Department of the Treasury

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)

2019

OMB No. 1545-0047

▶ Do not enter social security numbers on this form, as it may be made public.

Open to Public Inspection

				· · · · · · · · · · · · · · · · · · ·								
A F	or the	2019 calenda	ır year, or tax year			, 2019, a	nd endin				, 20	
B Check if applicable Address change Name change			C Name of organizat	tion				D	Emplo	oyer ıd	lentification num	ber
					ucation Foundation						5-0768103	
			Number and street (o	or PO box if mail is not	delivered to street address)		Room/suit	e E	Telepi	hone n	umber	
=	ntıal retu	rn/terminated	107 S West Street				825			70	3-530-9772	
	vmended	1	City or town, state or	province, country, and	ZIP or foreign postal code		N	F	Grou	ıp Exe	emption	
		on pending	Alexandria, VA 22	314			\Box	\mathcal{Q}	Num	ber I	.	
G A	ccoun	ting Method	☐ Cash	crual Other (speci	fy) ►			H Che	eck Þ	- 🔲	if the organization	on is n
ı w	ebsite	a: ► n/a						req	uired	to att	tach Schedule B	3
J Ta	ах-ехег	npt status (che	ck only one) — 🔲 5	01(c)(3) 🗹 501(c) (6) ◀ (insert no) ☐ 49	47(a)(1) or	<u></u> 527	(Fo	rm 99	90, 99	0-EZ, or 990-PF	7)
K F	orm of	organization	Corporation	☐ Trust	✓ Association	Other					***************************************	
L Ad	dd line	s 5b, 6c, and	7b to line 9 to deter	mine gross receipts	If gross receipts are \$20	0,000 or m	ore, or if	total as	sets			
(Part	t II, col	lumn (B)) are \$	500,000 or more, fil	le Form 990 instead o	of Form 990-EZ					► s	3	
Pa	art I	Revenue	e. Expenses, a	nd Changes in N	let Assets or Fund	Balance	s (see	the ins	truc	tions	s for Part I)	
					to respond to any q							. [
	1				s received					1		
	2								. 1	2		53,7
	3		p dues and asses							3		
	4	Investment								4		1
- 1	5a			ssets other than in	ventory 3	5a		• •	·			
	b			d sales expenses .	· \ \	5b						
	C			•	entory (subtract line 5		e 5a)		\dashv	5c		
	6		d fundraising eve		entory (addition line t	io iioiti iii	e Jaj .					
	a	_									Revenue Ser	
a	-	G1033 11100	Jine nom ganm							. 1		
9 1		\$15,000)			ule G if greater tha	1 1		ŀ	Rec	eived	US Bank - I	JSB
anue	.	\$15,000)				6a	a a metro la co		Rec	eived	US Bank - US	JSB
evenue	b	Gross inco	 me from fundraisi		 uding <u>\$</u>	6a of	contribu		Rec		313	JSB -
Revenue	b	Gross incor	 me from fundraisi aising events rep		uding <u>\$</u> tach Schedule G if th	6a of	contribu		Rec	oevie NO	313	JSB -
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Revenue		Gross incor from fundra sum of suc Less: direct Net income	me from fundraisi aising events report h gross income a t expenses from g or (loss) from g		uding \$ tach Schedule G if the sceeds \$15,000) sing events sing events (add lines)	6a of		tions		N0 _O	313	JSB
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Pa	t II Balance Sheets (see the instructions					_
	Check if the organization used Schedule	O to respond to a	ny question in this			<u> </u>
			-	(A) Beginning of year	1	(B) End of year
22	Cash, savings, and investments		· · · · · <u>·</u>	1,841		1,616
23	Land and buildings		· · · · · /-		23	0
24	Other assets (describe in Schedule O)		· · · · · /		24	0
25	Total assets			1,841	26	1,616
26 27	Total liabilities (describe in Schedule O) Net assets or fund balances (line 27 of column)	1,841		0
Par					21	1,616
L. CI	Check if the organization used Schedule	•		·		Expenses
Wha	t is the organization's primary exempt purpose?					uired for section
	ribe the organization's program service accompli				orga	c)(3) and 501(c)(4) nizations, optional for
	neasured by expenses. In a clear and concise m		e services provided	, the number of	othe	rs)
<u></u>	ons benefited, and other relevant information for ea	ach program title.		····		
28						
	/O				- 00	
-00		includes foreign gra		▶ ⊔	28a	
29						
	(Grants \$) If this amount	includes foreign are	ents chack hara		29a	
30					230	
50						
	(Grants \$) If this amount	includes foreign gra	ints, check here .	▶ 🗍 ।	30a	1
31	Other program services (describe in Schedule O)					
	· · · · · · · · · · · · · · · · · · ·	includes foreign gra			31a	
32	Total program service expenses (add lines 28a				32	
	List of Officers, Directors, Trustees, and Ke				struc	tions for Part IV)
	Check if the organization used Schedule	O to respond to a	ny question in this	Part IV		<u> </u>
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensation	0	Estimated amount of their compensation
Ranc	ly Hagedorn				1	
	dent	2	0		٥	0
Robe	rt Surface			1		
Vice	President	11	0		0	0
Tom	Osina			ļ	-	
Secr	etary-Treasurer	5	0		0	. 0
Kare	n Elliott	_			ĺ	
Direc		1			0	0
Davi	d Bertelsen	-				
Direc	tor	1	. 0		0	0
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					\bot	· · · · · · · · · · · · · · · · · · ·

