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Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-1150

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

SCANNED MAY 2 5 2017

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning , 2016, and ending							, 20		
B Check if applicable		1	C Name of organization	<u> </u>	D Emp!	oyer ide	entification number		
Address change			West Virginia Propane Research & Education Foundation		1	5-0768103			
	Name cha	nge	Number and street (or P O box, if mail is not delivered to street address)	Room/suite	E Telep	hone nu			
=	Initial retur		107 S West Street	825		70:	3-530-9772		
=		n/terminated	City or town, state or province, country, and ZIP or foreign postal code	1 025	F Gro	up Exer			
=	Amended : Anolication	return n pending	Alexandria, VA 22314			nber ▶	•		
		ing Method	Cash ✓ Accrual Other (specify) ▶	н	Check	▶	the organization is not		
	Vebsite	-		 · ·		required to attach Schedule B			
			eck only one) — ☐ 501(c)(3) ☑ 501(c) (6) ◀ (Insert no) ☐ 4947(a)(1) o	or	•)-EZ, or 990-PF)		
		organization	☐ Corporation ☐ Trust						
			7b to line 9 to determine gross receipts If gross receipts are \$200,000 or	more, or if tota	al assets				
			v) are \$500,000 or more, file Form 990 instead of Form 990-EZ.			▶ \$	40437.00		
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balan	ces (see the	instru	ctions			
			the organization used Schedule O to respond to any question						
	1		ons, gifts, grants, and similar amounts received			1	40,300		
	2		ervice revenue including government fees and contracts			2			
	3	-	ip dues and assessments			3	,_,_,,		
	4	Investmen	•			4	137		
	5a		ount from sale of assets other than inventory 5a			Α.,			
	b		or other basis and sales expenses	 		137.3			
	C		ss) from sale of assets other than inventory (Subtract line 5b from	line 5a)		5c			
	6	•	d fundraising events			,× ,			
	a		ome from gaming (attach Schedule G if greater than						
Ë				l					
Revenue	ь	Gross inco	Gross income from fundraising events (not including \$ of contributions						
ě	_		raising events reported on line 1) (attach Schedule G if the						
11			th gross income and contributions exceeds \$15,000) 6b	1		- 1			
	С	Less: direc	et expenses from gaming and fundraising events 6c						
	d								
	7a	Gross sale	s of inventory, less returns and allowances 7a	1					
	b		of goods sold			5.4			
	С		it or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c			
	8	-	nue (describe in Schedule O)			8			
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		. ▶	9	40,437		
	10		similar amounts paid (list in Schedule O)			10	36,206		
	11		aid to or for members			11			
Š	12	•	ther compensation, and employee benefits	Annual Control		12			
nse	13		al fees and other payments to independent contractors	⊧D . 7.		13			
Ď	14		v rent utilities and maintenance		14				
Expen	15		ublications, postage, and shipping APR. 2.8		15				
	16		enses (describe in Schedule O)		16	3,969			
	17	•	enses. Add lines 10 through 16	1221 .	. ▶	17	40,175		
	18		(deficit) for the year (Subtract line 17 from line 9) -GDEN . 1	11		18	262		
Net Assets	19		sets or fund balances at beginning of year (from line 27, column (A)) (must agree with						
ASS			ar figure reported on pnor year's return)			19	1,287		
et.	20		nges in net assets or fund balances (explain in Schedule O) .			20	,===		
Ž	21		or fund balances at end of year. Combine lines 18 through 20		. >	21	1,549		
Fo	Papen			t. No 10642I		·	Form 990-EZ (2016)		

Form 990-E2	Z (2016)	
Part II	Balance Sheets (see the instructions for Part II)	

