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Department of the Treasury Internal Revenue Service

#### **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)

OMB No 1545-0047

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

Open to Public Inspection

A	For th	e 2009 ca	lendar year, or tax year beginning JUL 1, 2009 and ending	JUN 30, 2	010				
В	Check if applicab	Please	C Name of organization	D Employer id	entifica	tion number			
_	Addre	use IRS ess label or							
닏	chang Name	ge print or	FUEL FUND OF MARYLAND, INC			0.4.6.0.0			
늗	lchang lnitial	ge ()po	Doing Business As			04629			
늗	return Term:	n See In- Specific	Number and street (or P.O. box if mail is not delivered to street address) Room/st	1 =		001 2000			
<u> </u>	Jated □Amen	Instruc-	305 W. CHESAPEAKE AVENUE 115		<u>410)</u>	821-3022			
F	ireturn  Apple	າ	City or town, state or country, and ZIP + 4 BALTIMORE, MD 21204	G Gross receipts \$ H(a) Is this a gre		4,220,819.			
_	tiòn pendi	ing F Nar	ne and address of principal officer MARY ELLEN VANNI	for affiliate		Yes X No			
			E AS C ABOVE	H(b) Are all affilia					
1	Tax-ex		us: X 501(c) ( 3 ) ◀ (insert no )			st. (see instructions)			
		ite: ► N/		H(c) Group exe					
		f organization		ear of formation: 19	81 м 9	State of legal domicile: MD			
	art I	Summ	<u> </u>						
Activities & Governances	1		scribe the organization's mission or most significant activities. TO PROVI						
₹ E			W INCOME FAMILIES FOR HOUSEHOLD HEATING		_				
琴	2		s box I if the organization discontinued its operations or disposed of m	nore than 25% of its	1 1	ets 16			
िं	3		f voting members of the governing body (Part VI, line 1a)		3 4	16			
C <sup>®</sup>	5		of independent voting members of the governing body (Part VI, line 1b)  iber of employees (Part V, line 2a)		5	9			
Ē	*6		ider of valunteers (estimate if necessary)		6	59			
⋲⋛	72		s unrelated business revenue from Part VIII, column (C), line 12		7a	0.			
	Ь.		ated business taxable income from Form 990-T, line 34		7b	0.			
<b>5</b>	11. 1	NOV	2 2 2010	Prior Year	11-2	Current Year			
200	837	Contribut	ions and grants (Part VIII, line 1h)	3,206,9	59.	4,092,417.			
	9 1		service revenue (Part VIII, line 2g)						
0102 Revenue	10		ir income (Part VIII, column (A), lines 3, 4, and 7d)	2,3:		-12,400.			
ш	11	Other reve	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-18,0		6,039.			
	12	Total reve	nue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,191,2		4,086,056.			
	13		d similar amounts paid (Part IX, column (A), lines 1-3)	2,373,5	74.	3,461,811.			
	14		paid to or for members (Part IX, column (A), line 4)	200 21	70	· 2/5 821			
ses	15		other compensation, employee benefits (Part IX, column (A), lines 5-10)	299,2	70.	245,821.			
Expenses	16a		nal fundraising fees (Part IX, column (A), line 11e)  Iraising expenses (Part IX, column (D), line 25)   193,431.						
Ä	170		<del>- • • • • • • • • • • • • • • • • • • •</del>	66	402,201.				
	li .	-	enses (Part IX, column (A), lines 11a-11d, 11f-24f) enses Add lines 13-17 (must equal Part IX, column (A), line 25)	253,00 2,925,9		4,109,833.			
	19		less expenses. Subtract line 18 from line 12	265,3		-23,777.			
D S	10	Tioveriue	1000 CAPETIAGO. COMUNICA TO HOTH INTO TE	Beginning of Current		End of Year			
Net Assets or Fund Balances	20	Total asse	ets (Part X, line 16)	742,3		751,622.			
ASS	21		lities (Part X, line 26)	49,5		61,647.			
ESE C	22	Net asset	s or fund balances Subtract line 21 from line 20	692,78	80.	689,975.			
P	art II	<del></del>	ture Block						
		Under pena	ities of perjury, I declare that have examined this return, including accompanying schedules and statemente. Declaration of preparer (other than officer) is based on all information of which preparer has any knowle	nts, and to the best of my k dge	nowledge :	and belief, it is true, correct,			
			h a 21/0 / 0 /		-1-				
Sig	n	Cura	where of officer	Date	<u></u>	1660			
He	e	1'	nature of officer	Date •					
			RY ELLEN VANNI, EXECUTIVE DIRECTOR e or print name and title						
		<del></del>	L Pade	Check if	Preparer's	s identifying number			
Pai	d	Preparer's	Paul Prake CPX 11/10/10	self-	(see instru	uctions)			
Firm's name (or NADEN J.EAN T.T.C									
Use	Only	yours if self-employ	•□ 1966 GREENSPRING DRIVE. SUITE 405						
		address, an ZIP + 4	TIMONIUM, MD 21093-4139	Phone no.	▶ (4	10)453-5500			
Ma	y the l	RS discus	s this return with the preparer shown above? (see instructions)			X Yes No			
			A For Privacy Act and Paperwork Reduction Act Notice, see the separate	instructions.		Form <b>990</b> (2009)			

