b	and subti	ract line 6c)	6d	0
	7a	Gross sales	of inventory, less returns and allowances	7a			_
	ь	Less cost o	fgoods sold	7b	C		
	c	Gross profit	or (loss) from sales of inventory (Subtract line 7 b from line 7 a)			7c	
	8	O ther revenu	ue (describe in Schedule O)			8	
	9	Total revenu	e. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	98,022
	10	Grants and s	ımılar amounts paıd (lıst ın Schedule O)		•	10	97,607
	11	Benefits paid	l to or for members			11	
	12	Salaries, oth	er compensation, and employee benefits			12	
e e	13	Professional	fees and other payments to independent contractors			13	
Expenses	14	Occupancy,	rent, utilities, and maintenance			14	
EX.	15	Printing, pub	lications, postage, and shipping			15	
	16	O ther expen	ses (describe in Schedule O)			16	
	17	Total expens	ses. Add lines 10 through 16			17	97,607
<u></u>	18	Excess or (d	eficit) for the year (Subtract line 17 from line 9)			18	415
Net.Assets	19	Net assets o	or fund balances at beginning of year (from line 27, column (A)) (m	ust agree	with		
Ă,		end-of-year	figure reported on prior year's return)			19	24,341
ž	20	O ther chang	es ın net assets or fund balances (explain in Schedule O) .			20	
	21	Net assets o	or fund balances at end of year Combine lines 18 through 20 .		▶	21	24,756

Part II Balance Sheets Check if the organization used	Schedule O to respond to	any question in t	hıs Part II	•	
(See the instruct	tions for Part II)		(A) Beginning of year		(B) End of year
22 Cash, savings, and investments			78,667	22	120,298
23 Land and buildings			,	23	·
24 Other assets (describe in Schedule O)			24	31,414
25 Total assets			78,667	25	151,712
26 Total liabilities (describe in Schedule	0)		54,326	26	126,956
27 Net assets or fund balances (line 27 o	f column (B) must agree wit	th line 21) .	24,341	27	24,756
Check if the organization used What is the organization's primary exempt To provide public education about propane Describe what was achieved in carrying ou describe the services provided, the numbe program title	Schedule O to respond to purpose? and propane safety t the organization's exempt	any question in t	lear and concise manner,	(c)(orga 494	Expenses quired for section 501 (3) and 501(c)(4) anizations and section (47(a)(1) trusts, ional for others)
28 CONDUCTED MULTI-MEDIA OUTREA	CH CAMPAIGNS ON THE s amount includes foreign (28a	
29 CONDUCTED 16 MULTI-DAY STATEV SAFE USE OF PROPANE (Grants \$) If the	VIDE EDUCATION AND T s amount includes foreign (29a	
· <u>·</u>	s amount includes foreign (grants, check her	re ► $ abla$	30a	
	s amount includes foreign (31a	
32 Total program service expenses (add lin				32	on for Don't B()
Part IV List of Officers, Directors, Tru Check if the organization used			, ,		is for Part IV)
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensa (If not paid enter -0)	tion (d) Contribution employee benefit p	s to lans &	(e) Expense account and other allowances
See Additional Data Table					