~	4
Page	4

Par	Check if the organization used Schedule		ny question in this	Part II		\square
			1	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[1,287	22	1,549
23	Land and buildings		[23	
24	Other assets (describe in Schedule O)				24	
25	Total assets	•			25	
26	Total liabilities (describe in Schedule O)		-		26	
27	Net assets or fund balances (line 27 of column			1,287	27	1,549
Par		•		•		Evanges
100	Check if the organization used Schedule				(Rea	Expenses uired for section
	is the organization's primary exempt purpose?				501(c)(3) and 501(c)(4)
	nbe the organization's program service accompli- leasured by expenses. In a clear and concise m				orga	nizations, optional for rs)
	ons benefited, and other relevant information for ea		s services provided	i, the number of		,
28					\vdash	Τ
					}	
	(Grants \$) If this amount	includes foreign gra	ints, check here .		28a	
29						1
					1	
	(Grants \$) If this amount	ıncludes foreign gra	ints, check here .	▶ 🗆	29a	
30						
					ļ	
					l	
		ıncludes foreign gra	ints, check here .	<u></u> ▶ □	30a	
31	Other program services (describe in Schedule O)				1.	1
		includes foreign gra			31a	
	Total program service expenses (add lines 28a				32	<u> </u>
Par	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule					é
	Check if the organization used Schedule		(c) Reportable	Part IV	÷	· · · · · · · · · · · · · · · · · · ·
	(a) Name and title	(b) Average hours per week	compensation	contributions to employ		
	• •	devoted to position	(Forms W-2/1099-MISC (If not paid, enter -0-)			other compensation
Carol	line Hensley			 	-†-	
Presi		2	1 .		a	a
	n Elliott	 			7	_
	President	1			0	0
Tom	Osina					
Exec	utive Director	55		1	0	0
Rick	Bowen		ŀ			
Direc	tor	1)!	0	0
Dean	Haldeman	_	(ł	1	
Direc	tor	1 .)	0	0

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Part	U , Street Information (Note the Schedule A and personal benefit contract statement requirements					
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Рап	Y . 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	res	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)					
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	34		1		
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	 			
c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 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	35b 35c		1		
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		1		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0					
b	Did the organization file Form 1120-POL for this year?	37b		1		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	ļ				
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	 	✓		
30 D	If "Yes," complete Schedule L, Part II and enter the total amount involved	-	ļ	!		
39 a	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	1		١ '		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶	1				
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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					
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958					
đ	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization					
е	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		-		
41	List the states with which a copy of this return is filed ▶ none					
42a		703-53		2		
h	Located at ▶ 9309 Hood Road, Manassas, VA ZIP + 4 ▶	20	110 Yes	No		
U	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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
С	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ▶					
43	Section 4947(a)(1) nonexempt chantable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		. 1	▶ 🗆		
	and enter the amount of tax-exempt interest received or accrued during the tax year			,		
			Yes	No		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		1		
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		-/		
C	Did the organization receive any payments for indoor tanning services during the year?	44c		1		
ď	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	44d	(ļ, '		
4E-	explanation in Schedule O					
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	 	1		
U	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	-			