<u>Form</u>	990 (2009) FUEL FUND OF MARYLAND, INC	52-1204629	Page 2
Par	rt III Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission SEE SCHEDULE O FOR CONTINUATION		
	THE FUEL FUND OF MARYLAND PROVIDES RESOURCES TO VULNERAL	BLE MARYLAND	
	FAMILIES FOR HEAT AND HOME UTILITY NEEDS. OUR DONORS, BO		44
	SUPPORT AND ADVOCATE COLLABORATIVE FUNDING AND SERVICES		-
	AFFORDABLE ENERGY TO FAMILIES THAT MUST OVERCOME HARDSH		
2	Did the organization undertake any significant program services during the year which were not listed on	II CRIODED DI	
2	the prior Form 990 or 990-EZ?	□v <sub>aa</sub>	X No
	·	res	LALI NO
_	If "Yes," describe these new services on Schedule O.		X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	L Yes	L&∟ No
	If "Yes," describe these changes on Schedule O.		
4	Describe the exempt purpose achievements for each of the organization's three largest program services by ex		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of	grants and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported	>	
	SEE SCHEDULE O FOR CONTINUATION(		
4a	(Code: ) (Expenses \$ 3,572,951. including grants of \$ 3,461,811.) (Re		)
	THE FUEL FUND, WITH THE ASSISTANCE OF LOCAL AGENCIES, AS		PAL_
	OF 7,835 HOUSEHOLDS IN BALTIMORE CITY, BALTIMORE, ANNE A		
	CARROLL, HARFORD, HOWARD, PRINCE GEORGES AND MONTGOMERY		
	UTILITY ASSISTANCE AND ASSISTED AN ADDITIONAL 21,562 IN	<u>DIVIDUALS WI'</u>	<u>rh</u>
	ENERGY CONSERVATION EDUCATION.		
	FOR FISCAL YEAR ENDING JUNE 30, 2010 THE FUEL FUND OF M.	ARYLAND RECE:	IVED
	\$11,430 OF DONATED SERVICES.		
4b	(Code ) (Expenses \$ 181,480 • including grants of \$ ) (Re	evenue \$	)
	WATT WATCHERS OF MARYLAND IS A THREE YEAR OLD PROGRAM OF	F THE FUEL FI	JND
	OF MARYLAND (FFMD). DURING FYE 2010, WITH INCREASED RES	SOURCES FROM	
	MARYLAND ENERGY ADMINISTRATION AND CITI FINANCIAL, WATT	WATCHERS BEG	CAME
	A STAPLE OF FFMD PROGRAMMING. WE TEACH LOW INCOME PEOPLE		
	THE STATE HOW TO SAVE MONEY ON THEIR ENERGY AND WATER B		
	FINANCIAL LITERACY, THUS MAKING IT EASIER FOR THE FAMIL:		
	OWN UTILITY COSTS. THE CURRICULUM INVOLVES 3-5 HOURS OF		
	AND GRADUATES RECEIVE A FREE ENERGY CONSERVATION KIT WIT		
		SE WERE COVE	
	UNDER THE GRANT.		<u> </u>
	FOLLOW UP TELEPHONE SURVEYS AND REPORTS APPROVED BY THE	CUSTOMERS FI	ROM
	THE UTILITY COMPANY PROVIDE METRICS FOR DETERMING THE LI		
4c /		evenue \$	}
			,
		<del></del>	
	Other program sequence (Describe in Schedule O.)	<del></del>	
4d	Other program services. (Describe in Schedule O )  (Expenses \$ including grants of \$ ) (Revenue \$	1	
40	Total program service expenses \$ 3,754,431.		
<del>-10</del>	TOTAL PROGRAMM SELVICE EXPENSES F \$ 3//34/431.	Form 99	0 (2009)

			Yes	No			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?						
	If "Yes," complete Schedule A	1	X				
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2_	X				
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for						
	public office? If "Yes," complete Schedule C, Part I	3		X			
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4_		<u> </u>			
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and						
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5					
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to						
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	_6		<u> X</u>			
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,						
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete						
	Schedule D, Part III	8		<u> </u>			
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide						
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<u> </u>			
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			77			
	If "Yes," complete Schedule D, Part V	10		<u> </u>			
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X		7.7				
	as applicable	11	Х				
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,						
_	Part VI.						
•							
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII						
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total						
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.						
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in  Part X, line 15 that is 5% or more of its total assets reported in						
_	Part X, line 16? If "Yes," complete Schedule D, Part IX.  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.						
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses						
	the organization's separate of consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.						
12	The second secon						
12	Schedule D, Parts XI, XII, and XIII	12	х				
124	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No						
127	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			ı			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	•	Х			
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X			
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,						
_	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		<b>X</b> _			
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization						
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		_X_			
16	The state of the s						
	located outside the United States? If "Yes," complete Schedule F, Part III						
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,							
-	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I						
18	18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines						
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X			
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"						
	complete Schedule G, Part III	19		X			
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X			
		Form	990 (	2009)			

Form 990 (2009) FUEL FUND OF MARYLAND, INC
Part IV Checklist of Required Schedules (continued)