The comparization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in 3 chedule 0. 33 Upt the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in 3 chedule 0. 34 Were any significant changes made to the organization in any otherwise, explain the change on of the amended documents in they reflect a change to the organization in the Universe, explain the change on the change of the engage of the changes of the engage of th	Pa	Check of the agrangation (Note the statement requirements in the instructions for Part V.)	г		
33 Were any significant changes made to the organization of provide amended documents of they reflect a change to the organization's name. Otherwise, explain the change on Schedule (o See matrixiotions). 34 Fith organization had income from business activities, such as those reported on lines. 2, 6a, and 7a (among others), but not reported on 5rm 990-17, subjaint in Schedule (o Why the organization did not report on form 990-17 to 100 or more or was it a section 501 (c)(4), 501 (c)(5), or 501 (c)(6) organization subject to section 503 (c) many and proxy tax requirements? 35 If "Yes," has it filed a tax return on Form 990-17 for this year? (see instructions) 36 Did the organization indepted applicable parts of Schedule II (organization of pulsors apprehimes, direct or index, a decided in the institution of pulsors apprehimes, direct or index, a decided in the institution of pulsors apprehimes, direct or index, a decided in the institution of pulsors apprehimes, direct or index, a decided in the institution of pulsors apprehimes, direct or index, a decided in the institution of pulsors apprehimes, direct or index, a decided in the institution of pulsors apprehimes, direct or index, a decided in the institutions of the pulsors and the institution of the form 1120-POL for this year? 37 If "Yes," complete Schedule II, Part II and enter the total amount involved in If "Yes," complete Schedule II, Part II and enter the total amount involved in If "Yes," complete Schedule II, Part II and enter the total amount involved in the year under section 901 (c)(3) arganizations. Enter amount of fax misosed on organization managers or discussible of the pulsors of the section 901 (c) in the pulsors of the pulsors of the section 901 (c) in the pulsors of the pulsors of the section 901 (c) in the pulso		Check if the organization used Schedule O to respond to any question in this Part V	1	Yes	No
Schedule O, few entructions). 34 Schedule O, few entructions). 35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on form 990-T, explain in Schedule O why the organization die not report del notion of prim 990-T. 35 If the organization have unrelated business gross income of \$1,000 or more or was it a section \$0.1(c)(4), \$0.1 (c)(5), or \$0.1(c)(6) organization have unrelated business gross income of \$1,000 or more or was it a section \$0.1(c)(4), \$0.1 (c)(5), or \$0.1(c)(6) organization subject to section 60.31(e) notice, reporting, and proxy tex requirements? 36 Did the organization flavor current or form 990-F for this year? (See instructions). 37 Similar organization flavor organization grown of the subject of Schedules (See Schedules). 38 Did the organization flavor form, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 39 Section 501(c)(7) organizations. Enter any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 39 Section 501(c)(7) organizations. Enter any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 39 Section 501(c)(7) organizations. Enter any loans to any officer, director, trustee, or key employee or were any such loans and any long still outstanding at the end of the tax year covered by this return? 40 Gross receipts, included on line 9, for public was of clinic still outstanding at the end of the tax year was public still outstanding at the end of the complete still	33		33		No
others), but not reported on Form 990-T, explain in Schedule 0 why the organization did not report the income on Form 990-T. a) If the organization have unrelated business gross income of \$3,000 or more or was it a section \$0.3(c)(4), \$0.51 (c)(5), or \$0.1(c)(5), or \$0.1(c)	34	of the amended documents if they reflect a change to the organization's name Otherwise, explain the change			No
(c)(S), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? 35a 17	35	others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income			
136 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	а				No
### Time design of political expenditures, direct or indirect, as described in the instructions 37a 37b ### Did the organization for Form 1120-POL for this year? 37b 37b ### Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a 37b	b	If "Yes," has it filed a tax return on Form 990-T for this year? (see instructions)	35b		
b Did the organization file Form 1120-POL for this year? 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prory year and still outstanding at the end of the tax year covered by this return? b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 38a 38a 38b 38a 38a 38b 38a 3	36		- 1		No
any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? b if "yes," complete Schedule L, Part II and enter the total amount involved 38b 189 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 39b 0 Gross receipts, included on line 9, for public use of club facilities 39c 0 0 B Gross receipts, included on line 9, for public use of club facilities 39c 0 0 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911	37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 🕨 🔭 37a			
any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 39b O B Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an avaisation and prior year that has not been reported on any of its prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I 40b c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization d Section 501(c)(3) and 501(c)(4) organizations be Enter amount of tax on line 40c reimbursed by the organization. Los the states with which a copy of this return is filed Lat the states with which a copy of this return is filed Located at P CHARIOTISMILE, WA L	b	Did the organization file Form 1120-POL for this year?	37b		No
b If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b 39 Section \$012(c)(?) organizations. Enter a Initiation flees and capital contributions included on line 9 . 39a 0 0 39b 0 0 40a Section \$012(c)(?) organizations. Enter amount of tax imposed on the organization during the year under section \$911	38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
a Intitation fees and capital contributions included on line 9		any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No
a Initiation fees and capital contributions included on line 9 . 39a 0 b Gross receipts, included on line 9, for public use of club facilities 39b 0 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911	b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
b Gross receipts, included on line 9, for public use of club facilities	39	Section 501(c)(7) organizations. Enter			
Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part 1 40b c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization. e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. 41c Located at ► CHARLOTTESVALE. YA 250 WEST MAIN STREET SET 100 Located at ► CHARLOTTESVALE. YA 21P + 4 22902 24b At any time during the calendar year, did the organization have an interest in or a signature or other financial account; in a foreign country (such as a bank account, securities account, or other financial account.) 16 "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 24c	а	Initiation fees and capital contributions included on line 9 39a	О		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year of did the gage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part 1 40b c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 1 List the states with which a copy of this return is filed but an action organization as possible to the organization and provided the organization and provided the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account?) If "Yes," enter the name of the foreign country but a securities account, or other financial accounts? If "Yes," enter the name of the foreign country but and enter the amount of tax-exempt interest received or accrued during the tax year but and enter the amount of tax-exempt interest received or accrued during the tax year but the completed instead of Form 990-EZ. b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. b Did the organization operate one or more hospital facilities d	b	Gross receipts, included on line 9, for public use of club facilities 39b	0		
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b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I . 40b c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 1 List the states with which a copy of this return is filed. 250 WEST MAIN STREET STE 100 Located at CHARCOTTESVILE, W. 271P + 4 22902 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account?) 16 "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U S? 42b 17 "Yes," enter the name of the foreign country Accountly Personal Accounts of the Charcotte Accounts and enter the amount of tax-exempt interest received or accrued during the tax year. 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year. 44a Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ. b Did the organization operate one or more hospital facilities during the year? 44b 16 If "Yes" to line 44c, has the		section 4911 •, section 4912 •, section 4955 •			
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	b	transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been	40b		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 41 List the states with which a copy of this return is filed ▶ 42a The organization's books are in care of ▶ EASTER ASSOCIATES INC Telephone no Located at ▶ CHARLOTTESVILLE, VM 250 WEST MAIN STREET STE 100 Located at ▶ CHARLOTTESVILLE, VM 27P + 4 ≥ 22902 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U S? If "Yes," enter the name of the foreign country ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	С				
transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed 230 WEST MAIN STREET STE 100 Located at CHARLOTTESVILLE, WA	d				
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b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account?) If "Yes," enter the name of the foreign country	42a	The organization's books are in care of 🕨 EASTER ASSOCIATES INC Telephone	no 🟲 <u>(43</u>	4) 977	-3716
At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U S? If "Yes," enter the name of the foreign country A3 Section 4947 (a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		The CHARLOTTECUTIES VA	⊾4 ► 22	2902	
over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U S? If "Yes," enter the name of the foreign country Section 4947 (a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	L				
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If "Yes," enter the name of the foreign country \(\)		Financial Accounts.			
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and enter the amount of tax-exempt interest received or accrued during the tax year		If "Yes," enter the name of the foreign country			
44a Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ. 44a b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form990-EZ c Did the organization receive any payments for indoor tanning services during the year? 44b d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O			• • •	• •	▶ [
44a Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ. 44a b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form990-EZ c Did the organization receive any payments for indoor tanning services during the year? 44b d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O				Yes	No
b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form990-EZ c Did the organization receive any payments for indoor tanning services during the year? 44b d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule 0	44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of			
unstead of Form990-EZ c Did the organization receive any payments for indoor tanning services during the year? 44b 44c d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'Wo,' provide an explanation in Schedule O		Form 990-EZ.	44a		Νο
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedula 0	b				No
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation	С	Did the organization receive any payments for indoor tanning services during the year?	44c		No
	d		tion		No