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Page	

Part				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in thi	s Part	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	163	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		1
35a	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		1
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 b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?	37b 38a		✓ ✓
b 39 a b 40a	If "Yes," complete Schedule L, Part II, and enter the total amount involved	-		
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	40b		
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			
d	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 ▶ n/a			
42a		703-53	0-977	2
_	Located at ▶ 9309 Hood Road, Manassas, VA ZIP + 4 ▶	201	110	
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)?	42b	Yes	No ✓
	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 ▶	42c		✓
43	Section 4947(a)(1) nonexempt chantable trusts filing Form 990-EZ in lieu of Form 1041—Check here	• •		▶ □
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	Yes	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		√
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		✓ ✓
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a 45b		<u> </u>

Form 99	0-EZ (2	019)		_				F	age 4
								Yes	No
46	Did t	he organization engage, directly or in	directly, in political c	ampaign activities	on behalf	of or in opposit	ion 🗀		
	to ca	ndidates for public office? If "Yes," c	omplete Schedule C	, Part I <u>.</u>			- 46		1
Part '	VI	Section 501(c)(3) Organizations							
		All section 501(c)(3) organizations	s must answer que	stions 47-49b ai	nd 52, and	d complete the	e tables f	or line	es
		50 and 51.							
		Check if the organization used Sch	nedule O to respond	to any question	in this Par	t VI			. П
						·		Yes	No
47		he organization engage in lobbying				ect during the	tax 47		
year? If "Yes," complete Schedule C, Part II								-	
48							. 48		
49a		he organization make any transfers to						<u> </u>	
b		es," was the related organization a se					. 49b	L	<u>L</u>
50		plete this table for the organization's							
	empi	oyees) who each received more than	\$100,000 of comper	nsation from the or	ganization	. If there is none	e, enter "N	lone."	
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MI	contribu	lealth benefits, itions to employee plans, and deferred empensation	(e) Estimate other con		
						• • •			
	•			1					
	-			 	- 				
					l				
	·					-			
		=				-			
				-					
			 	 					
f		number of other employees paid over				_			
51		plete this table for the organization's			ent contrac	ctors who each	received	more	than
	\$100	,000 of compensation from the orga	nization. If there is no	one, enter "None."					
	(a)	Name and business address of each independ	ent contractor	(b) Type of	service	(c)	Compensati	on	
]					
				1		1			
d	Total	number of other independent contra	ctors each receiving	over \$100 000	. ▶				
52		the organization complete Schedu	•	•		e must attach			
		oleted Schedule A	ie A: Note. All 3e	001011 301(0)(0) 01	gariization		▶∏ Yes		No
Lindage						·			
		of perjury, i declare that I have examined this re id complete. Beclaration of preparer (other than					owiedge and	bellet,	IT IS
			,			1 1 1 2			
Sign		Signature of officer				Date A 2C	<u>, </u>		
		, - 3				Date *			
Here		Thomas C Osina, Secretary-Treasu	rer			·			
		Type or print name and title	1				T -		
Paid		Print/Type preparer's name	Preparer's signature		Date	Check	if PTIN		
Prepa	arer	note omployed							
Use (Firm's name ▶				Firm's EIN ▶			
JJE (√ı ııy	Firm's address ▶				Phone no			
May th	e IRS	discuss this return with the preparer	shown above? See i	nstructions		>	► ☐ Yes	h	No

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2019

Open to Public Inspection

Employer Identification number

West Virginia Propane Reasearch & Education Foundation	55-0768103
PART 1, Line10, Grants and similar amounts paid: Grants were made to the West Virginia Propane Gas As	ssociation to conduct classes on
the safe handling of propane, proper delivery procedures and installation, and safely driving propane deli-	•
	vary variation.
PART 1, Line16, Other Expenses: Other expenses include return of unused grant money and annual state	corporation registration fee.
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