	D. I. I		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the	0.4	х	
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	22	х	
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		-
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			х
	Schedule J	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			X
	Schedule K If "No", go to line 25	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			<b>.</b>
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	l		<b>.</b>
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			1,7
	Schedule L, Part III	27	ļ	X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV	ł		
	instructions for applicable filing thresholds, conditions, and exceptions).			₹.
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	<u> </u>	Х
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			₹.
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	77	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			177
	contributions? If "Yes," complete Schedule M	_30	_	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			3,7
	If "Yes," complete Schedule N, Part I	31	<del> </del>	Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			7.7
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			<sub>3,7</sub>
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	<del> </del>	X
34	Was the organization related to any tax-exempt or taxable entity?	١		٠,,
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			7,
	If "Yes," complete Schedule R, Part V, line 2	36	-	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		1	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	1		
	Note. All Form 990 filers are required to complete Schedule O.	38	X	
		Form	<b>990</b> (	2009)

Form 990 (2009) FUEL FUND OF MARYLAND, INC
Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No_				
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of								
	U.S. Information Returns. Enter -0- if not applicable	1a	0		1				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0						
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eportable gaming							
	(gambling) winnings to prize winners?		1c	<u> </u>					
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				ł				
	filed for the calendar year ending with or within the year covered by this return	2a	9						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?	2b	X	<u> </u>				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see		j						
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	ed by this return?	3a		Х				
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b	<u> </u>	<u> </u>				
4a	4a 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)?	4a		X				
b	If "Yes," enter the name of the foreign country		-	ļ					
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign	Bank and		]	l				
F-	Financial Accounts.		-	}	X_				
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	oction?	<u>5a</u> 5b	$\vdash$	X				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transalf "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regardance.		30						
U	Tax Shelter Transaction?	arding r rombited	5c		1				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne organization solicit	30						
ou	any contributions that were not tax deductible?	To Organization delibit	6a		x				
b	If "Yes," did the organization include with every solicitation an express statement that such contribute	tions or gifts							
-	were not tax deductible?	•	6b						
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods and services			İ				
	provided to the payor?		7a		_X_				
b	b If "Yes," did the organization notify the donor of the value of the goods or services provided?								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required							
	to file Form 8282?	1 1	7c		X				
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	∤		ĺ				
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a page 1.	personal	_		37				
	benefit contract?		7e_		X				
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont		7f_	$\vdash$	X				
_	For all contributions of qualified intellectual property, did the organization file Form 8899 as required' For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0		7 <u>g</u> 7h	$\vdash$	X				
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting or		'''						
Ū	supporting organization, or a donor advised fund maintained by a sponsoring organization, have exc		-						
	at any time during the year?	<b>3</b> -	8						
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the organization make any taxable distributions under section 4966?		9a		<u> </u>				
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b						
10	Section 501(c)(7) organizations. Enter				İ				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	_						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter.	1 1							
а	Gross income from members or shareholders	11a	_		İ				
þ	Gross income from other sources (Do not net amounts due or paid to other sources against				İ				
	amounts due or received from them.)	11b							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		000	20000				
			rorm	990 (	ZUU9)				

932005 02-04-10

52-1204629

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

<u>Sec</u>	tion A. Governing Body and Management		<del> </del>						
		ı	1	آم د		Yes	No		
1a	Enter the number of voting members of the governing body	1a	ļ <u> </u>	16					
b	Enter the number of voting members that are independent	1b		16					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other						
	officer, director, trustee, or key employee?				2		X		
3	Did the organization delegate control over management duties customarily performed by or under the	ne dire	ct supervision	İ					
	of officers, directors or trustees, or key employees to a management company or other person?				3		X		
4	Did the organization make any significant changes to its organizational documents since the prior Fo		00 was filed?	- }	4		X		
5	Did the organization become aware during the year of a material diversion of the organization's asset	ts?		-	5		X		
6	Does the organization have members or stockholders?				6		<u>X</u>		
7a	Does the organization have members, stockholders, or other persons who may elect one or more more	embe	s of the	İ			х		
	governing body?								
b	Are any decisions of the governing body subject to approval by members, stockholders, or other pe	rsons	?		7b		X		
8	Did the organization contemporaneously document the meetings held or written actions undertaken	durin	g the year						
	by the following:								
а	The governing body?				8a	X			
b	Each committee with authority to act on behalf of the governing body?				8b	X			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ached	at the						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		<del> </del>		9_		X		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenu	ie Code )				·		
				ſ		Yes	No		
	Does the organization have local chapters, branches, or affiliates?		551	}	10a		X		
b	If "Yes," does the organization have written policies and procedures governing the activities of such	cnap	ters, amiliates,	1	40h				
	and branches to ensure their operations are consistent with those of the organization?	filma di	no form?	ŀ	10b	X			
11	Has the organization provided a copy of this Form 990 to all members of its governing body before the	niing u	ie ionii,	ŀ	11				
11A					10-	х			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	ساط می		1	12a	Λ			
Þ	Are officers, directors or trustees, and key employees required to disclose annually interests that co to conflicts?	ulu gi	re rise		12b	х			
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes.	' describe	Ì					
C	In Schedule O how this is done	,			12c	X			
13	Does the organization have a written whistleblower policy?			Ì	13	X			
14	Does the organization have a written document retention and destruction policy?			Ì	14	X			
15	Did the process for determining compensation of the following persons include a review and approve	al by	ndenendent	Ì					
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		поропост	1					
_	The organization's CEO, Executive Director, or top management official			1	15a	Х			
a b	Other officers or key employees of the organization			Ì	15b		Х		
U	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			Ì					
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment	with a						
.02	taxable entity during the year?				16a		х		
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evo	aluate	its participation	Ì					
-	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org			Ì					
	exempt status with respect to such arrangements?	· .			16b		Ĺ		
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ►MD				_				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (501	(c)(3)s only) ava	ılable	for				
	public inspection. Indicate how you make these available. Check all that apply								
	X Own website X Another's website X Upon request								
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or	conflic	t of interest poli	cy, an	d fina	ncıal			
	statements available to the public.								
20	State the name, physical address, and telephone number of the person who possesses the books a	and re	cords of the org	anızat	ion. 🕨	·			
	MARY ELLEN VANNI - 410-821-3022								
		204							