orm 990-E	EZ (2010)							Page
							Yes	No
	y related organization a controlle Form 990 and Schedule R must be		_	fsection 51	2(b)(13)? <i>If</i>	45		No
	he organization receive any payn ning of section 512(b)(13)? <i>If 'Ye</i>		•		•	45a		No
	he organization engage, directly o idates for public office? If "Yes,"		. •	ehalf of or in	opposition to	46		No
Part VI	Section 501(c)(3) orga	nizations and section	on 4947(a)(1) non	exempt c	haritable tr		only.	110
	All section 501(c)(3) orgar 47-49b and 52.	nizations and section 4	1947(a)(1) nonexem	pt charitabl	le trusts must	answ	er que	stions —
	Check if the organization used	Schedule O to respond	to any question in this P	art V I .		<u></u>	Yes	. No
7 Did th	he organization engage in lobbyir	ng activities? If "Yes," co	omplete Schedule C, Pa	rt II		47		
	e organization a school described					48		
9a Did th	he organization make any transfe	rs to an exempt non-cha	rıtable related organıza	tion?		49a		
b If "Ye	es," was the related organization	a section 527 organizati	on?			49b		
	plete this table for the organization		. , .		, ,			
	and address of each employee	(b) Title and average		(d) Cont	tributions to	(€	Expe	
	ıd more than \$100,000	hours per week devoted to position	(c) Compensation		benefit plans & compensation		count a r allowa	
ONE								
				_				
0(f) Tota	al number of other employees pa	ıd over \$100,000 .						
0(f) Tota	al number of other employees pa	ıd over \$100,000 .				•		
1 Comp	al number of other employees pa plete this table for the organization mpensation from the organization	on's five highest compens		· · ·	• each received n	►	an \$10	0,000
1 Comp	plete this table for the organization	on's five highest compen 1 If there is none, enter "	None "	1	■ each received n		an \$10 Compen	
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Software ID: 10000105 Software Version: 2010v3.2