Du 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 Part VI	Form 99	90- E Z (20	16)						F	age 4	
to candidates for public office? If "Yes," complete Schedule C, Part I Part VI Section 501(c)(3) organizations only All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI 147 247	46	Did th	e organization engage, directly or inc	directly in political c	amnaign activities	on behalf	of or in appasition		Yes	No	
Section 501 (c)(3) organizations only All section 501 (c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI	40	to car	e organization engage, directly or included all discounts of the organization engage, directly or included and the organization engage.	omplete Schedule C	, Part I	· · ·				1	
Check if the organization used Schedule O to respond to any question in this Part VI 17 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 18 Is the organization as considered as described in section 170(b)(1)(A)(h)? If "Yes," complete Schedule E 18 Is the organization make any transfers to an exempt non-charatiste related organization? 19 If "Yes," was the related organization a section 527 organization? 10 If "Yes," was the related organization in section 527 organization? 11 If "Yes," was the related organization in section 527 organization? 12 Omplete this table for the organization is five highest compensated employees (other than offices, directors, trustices, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none in the organization. If there is none independent contractors who each received more than \$100,000 of compensation from the organization. If there is none in the "Organization of the organization of the employees (c) Promatice of the passage (p) Pro	Part	Part VI Section 501(c)(3) organizations only All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines									
Ves No No No No No No No N			• •	edule O to respond	to any question i	ın thıs Part	VI .			П	
year? If "Yes," complete Schedule C, Part II ### Is the organization a school as described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E ### If "Yes," was the related organization a section 527 organization? ### If "Yes," was the related organization of section 527 organization? ### If "Yes," was the related organization of section 527 organization? ### If "Yes," was the related organization of section 527 organization? ### If "Yes," was the related organization of section 527 organization? ### If "Yes," was the related organization of section 527 organization? ### If "Yes," was the related organization of section 527 organization? ### If "Yes," was the related organization of section 527 organization? ### If "Yes," was the related organization of section 527 organization? ### If "Yes," was the related organization of section 527 organization? ### If "Yes," was the related organization of the organization of compensation from the organization. If there is none, enter "None." ### If It is a section of other employees paid over \$100,000 of compensation from the organization of the organization. If there is none, enter "None." ### If It is a section of other employees paid over \$100,000 of compensation from the organization. If there is none, enter "None." ### If It is a section of other independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." ### If It is a section of other independent contractors each receiving over \$100,000 of compensation from the organization. If there is none, enter "None." ### If It is a section of other independent contractors each receiving over \$100,000 of compensation from the organization. If there is none, enter "None." ### If It is a section of other independent contractors each receiving over \$100,000 of compensation from the organization of enterties. If It is a section of other independent contractors each received more than organization or enterties. If It is a section of o			SHOOK IN THE STATE OF THE STATE	<u> </u>	to any quotion				Yes	No	
Did the organization make any transfers to an exempt non-chantable related organization? 49a 49b 49b 50b 1900 190	47						ect during the tax	1			
b If "Yes," was the related organization a section 527 organization? 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 title of each employee (b) Average hours per week devoted to position (c) Reportable Compensation (c) Reportable Compensation (d) Estimated amount of other employees paid over \$100,000 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 business address of each independent contractor (b) Type of service (c) Compensation (c) Compensation (d) Estimated amount of other employees paid over \$100,000 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 business address of each independent contractor (b) Type of service (c) Compensation (c) Compensation (d) Estimated amount of other "None." (e) Compensation (e) Estimated amount of other "None." (e) Total number of other independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (e) Total number of other independent contractors each receiving over \$100,000 of compensation from the organization from the org	48	Is the	organization a school as described in	section 170(b)(1)(A)(i	i)? If "Yes," comple	te Schedul	eE	48			
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 title of each employee (b) Average hours per week overside to position (c) Reportable compensation (c) Reportable compensation (d) Helath benefits. (e) Estimated amount of other compensation (e) Estimated amount of other compensation (e) Estimated amount of other compensation (f) Total number of other employees paid over \$100,000. (g) Name and business address of each independent contractors (g) Name and business address of each independent contractor (g) Name and business address of each independent contractor (g) Type of service (g) Compensation (g) Compen	49a		Did the organization make any transfers to an exempt non-chantable related organization?								
employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and title of each employee (b) Average for persisten (c) Reportable compensation contributions to employee enter the persisten (c) Reportable compensation contributions to employee enter than and deterred compensation (forms W-2 1899-MISC) (b) Total number of other employees paid over \$100,000 . (c) Total number of other employees paid over \$100,000 . (d) Name and business address of each independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (e) Name and business address of each independent contractor (b) Type of service (c) Compensation (e) Compensation (f) Total number of other independent contractors each receiving over \$100,000 . (e) Compensation (f) Total number of other independent contractors each receiving over \$100,000 . (e) Compensation (f) Total number of other independent contractors each receiving over \$100,000 . (e) Compensation (f) Total number of other independent contractors each receiving over \$100,000 . (f) Total number of other independent contractors each receiving over \$100,000 . (g) Total number of other independent contractors each receiving over \$100,000 . (g) Total number of other independent contractors each receiving over \$100,000 . (g) Total number of other independent contractors each receiving over \$100,000 . (g) Total number of other independent contractors each receiving over \$100,000 . (g) Total number of other independent contractors each receiving over \$100,000 . (g) Total number of other independent contractors each receiving over \$100,000 . (g) Total number of other independent contractors each receiving over \$100,000 . (g) Total number of other independent contractors each receiving over \$100,000 . (h) Type of service \$100,000 . (p) Total number of other independent contractors each received more than \$100,000 . (g) Total number of other indep										<u>L. </u>	