Form **990** (2009)

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees; and former such persons.

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	,,		Pos			L A	Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee	<u> </u>	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
JONI DANIELS										
SECRETARY	5.00	X		X		<u> </u>		0.	0.	0.
RICHARD B.PHELPS III										
IMMEDIATE PAST PRESIDENT	5.00	X						0.	0.	0.
MARNELL COOPER										
PRESIDENT	10.00	X		X_	ļ	_		0.	0.	0.
DAVID JORDAN			ļ						•	•
DIRECTOR	5.00	X	<u> </u>			<u> </u>		0.	0.	0.
JIM WILHLM									0	•
TREASURER	5.00	X	_	X		<u> </u>		0.	0.	0.
BELINDA JOHNSON	E 00	₹,		v	ļ			0.	0.	0
VICE PRESIDENT JANE CHRISTIE	5.00	X		Х	-	-		0.	<u> </u>	0.
DIRECTOR	5.00	v						0.	0.	0.
CORINA CANNON	3.00	^		_			_	0.		
DIRECTOR	5.00	X	İ					o.	0.	0.
DAVID CONN	3.00									
DIRECTOR	5.00	х						0.	0.	0.
JAMES SMITH		-								
DIRECTOR	5.00	X						0.	0.	0.
CHRISTOPHER RUSSELL										
DIRECTOR	5.00	Х						0.	0.	0.
LESTER COLES										
DIRECTOR	5.00	Х						0.	0.	
MARY ELLEN VANNI										
EXECUTIVE DIRECTOR	40.00	X			X			79,624.	0.	7,906.
MANETTE FRESE										
DIRECTOR	5.00	X						0.	0.	0.
MICHAEL ERDEK, MD										_
DIRECTOR	5.00	X						0.	0.	0.
JACK RAMEY	F 66							_		_
DIRECTOR NICOLD WOLVER	5.00	X			_			0.	0.	0.
NICOLE THOMAS HOLMES	E 00	٦,						_	_	^
DIRECTOR 932007 02-04-10	5.00	X	نــــا	لـــــا		Щ.		0.	0.	0 • Form <b>990</b> (2009)

932007 02-04-10

Form **990** (2009)

Par	VII Section A. Officers, Directors, Tru	ł	nplo	yee			High	<u>est</u>	Compensated Employ (D)	ees (continued) (E)		(F)	
	(A) Name and title	(B) Average			ر Pos	C) ition	1		Reportable	(⊏) Reportable		ור) Estımat	ed
		hours per week	Individual trustee or director	nstitutional trustee	all		Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	cor	mount other mpens from th ganiza nd rela	ation ne tion
			Individual	Institution	Officer	Key employee	Highest c	Former			- 1	ganizat	
		_								<del>-</del> .			
		ļ	_										
							-						
												<del></del>	
								-	<u> </u>		-		
							-						
							-						
1b	Total				L	L	<u> </u>		79,624.	0	-	7,9	06.
2	Total number of individuals (including but r compensation from the organization	not limited to th	nose	liste	ed al	bov	e) wł	no re	eceived more than \$100	0,000 in reportable			0
3	Did the organization list any former officer,	, director or tru	stee	, ke	y em	nplo	yee,	or h	nighest compensated er	mployee on		Yes	
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su			mn	enes	atior	າ ລກເ	t otl	her compensation from	the organization	3	-	X
•	and related organizations greater than \$15									ino organization	4		X
5	Did any person listed on line 1a receive or a the organization? If "Yes, " complete Sched				rom	any	y unr	elat	ed organization for serv	ices rendered to	5		x
Sec	tion B. Independent Contractors												
1	Complete this table for your five highest countered the organization.	ompensated in	depe	ende	nt c	ont	racto	ors t	hat received more than	\$100,000 of compe	nsation	from	
	(A) Name and business							(B) Description of s	services	Comp	(C) ensatio	on	
									· · · · · · · · · · · · · · · · · · ·				
<u> </u>											_		_
							<u> </u>	_					<del>.</del> .
		=											-
2	Total number of independent contractors ( \$100,000 in compensation from the organi	_	not li	mite	d to		se la O	stec	d above) who received n	nore than		-000	/0C5 =:
											Forn	n <b>990</b>	(2009)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must compl			te columns (B), (C), and	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	2,747,909.	2,747,909.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	713,902.	713,902.		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S				
4	See Part IV, lines 15 and 16 Benefits paid to or for members			<del></del>	
5	Compensation of current officers, directors,				_
J	trustees, and key employees	81,943.	18,355.	44,577.	19,011.
6	Compensation not included above, to disqualified	01/313.			22/022
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	138,352.	58,112.	19,102.	61,138.
8	Pension plan contributions (include section 401(k)		-		
	and section 403(b) employer contributions)			<u> </u>	
9	Other employee benefits	4,583.	1,604.	1,283.	1,696.
10	Payroll taxes	20,943.	7,366.	5,855.	7,722.
11	Fees for services (non-employees)				
а	Management				
b	Legal	23.	8.	8.	7.
С	Accounting	5,450.	1,817.	1,817.	1,816.
d	, , ,				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion		1 161	1 160	1 160
13	Office expenses	3,485.	1,161.	1,162.	1,162.
14	Information technology				<del></del>
15	Royalties	10 267	6 422	6 422	6 422
16	Occupancy	19,267.	6,422. 1,605.	6,422.	6,423. 135.
17	Travel	1,767.	1,003.	41.	133.
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials  Conferences, conventions, and meetings	3,426.	1,452.	1,974.	
19	Interest	3,420.	1,452.	1,5/4.	·- <u>-</u>
20 21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,529.	3,529.		
23	Insurance	3,323.			
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	WATT WATCHERS	181,480.	181,480.		
b	CONSULTING LABOR	39,576.		39,576.	
¢	SPRING/SUMMER/FALL CAMP	29,430.			29,430.
d	BANK CHARGES	21,304.		21,304.	
е	MARKETING/EDUCATION	20,144.	·		20,144.
f	All other expenses	73,320.	9,709.	18,864.	44,747.
25	Total functional expenses. Add lines 1 through 24f	4,109,833.	3,754,431.	161,971.	<u>193,431.</u>
26	Joint costs. Check here   if following		ļ		
	SOP 98-2. Complete this line only if the organization		}	,	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation		1		5 000 (0000)

