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► The organization may have to use a copy of this return to satisfy state reporting requirements

F Group Exemption
Number 

Form **990-EZ** (2010)

Part II

Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II

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(See the instructions 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		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 O)	126,956	26	194,898
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	24,756	27	25,179

Part III Statement of Program Service Accomplishments		Expenses	
Check if the organization used Schedule O to respond to any question in this Part III		☐	
What is the organization's primary exempt purpose? To provide public education about propane and propane safety		(Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title			
28	CONDUCTED MULTI-MEDIA OUTREACH CAMPAIGNS ON THE SAFE USE OF PROPANE (Grants \$) If this amount includes foreign grants, check here	28a	
29	CONDUCTED 16 MULTI-DAY STATEWIDE EDUCATION AND TRAINING SCHOOLS TO PROMOTE THE SAFE USE OF PROPANE (Grants \$) If this amount includes foreign grants, check here	29a	
30	(Grants \$) If this amount includes foreign grants, check here	30a	
31	Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here	31a	
32	Total program service expenses (add lines 28a through 31a)	32	

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)				
Check if the organization used Schedule O to respond to any question in this Part IV				
(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
See Additional Data Table				

Part V

Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V

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		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	No
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 did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	No
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	No
36	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	36	No
37a	Enter amount 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 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	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations. Enter		
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
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ☐ _____, section 4912 ☐ _____, section 4955 ☐ _____		
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-EZ? 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	40e	No
41	List the states with which a copy of this return is filed ☐ _____		
42a	The organization's books are in care of ☐ <u>EASTER ASSOCIATES INC</u> Telephone no ☐ <u>(434) 977-3716</u> 250 WEST MAIN STREET STE 100 Located at ☐ <u>CHARLOTTESVILLE, VA</u> ZIP + 4 ☐ <u>22902</u>		
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 .	42b	No
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 ☐ _____	42c	No
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 ☐ 43		
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44a	No
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	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
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	44d	No
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	No

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "				
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
f Total number of other employees paid over \$100,000				

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "		
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d	Total number of other independent contractors each receiving over \$100,000	
52	Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A	☐ Yes ☐ No

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

Sign Here	***** Signature of officer		2012-05-15 Date		
	Douglas Easter Executive Director Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	CHRISTINA MONFALCONE CPA	Date	Check if self-employed ☐	Preparer's taxpayer identification number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	WILLS & ASSOCIATES PC 172 S PANTOPS DR Charlottesville, VA 229118672			EIN
					Phone no (434) 977-7771
May the IRS discuss this return with the preparer shown above? See instructions					☒ Yes ☐ No

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.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization MID ATLANTIC PROPANE RESEARCH & EDUCATION FOUNDATION	Employer identification number 51-0387695
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Identifier	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	Total Liabilities 1001	Accounts Payable and Accrued Expenses - Beginning \$29349 Accounts Payable and Accrued Expenses - Ending \$123966
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 Amounts Paid In Excess of \$5,000 1	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

Additional Data

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 other 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		