(a) Name and title of each employee (b) Average (c) Reportable, conformation (compensation (comp	50	Comp	vees) who each received more than	five nignest compen	sated employees (other than	officers, directors,	truste: nter "N	es, an Iona "	a key	
(a) Name and title of each employee		emple	yees) who each received more than		,			11161	One.		
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 business address of each independent contractor (b) Type of service (c) Compensation 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 must attach a completed Schedule A ▶ Yes No Under penalties of perjuny, I declare that I have examined the return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (particular than officer) is based on all information of which preparer has any knowledge Sign Here Promos C Osina, Secretary-Treasurer Type or print name and title Preparer Use Only Firm's name Firm's name Firm's name Firm's address Phone no		(a) I	Name and title of each employee	hours per week	compensation	contribu	tions to employee (e) lans, and deferred o				
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 business address of each independent contractor (b) Type of service (c) Compensation 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 must attach a completed Schedule A ▶ Yes No Under penalties of perjuny, I declare that I have examined the return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (particular than officer) is based on all information of which preparer has any knowledge Sign Here Promos C Osina, Secretary-Treasurer Type or print name and title Preparer Use Only Firm's name Firm's name Firm's name Firm's address Phone no											
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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 business address of each independent contractor (b) Type of service (c) Compensation 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 must attach a completed Schedule A ▶ Yes No Under penalties of perjuny, I declare that I have examined the return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (particular than officer) is based on all information of which preparer has any knowledge Sign Here Promos C Osina, Secretary-Treasurer Type or print name and title Preparer Use Only Firm's name Firm's name Firm's name Firm's address Phone no							·				
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 business address of each independent contractor (b) Type of service (c) Compensation 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 must attach a completed Schedule A ▶ Yes No Under penalties of perjuny, I declare that I have examined the return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (particular than officer) is based on all information of which preparer has any knowledge Sign Here Promos C Osina, Secretary-Treasurer Type or print name and title Preparer Use Only Firm's name Firm's name Firm's name Firm's address Phone no											
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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 business address of each independent contractor (b) Type of service (c) Compensation 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 must attach a completed Schedule A ▶ Yes No Under penalties of perjuny, I declare that I have examined the return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (particular than officer) is based on all information of which preparer has any knowledge Sign Here Promos C Osina, Secretary-Treasurer Type or print name and title Preparer Use Only Firm's name Firm's name Firm's name Firm's address Phone no											
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 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 apprepare pener than officer) is based on all information of which preparer has any knowledge Sign Thomas C Osina, Secretary-Treasurer Type or print name and title Paid Preparer Use Only Firm's name ▶ Firm's address ▶ Phone no		Comp	plete this table for the organization's	s five highest compo	ensated independe	ent contrac	etors who each re	ceived	more	than	
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A		(a) I	Name and business address of each independent	ent contractor	(b) Type of	(c) Compensation					
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A					-						
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A											
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A											
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A		 -					_				
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A					1						
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A					<u> </u>						
Completed Schedule A	d	Total	number of other independent contra-	ctors each receiving	over \$100,000 .	>					
Sign Here Thomas C Osina, Secretary-Treasurer Type or print name and title Preparer Use Only Firm's name Firm's address Trong correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Date Posit 25, 2017 Date Check if PTIN self-employed Firm's name Firm's EIN Phone no	52			le A? Note: All se	````	5		_ Yes	. 🗆 1	No	
Sign Here Thomas C Osina, Secretary-Treasurer	Under p	enalties rrect, and	of perjury, I declare that I have examined this red complete. Declaration of preparer (other than	eturn, including accompan	ying schedules and state	tements, and t	o the best of my knowledge	edge and	belief,	, it is	
Here Thomas C Osina, Secretary-Treasurer Type or print name and title Paid Preparer Use Only Thomas C Osina, Secretary-Treasurer Type or print name and title Preparer's signature Preparer's signature Date Check ☐ if self-employed Firm's name ▶ Firm's name ▶ Firm's address ▶ Phone no			1-11-16			100 i 2	5 1	2017	_		
Type or print name and title Paid Preparer Use Only Type or print name and title					 .	Date	<u> </u>	~ (
Paid Preparer Use Only Firm's name ► Firm's address ► Phone no											
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