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efile GRAPHIC print - DO NOT PROCESS

C Name of organization

EDUCATION FOUNDATION

250 WEST MAIN STREET

MID ATLANTIC PROPANE RESEARCH &

As Filed Data -

Number and street (or P O box, if mail is not delivered to street address) Room/suite

DLN: 93492136021702

D Employer identification number

(434) 977-3719

51-0387695

E Telephone number

OMB No 1545-1150

Open to Public

Form 990-EZ

Department of the Treasury Internal Revenue Service

Check if applicable

Address change

Name change

Initial return

Terminated

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

Short Form

Return of Organization Exempt From Income Tax

year may use this form **Inspection** ▶ The organization may have to use a copy of this return to satisfy state reporting requirements A For the 2011 calendar year, or tax year beginning 01-01-2011 , and ending 12-31-2011

_		d return on pending	City or town, state or country, and ZIP + 4 CHARLOTTESVILLE, VA 22902		F Group Numb	Exemption er F	
		ting method	Cash	require	ed to atta	the organ ch Schedu)-EZ, or 9	
			only one) — 501(c)(3) 501(c)(6) 4(insert no) 4947(a)(1) or 527	7			
norm	ally r	not more than	anization is not a section 509(a)(3) supporting organization or a se \$50,000 A Form 990-EZ or Form 990 return is not required tho organization chooses to file a return, be sure to file a complete re	ugh Form 990-N			
L Add nore,	lines ! file	5b, 6c, and 7b, to Form 990 instead	o line 9 to determine gross receipts, If gross receipts are \$200,000 or more, or if to d of Form 990-EZ	otal assets (Part II, lır			
Pa	rt I		e, Expenses, and Changes in Net Assets or Fund Ballie organization used Schedule O to respond to any question in this	-	ınstructı	ons for Pa	tI) ✓
	1	Contribution	s, gifts, grants, and similar amounts received			1	126,782
	2	Program ser	vice revenue including government fees and contracts		. [2	
	3	Membership	dues and assessments		. [3	
	4	Investment	income		.	4	523
	5a	Gross amour	nt from sale of assets other than inventory	5a	ľ		
<u>a</u>	b	Less cost o	rother basis and sales expenses	5b	0		
Keverne	c	Gain or (loss	;) from sale of assets other than inventory (Subtract line 5b from lir	ne 5a)		5c	
Š Y	6	Gaming and	fundraising events				
	а	Gross income fr	rom gaming (attach Schedule G if greater than \$15,000)	6a			
	b		e from fundraising events (not including \$ _of contributions from fuine 1) (attach Schedule G if the sum of such gross income and con		s		
		1					
	с		expenses from gaming and fundraising events	6c	5 - >		
	_ d		or (loss) from gaming and fundraising events (Add lines 6a and 6b a	1 1	° ()	6d	
	7a		of inventory, less returns and allowances	7a			
	b	Less cost o		7b		_	
	c		or (loss) from sales of inventory (Subtract line 7b from line 7a)		.	7c	
	8		ue (describe in Schedule O)	•	-	8	427.205
	9		ne. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	• • •		9	127,305
	10		similar amounts paid (list in Schedule O)		-	10	126,782
	11	·	I to or for members		.	11	
إى	12	•	er compensation, and employee benefits		.	12	
50	13		fees and other payments to independent contractors		.	13	
Expenses	14		rent, utilities, and maintenance			14	
ا ش	15		lications, postage, and shipping		•	15	100
	16		ses (describe in Schedule O)		-	16	100
	17		ses. Add lines 10 through 16		-	17	126,882
රු	18	•	eficit) for the year (Subtract line 17 from line 9)		.	18	423
5 5 2	19		or fund balances at beginning of year (from line 27, column (A)) (mu	st agree with			
Net.Assets		,	figure reported on prior year's return)		•	19	24,756
2	20		es in 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	25,179

Check if the organization used	Schedule O to respond to an	y question in this P	art II		
(See the instruct	cions for Part II)	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments .		· · ·	120,298	22	220,077
23 Land and buildings		· • • <u> </u>		23	
24 Other assets (describe in Schedule O)		31,414	24	
25 Total assets			151,712	25	220,077
26 Total liabilities (describe in Schedule	0)		126,956	26	194,898
27 Net assets or fund balances (line 27 of	f column (B) must agree with l	line 21) .	24,756	27	25,179
Part III Statement of Program Statement of Program Statement of Program Statement of Program Statement of Check if the organization used What is the organization's primary exempt To provide public education about propane Describe the organization's program service measured by expenses In a clear and conditions of the program of the pr	Schedule O to respond to an purpose? and propane safety e accomplishments for each case manner, describe the ser	ny question in this F	program services, as	(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 Sas amount includes foreign gra	ints, check here .	▶┌	28a	
	s amount includes foreign gra	ints, check here .	▶┌	29a	
(Grants \$) If thi 31 Other program services (describe in Sci	s amount includes foreign gra		•	30a	
	s amount includes foreign gra	nts, check here		31a	
32 Total program service expenses (add line	es 28a through 31a)		▶	32	
Part IV List of Officers, Directors, True					
Check if the organization used					
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit p deferred compens	lans &	(e) Expense account and other allowances
See Additional Data Table					