Part X	Balance Sheet	MARYLAND, INC			204629 Page I
			(A) Beginning of year	_	(B) End of year
1	Cash - non-interest-bearing		382,078.	1	391,594
2	Savings and temporary cash investments		19,131.	2	11,026
3	Pledges and grants receivable, net		224,000.	_ 3	208,000
4	Accounts receivable, net		1,500.	4	
5	Receivables from current and former officers, di	rectors, trustees, key			
- 1	employees, and highest compensated employe	es Complete Part II			
- }	of Schedule L	Ĺ		5	
6	Receivables from other disqualified persons (as	defined under section			
	4958(f)(1)) and persons described in section 49	58(c)(3)(B) Complete			
	Part II of Schedule L			6	
7	Notes and loans receivable, net	Ĺ		7	
8	Inventories for sale or use			8	
9	Prepaid expenses and deferred charges		4,731.	9	5,590
10a	Land, buildings, and equipment cost or other			-	
- 1	basis Complete Part VI of Schedule D	10a 46,102.		1	
ь	Less. accumulated depreciation	10b 41,534.	7,299.	10c	4,568
11	Investments - publicly traded securities		11		
12	Investments - other securities. See Part IV, line	102,762.	12	129,994	
13	Investments - program-related See Part IV, line	11 [		13	
14	Intangible assets		14		
15	Other assets. See Part IV, line 11	850.	15	850	
16	Total assets. Add lines 1 through 15 (must equ	7 <u>42,351.</u>	16	751,622	
17	Accounts payable and accrued expenses	49,571.	17	61,647	
18	Grants payable			18	
19	Deferred revenue			19	
20	Tax-exempt bond liabilities			20	
21	Escrow or custodial account liability Complete	Part IV of Schedule D		21	
21 22	Payables to current and former officers, director	rs, trustees, key employees,			
;	highest compensated employees, and disqualif	ed persons Complete Part II			
i	of Schedule L			22	
23	Secured mortgages and notes payable to unrela	ated third parties		23	
24	Unsecured notes and loans payable to unrelate	d third parties		24	
25	Other liabilities. Complete Part X of Schedule D			25	
26	Total liabilities. Add lines 17 through 25		49,571.	26	61,647
	Organizations that follow SFAS 117, check h	ere X and complete			
۱ ا	lines 27 through 29, and lines 33 and 34.			}	
27	Unrestricted net assets		423,780.	27	388,975
28	Temporarily restricted net assets		269,000.	28	301,000
29	Permanently restricted net assets			29	
•	Organizations that do not follow SFAS 117, c	heck here ▶ 🔲 and			
5	complete lines 30 through 34.				_
30	Capital stock or trust principal, or current funds	Į		30	
27 28 29 30 31 32	Paid-in or capital surplus, or land, building, or ed			31	
32	Retained earnings, endowment, accumulated in	T T		32	
33	Total net assets or fund balances		692,780.	33	689,975
34	Total liabilities and net assets/fund balances		742,351.	34	751,622

Form **990** (2009)

Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
ь	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
d	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O  If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both  X Separate basis Consolidated basis Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			x
	Act and OMB Circular A-133?	3a	-	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b_		
		Form	990 (	2009)

#### SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

2009

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

Employer identification number

			FUEL FU	ND OF MARYLA	AND, I	NC				52	<u>2-1204629                                    </u>
Pa	irt l	Reason		ity Status (All organi		st comple	te this par	t) See inst	tructions		
The	organ	ization is not a	a private foundation	because it is (For lines	1 through	11, check	only one b	ox.)			
1			•	s, or association of chui	-		-	-	).		
2	一			70(b)(1)(A)(ii). (Attach So					•		
3	一			ital service organization			170(b)(1)	(A)(iii).			
4	襾	•		operated in conjunction					(b)(1)(A)(ı	ii). Enter th	ne hospital's name.
•		city, and stat	-	opolatos III opiljaliotion		<b>,</b>			(~ <i>)</i> ( - <i>)</i> ( - <i>)</i> ( -	,	, , , , , , , , , , , , , , , , , , , ,
5		•		benefit of a college or u	iniversity o	wned or or	nerated by	a governi	mental un	ıt describe	ed in
9		_	(b)(1)(A)(iv). (Compl	-	involuty o	·····ca or o <sub>1</sub>	Jeraioa D	a govern	noma an		,
6					ıt doooribo	dın anati	- 470/bV	OV 8 V6 A			
-	뭄	•		nent or governmental un					6 41		
7	X	_	•	ceives a substantial part	or its supp	on irom a	governme	ental unit c	or ironi the	e generai p	oublic described in
_			(b)(1)(A)(vi). (Comple		<i>(</i> 0 1 .	5					
8	$\vdash$			section 170(b)(1)(A)(vi).							
9	Ш	-	-	ceives (1) more than 33						•	- ·
				nctions - subject to cert							
				axable income (less sec	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	anization a	tter June 30, 1975.
			509(a)(2). (Complete	·					_		
10	$\vdash$	•	-	perated exclusively to te	-	•			•		_
11	Ш	=	=	perated exclusively for t							
		more publicly	y supported organiza	ations described in sect	ion 509(a)(	1) or section	on 509(a)(2	2) See <b>se</b> c	ction 509(	a)(3). Che	ck the box that
				organization and comp							
		a Type				e III - Fund	-	_		d 📖	Type III - Other
е				at the organization is no							
		foundation m	nanagers and other t	than one or more public	ly supporte	d organiza	tions des	cribed in s	ection 50	9(a)(1) or s	ection 509(a)(2).
f		If the organiz	ation received a wri	tten determination from	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III		
		supporting o	rganization, check ti	his box							
g		Since Augus	t 17, 2006, has the	organization accepted a	ny gift or c	ontributior	from any	of the folk	owing per	sons?	
		(i) A perso	n who directly or inc	lirectly controls, either a	lone or tog	ether with	persons o	lescribed i	ın (ıı) and (	(III) below,	Yes No
		the gov	erning body of the s	upported organization?							11g(i)
		(ii) A family	member of a perso	n described in (i) above'	7						11g(ii)
		(iii) A 35%	controlled entity of a	a person described in (i)	or (II) abov	e?					11g(iii)
h		Provide the f	following information	about the supported or	rganization	(s)					
			-		•						
(1)	Mame	of supported	(ii) EIN	(iii) Type of			(v) Did yo	(vi) !	sthe	(vii) Amount of	
(')		anization	(11) 2.11	organization	in col. (i) la	sted in your	organizat	ion in col.	organizáti (i) organiz	on in col.   red in the l	support
	6-		ł	(described on lines 1-9 above or IRC section	governing	document?	(i) of you	support?	Ü.S	.?	• • • • • • • • • • • • • • • • • • • •
				(see instructions))	Yes	No	Yes	No	Yes	No	
									1		
									1		
			·								
			1		†						
			]			1					
				<del> </del>	1	<del> </del>			<del> </del> -	-	
			]								
		· <del>····</del>	-				- <del></del>		<del>                                     </del>	<del>  </del>	<del></del>
Tota	al					1			1		

932021 02-08-10

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2009 FUEL FUND OF MARYLAND, Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (c) 2007 (d) 2008 (a) 2005 (b) 2006 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 3444642. 3206959. 4092417.19120827. 5520456. 2856353. include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 5520456. 2856353. 3444642. 3206959. 4092417.19120827. 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 10988491. 8132336. 6 Public support. Subtract line 5 from line Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 3206959. 2856353. 3444642. 4092417.19120827. 5520456. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 2,100. 25,937. 446. 105,095. 29,591. 47,021. and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) 19225922. 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 42.30 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 44.98 15 15 Public support percentage from 2008 Schedule A, Part II, line 14 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and ightharpoons Xstop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or