EIN: 51-0387695

Name: MID ATLANTIC PROPANE RESEARCH &

EDUCATION FOUNDATION

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
HARRY TARSI 250 WEST MAIN STREET STE 100 CHARLOTTESVILLE, VA 22902	Director 2 00	0		
CASEY HARVEY 250 WEST MAIN STREET STE 100 CHARLOTTESVILLE, VA 22902	Director 2 00	0		
KIM TUCKER 250 WEST MAIN STREET STE 100 CHARLOTTESVILLE, VA 22902	Director 2 00	0		
MATTHEW PERRY 250 WEST MAIN STREET STE 100 CHARLOTTESVILLE, VA 22902	Director 2 00	0		
WILLIAM PEPPER 250 WEST MAIN STREET STE 100 CHARLOTTESVILLE, VA 22902	Director 2 00	0		
JOE CALHOUN 250 WEST MAIN STREET STE 100 CHARLOTTESVILLE, VA 22902	2ND VICE PRES 2 00	0		
ERIC KUSTER 250 WEST MAIN STREET STE 100 CHARLOTTESVILLE,VA 22902	Director 2 00	0		
DAVE HONEYCUTT 250 WEST MAIN STREET STE 100 CHARLOTTESVILLE,VA 22902	Director 2 00	0		
CHRIS CAFARELLA 250 WEST MAIN STREET STE 100 CHARLOTTESVILLE,VA 22902	Director 2 00	0		
JONATHAN WILLIAMS 250 WEST MAIN STREET STE 100 CHARLOTTESVILLE,VA 22902	Executive Direc 2 00	0		
FRANK TAYLOR 250 WEST MAIN STREET STE 100 CHARLOTTESVILLE,VA 22902	Director 2 00	0		
ANDY LAMBERT 250 WEST MAIN STREET STE 100 CHARLOTTESVILLE,VA 22902	Director 2 00	0		
ANDREW LEVINSON 250 WEST MAIN STREET STE 100 CHARLOTTESVILLE, VA 22902	Secretary 2 00	0		
RON PATRICK 250 WEST MAIN STREET STE 100 CHARLOTTESVILLE,VA 22902	Treasurer 2 00	0		
GLENNA KINNEY 250 WEST MAIN STREET STE 100 CHARLOTTESVILLE,VA 22902	Past President 2 00	0		

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
JEFF KERNS 250 WEST MAIN STREET STE 100 CHARLOTTESVILLE,VA 22902	Vice President 2 00	0		
NASH MCMAHAN 250 WEST MAIN STREET STE 100 CHARLOTTESVILLE, VA 22902	President 2 00	0		

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2010

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

Attach to Form 990 or 990-EZ.

Supplemental Information to Form 990 or 990-EZ

Name of the organization MID ATLANTIC PROPANE RESEARCH & EDUCATION FOUNDATION Employer identification number

51-0387695

ldentifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 26 1003	Total Liabilities 1003	Deferred Revenue - Beginning \$5000 Deferred Revenue - Ending \$0

ldentifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 26 1002	Total Liabilities 1002	Grants Payable - Beginning \$33806 Grants Payable - Ending \$97607

ldentifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 26 1001		Accounts Payable and Accrued Expenses - Beginning \$15520 Accounts Payable and Accrued Expenses - Ending \$29349

ldentifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 24 1005	Other Assets 1005	Accounts Receivable - Beginning \$0 Accounts Receivable - Ending \$31414

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 10 1	Amounts Paid In Excess of	Donee's Name MID ATLANTIC PROPANE GAS ASSOC Donee's Address 250 WEST MAIN STREET, STE 100 CHARLOTTESVILLE, VA 22902 Relationship of Donee RELATED EXEMPT ORGANIZATI Cash Amount Given \$97607