Pa	rt V	Other Information (Note the statement requirements in the instri	uctions for Part V.)			
		Check if the organization used Schedule O to respond to any question in this	Part V	<u>.୮</u>		
					Yes	No
33		e organization engage in any significant activity not previously reported to the d description of each activity in Schedule O		33		No
34	of the	ny significant changes made to the organizing or governing documents? If "Yeamended documents if they reflect a change to the organization's name. Other like O (see instructions)	wise, explain the change			No
35		organization had income from business activities, such as those reported on li), but not reported on Form 990-T, explain in Schedule O why the organization 90-T				
а		e organization have unrelated business gross income of \$1,000 or more during es (such as those reported on lines 2, 6a, and 7a, among others)?	g the year from business	35a		No
b	If 'Yes Sched	to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provi	de an explanation in	35b		No
C		e organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization subj reporting, and proxy tax requirements during the year? If Yes,' complete Sch		35c		No
36		e organization undergo a liquidation, dissolution, termination, or significant dis ar? If "Yes," complete applicable parts of Schedule N		uring 36		No
37a	Enter ar	nount of political expenditures, direct or indirect, as described in the instructions 🕨 📗	37a			
b	Did the	organization file Form 1120-POL for this year?		37b		No
38a	Did the	e organization borrow from, or make any loans to, any officer, director, trustee,	or key employee or were	<u> </u>		
	any su	ch loans made in a prior year and still outstanding at the end of the tax year c	overed by this return?	38a		No
b	If "Yes	," complete Schedule L, Part II and enter the total amount involved .	38Ь			
39		501(c)(7) organizations. Enter				
а		on fees and capital contributions included on line 9	39a	О		
		receipts, included on line 9, for public use of club facilities	39b	0		
		501(c)(3) organizations. Enter amount of tax imposed on the organization during	ng the vear under			
b	<i>Sectior</i> transa	section 4912, section 4912, section 4955, section 4955, section 4955, section 4955, section during the year or did it engage in an excess benefit transaction in a prior do nany of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Pa	ion 4958 excess benefit ryear that has not been			
				40b		
С	Sectio	n $501(c)(3)$ and $501(c)(4)$ organizations. Enter amount of tax imposed on organizations.	anızatıon managers or			
		lified persons during the year under sections 4912, 4955, and 4958	•			
d		n 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c rein zation	nbursed by the			
е		<i>nnizations .</i> At any time during the tax year, was the organization a party to a pr ction? If "Yes," complete Form 8886-T		40e		No
41	List the	states with which a copy of this return is filed 🕨				
42a	The o	ganization's books are in care of 🏲 EASTER ASSOCIATES INC	Telephon	e no 🟲 <u>(43</u>	34)977	-3716
	Locate	250 WEST MAIN STREET STE 100 ed at ► CHARLOTTESVILLE, VA	ZIP	+4 🕨 _2	2902	
b		time during the calendar year, did the organization have an interest in or a sig financial account in a foreign country (such as a bank account, securities acc		′	Yes	No
	accou	rt)?		42b		No
	See th	," enter the name of the foreign country ► e instructions for exceptions and filing requirements for Form TD F 90-22.1, Re ial Accounts.		_ d		
c		time during the calendar year, did the organization maintain an office outside	of the U S ?	42c	L	No
	If "Yes	," enter the name of the foreign country 🕒				
43	Section	4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1 er the amount of tax-exempt interest received or accrued during the tax year	041 —Check here	- 		▶ Г
						<u> </u>
44a	Did the	e organization maintain any donor advised funds? If "Yes", Form 990 must be co	empleted instead of		Yes	No
	Form 9	44a		Νo		
b		e organization operate one or more hospital facilities during the year? <i>If 'Yes,' i</i> I of Form990-EZ	Form 990 must be comple	ted 44b		No
c	Did the	e organization receive any payments for indoor tanning services during the year	ar?	44c		No
d	If 'Y es ın Sche	' to line 44c, has the organization filed a Form 720 to report these payments? dule O	If 'No,' provide an explan			No
45a	Did the	e organization have a controlled entity within the meaning of section 512(b)(1	3)?	45a		
45b	Did the	e organization receive any payment from or engage in any transaction with a co	ontrolled entity within the	1		No
	meanı	ng of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be c		45b		No