Schedule A (Form 990 or 990-EZ) 2009

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Sch	edule A (Form 990 or 990 EZ) 2009						Page 3
	art III   Support Schedule for (	<u> Drganizations</u>	Described in	Section 509(a	(Complete onl	y if you checked the b	ox on line 9 of Part I.
	ction A. Public Support						·- ·- ·
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not		]			ļ	
	include any "unusual grants.")	_					
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-			i			
	iness under section 513						
4	Tax revenues levied for the organ-	_	]				
	zation's benefit and either paid to						
	or expended on its behalf			l			
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge				<b>{</b>	1	
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and	-					
	3 received from disqualified persons Amounts included on lines 2 and 3 received					·	
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)						
Sec	ction B. Total Support	<u> </u>		F			
Cale	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6				<u></u>		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain		ĺ	1	1		
	or loss from the sale of capital assets (Explain in Part IV)						
13	Total support (Add lines 9, 10c, 11, and 12)			<u> </u>	<u> </u>		
14	First five years. If the Form 990 is for	the organization's	s first, second, thu	rd, fourth, or fifth ta	ax year as a secti	on 501(c)(3) organız	ation,
	check this box and stop here						<b>D</b>
Sec	ction C. Computation of Publ	<u>ic Support Pe</u>	rcentage				
15	Public support percentage for 2009 (	ine 8, column (f) d	ivided by line 13,	column (f))		15	%
16	Public support percentage from 2008	Schedule A, Part	III, line 15			16	
	ction D. Computation of Inves						
17	Investment income percentage for 20					17	%
18	Investment income percentage from			- /*		18	%
19a	33 1/3% support tests - 2009. If the			on line 14, and line	e 15 is more than	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box a	nd <b>stop here.</b> The	organization qual	ifies as a publicly s	supported organiz	ation	▶□
b	33 1/3% support tests - 2008. If the	-					and
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	ınızatıon qualifies a	as a publicly supp	orted organization	▶Щ

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

#### SCHEDULE'C (Form 990 or 990-EZ)

#### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B. Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

•	Section 501(c)(4), (5), or (6) organizat	tions Complete Part III			
Nan	ne of organization			Empl	oyer identification number
	FUEL FU	ND OF MARYLAND,	INC		52-1204629
Pa	art I-A Complete if the org	janization is exempt und	er section 501(c	) or is a section 527 o	rganization.
1	Provide a description of the organiz	ation's direct and indirect political	al campaign activities	in Part IV	
2	Political expenditures			▶ \$	
3	Volunteer hours				
		janization is exempt und			
	Enter the amount of any excise tax				
	Enter the amount of any excise tax			5 ▶\$	
	If the organization incurred a section	n 4955 tax, did it file Form 4720 t	or this year?		Yes No
-	Was a correction made?				Yes No
	o If "Yes," describe in Part IV.  art I-C   Complete if the org	anization is exempt unde	or coction 501/c	except section 501/	0/(3)
	<del></del>	<del></del>			
	Enter the amount directly expended	, ,	•		
2	Enter the amount of the filing organi	ization's funds contributed to otr	er organizations for s		
_	exempt function activities	Addison 4 and 6 February	1100 DOI		<del></del>
3	Total exempt function expenditures	. Add lines 1 and 2. Enter nere ar	na on Form 1120-POI	_, ▶ ¢	
_	line 17b	4400 POL 500 Horo		•	Yes No
4	Did the filing organization file Form	•	N af all acation 507 m	alitical avacantant and to who	
5	Enter the names, addresses and en For each organization listed, enter t	• •	•	<del>-</del>	, ,
	that were promptly and directly deli	,	•	•	
	(PAC). If additional space is needed	, ,	mzation, odon do d o	opurato sogregatou rana or t	a political action committee
	<u> </u>	(b) Address	(a) EIN	(d) Amount paid from	(e) Amount of political
	(a) Name	(b) Address	(c) EIN	filing organization's	contributions received and
				funds. If none, enter -0-	promptly and directly
					delivered to a separate political organization.
					If none, enter -0-
			-	<del></del>	<del> </del>
					1
			***************************************		
	i				
		· · · · · · · · · · · · · · · · · · ·			

932041 02-04-10

LHA

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2009

Schedule C (Form 990 or 990-EZ) 2009 Part II-A   Complete if the org	FUEL	FUND	OF MARYLAN	D, INC		1204629 Page 2
(election under sec	-		inpranaci seedi	on 901(0)(0) and m		
A Check  if the filing organiza	ation belon	gs to an affi	ilated group	rovisions apply		<del>-</del>
Lim	its on Lobl	bying Expe			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infi	uence pub	lic opinion (	grass roots lobbying)			
b Total lobbying expenditures to infl	luence a le	gislative bo	dy (direct lobbying)			
c Total lobbying expenditures (add	lines 1a an	d 1b)				
d Other exempt purpose expenditur	es				_ <u></u>	
e Total exempt purpose expenditure	es (add line	s 1c and 1d	d)			
f Lobbying nontaxable amount. Ent	er the amo	unt from th	e following table in bo	oth columns		
If the amount on line 1e, column (a)	or (b) is:	The lob	bying nontaxable ar	nount is:		
Not over \$500,000		20% of	the amount on line 1	e		
Over \$500,000 but not over \$1,00	0,000	\$100,00	00 plus 15% of the ex	cess over \$500,000		
Over \$1,000,000 but not over \$1,5	500,000	\$175,00	00 plus 10% of the ex	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17	,000,000	\$225,00	00 plus 5% of the exc	ess over \$1,500,000		
Over \$17,000,000		\$1,000,	000			
g Grassroots nontaxable amount (er	nter 25% o	f line 1f)				
h Subtract line 1g from line 1a If zei	ro or less, e	enter -0-		<u> </u>	<u></u>	<u> </u>
i Subtract line 1f from line 1c. If zer	o or less, e	nter -0-		ł	·	<u> </u>
j If there is an amount other than ze	ero on eithe	er line 1h or	line 1i, did the organi	zation file Form 4720		
reporting section 4911 tax for this	year?					Yes No
•	zations tha	at made a s		r Section 501(h) on do not have to comp les 2a through 2f on pa		
	Lobb	ying Expe	nditures During 4-Ye	ear Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2	2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount				296,296.		296,296.
<b>b</b> Lobbying ceiling amount	•					
(150% of line 2a, column(e))						444,444.
c Total lobbying expenditures				8,246.		8,246.
d Grassroots nontaxable amount				74,074.		74,074.
e Grassroots ceiling amount						
(150% of line 2d, column (e))					<u> </u>	111,111.