							Yes	No
	e organization engage, directly ates for public office? If "Yes,"			behalf of or I	n opposition to	46		No
Part VI	Section 501(c)(3) organ All section 501(c)(3) organ 47-49b and 52.							stions
	Check if the organization used	Schedule O to respond	to any question in this	Part VI .				Г
							Yes	No
	e organization engage in lobbyir s," complete Schedule C, Part I		ection 501(h) election ii	n effect durir	g the tax year?	47		
48 Is the	organization a school describe	d ın section 170(b)(1)(A)(II)? If "Yes," complete .	Schedule E		48		
49a Did the	9a Did the organization make any transfers to an exempt non-charitable related organization?							
b If"Yes	s," was the related organization	a section 527 organizat	tion?			49b		
50 Comple	ete this table for the organization	on's five highest comper	nsated employees (othe	r than officer	s, directors, trus	stees a	nd key	
	vees) who each received more t	han \$100,000 of compe	ensation from the organi	zation If the	ere is none, ente	r "None	e "	
	nd address of each employee I more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	employee	tributions to benefit plans & compensation	ac	e) Exper count a r allowa	and
NONE								
_								
f Total	I number of other employees pa	ıd over \$100,000 .			•	-		
51 Comple	ete this table for the organization	on's five highest comper	nsated independent cont	ractors who	each received n	nore tha	an \$10	0.000
of com	pensation from the organization	n If there is none, enter	"None "	T				•
(a) Nai	me and address of each indepe	ndent contractor paid mo	ore than \$100,000	(b) Typ	e of service	(c) C	ompen	sation
NONE								
	I number of other independent o		• , ,					
	the organization complete Sche t attach a completed Schedule			ons and 494	/(a)(1) nonexer		es [
Under penalti	es of perjury, I declare that I have	e examined this return, inc	cluding accompanying sch	edules and s	tatements, and to	the be	st of my	,
	d belief, it is true, correct, and co							
	*****			20)12-05-15			
Sign	Signature of officer				ate			
Here	Douglas Easter Executive Director Type or print name and title							
	Preparer's la			neck if	Preparer's taxpay		ıfıcatıon r	number
Paid	signature CHRISTINA MONFALCO			nployed 🕨 🦵	(See instructions,	,		
llee Only	ıf self-employed),							
[address, and ZIP + 4 172 S PANTOPS DR Charlottesville, VA 229118672					(434) 977-7771		
		eparer shown above? Se				<u> </u>		No

Form 990-EZ (2011)

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As Filed Data -

DLN: 93492136021702

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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.

2011
Open to Public Inspection

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 1002	Total Liabilities 1002	Grants Payable - Beginning \$97607 Grants Payable - Ending \$70932
Form 990-EZ, Part II, Line 26 1001		
Form 990-EZ, Part II, Line 24 1005	Other Assets 1005	Accounts Receivable - Beginning \$31414 Accounts Receivable - Ending \$0
Form 990-EZ, Part I, Line 16 1	Other Expenses 1	DUES & PUBLICATIONS \$100
Form 990-EZ, Part I, Line 10 1 Grants and Similar Amou Paid In Excess of \$5,000		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 \$126782

Software ID: 11000144
Software Version: 2011v1.2

EIN: 51-0387695

Name: MID ATLANTIC PROPANE RESEARCH &

EDUCATION FOUNDATION

Form 990-EZ, Special Condition Description:

Special Condition Description

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
BILL WOODWARD 250 WEST MAIN STREET STE 100 CHARLOTTESVILLE, VA 22902	Director 2 00	0		
SHERI NORRIS 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		
MARK CALLAHAN 250 WEST MAIN STREET STE 100 CHARLOTTESVILLE,VA 22902	Director 2 00	0		
DON LYNCH 250 WEST MAIN STREET STE 100 CHARLOTTESVILLE,VA 22902	Vice President 2 00	0		
DAVE HONEYCUTT 250 WEST MAIN STREET STE 100 CHARLOTTESVILLE,VA 22902	Secretary 2 00	0		
CHRIS CAFARELLA SR 250 WEST MAIN STREET STE 100 CHARLOTTESVILLE,VA 22902	Director 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	Vice President 2 00	0		
RON PATRICK 250 WEST MAIN STREET STE 100 CHARLOTTESVILLE,VA 22902	Treasurer 2 00	0		
CHRIS CAFARELLA JR 250 WEST MAIN STREET STE 100 CHARLOTTESVILLE,VA 22902	Director 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 ot her allowances
JEFF KERNS 250 WEST MAIN STREET STE 100 CHARLOTTESVILLE,VA 22902	President 2 00	0		
NASH MCMAHAN 250 WEST MAIN STREET STE 100 CHARLOTTESVILLE,VA 22902	Past President 2 00	0		