f Grassroots lobbying expenditures

### Schedule C (Form 990 or 990 EZ) 2009 FUEL FUND OF MARYLAND, INC 52-120462 Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

				1	
		Yes	No	Amo	ount
local	ng the year, did the filing organization attempt to influence foreign, national, state or			-	
	legislation, including any attempt to influence public opinion on a legislative matter			l	
or ref	ferendum, through the use of:				
a Volum	nteers?	_			
<b>b</b> Paid	staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Med	a advertisements?				
d Maili	ngs to members, legislators, or the public?				
e Publi	cations, or published or broadcast statements?				
	ts to other organizations for lobbying purposes?				
_	ct contact with legislators, their staffs, government officials, or a legislative body?				
	es, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	r activities? If "Yes," describe in Part IV				
•	Add lines 1c through 1i		-		
	he activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	es," enter the amount of any tax incurred under section 4912				
	es," enter the amount of any tax incurred by organization managers under section 4912				
	filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	- F04/a)	(E) 07 01		
art III-	A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on su i(c)	(5), or se	ection	
·				Yes	1
Were	substantially all (90% or more) dues received nondeductible by members?		1	Yes	_
			1 2	Yes	N
2 Did ti	e substantially all (90% or more) dues received nondeductible by members?  the organization make only in-house lobbying expenditures of \$2,000 or less?  the organization agree to carryover lobbying and political expenditures from the prior year?  B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pair		2 3 (5), or se	ection	N
Did ti Did ti art III-	e substantially all (90% or more) dues received nondeductible by members? the organization make only in-house lobbying expenditures of \$2,000 or less? the organization agree to carryover lobbying and political expenditures from the prior year?  B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pail "Yes."		2 3 (5), or sene 3 is a	ection	
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#### Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Financial Statements**

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

2009
Open to Public Inspection

Name of the organization

FUEL FUND OF MARYLAND. INC

Employer identification number

52-1204629

Pa	rt I Organizations Maintaining Donor Advise		Is or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		on piece a ale
	organization and voice 100 to 10111000, 1 art 11, inte	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(4)	
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor adv	used funds
•	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a	· · · · · · · · · · · · · · · · · · ·	
·	for charitable purposes and not for the benefit of the donor of		-
	impermissible private benefit?	or deficit advisor, or for any exiter purpos	Yes No
Pa		panization answered "Yes" to Form 990.	
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (e.g., recreation or p		istorically important land area
	Protection of natural habitat	· —	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	n of a conservation easement on the last
-	day of the tax year.	ned conservation contribution in the term	TO A CONSCIVATION CACCING TO A TO MACE
	day of the tax your.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired		2d
3	Number of conservation easements modified, transferred, rel		——————————————————————————————————————
	year ▶		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per		<b>f</b>
-	violations, and enforcement of the conservation easements in	- · · · · · · · · · · · · · · · · · · ·	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		during the year ▶
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?	,	Yes No
9	In Part XIV, describe how the organization reports conservati	ion easements in its revenue and expens	se statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization		
	conservation easements.		_
Pa	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or 0	Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116, no	t to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of p	ublic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these i	items	
b	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and bala	nce sheet works of art, historical treasures,
	or other similar assets held for public exhibition, education, of	r research in furtherance of public service	ce, provide the following amounts relating to
	these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre-	asures, or other similar assets for financ	
	the following amounts required to be reported under SFAS 1		
а	Revenues included in Form 990, Part VIII, line 1	-	<b>&gt;</b> \$
b	Assets included in Form 990, Part X		► \$ ► \$
			<del></del>

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932051

Schedule D (Form 990) 2009

Sche	dule D (Form 990) 2009 FUEL FU	ND OF MARY	LAND,	INC	_			52-12	20462	9 Pa	age 2
Pa	rt III Organizations Maintaining (				easures,	or Oth	er Simi	lar Asse	ets (conti	nued)	
3	Using the organization's acquisition, access	on, and other record	ds, check a	ny of the	following that	at are a s	significant	use of its	collection	n items	s
	(check all that apply):										
а	Public exhibition	c	ı 🗀 Lo	an or exc	hange progr	ams					
b	Scholarly research	e	e 🔲 Ot	her							
С	Preservation for future generations								_		
4	Provide a description of the organization's c	ollections and explai	n how they	further t	he organizat	ion's exe	empt purp	ose in Pa	rt XIV		
5	During the year, did the organization solicit of	or receive donations	of art, histo	oncal trea	sures, or oth	ner sımıla	ır assets				
	to be sold to raise funds rather than to be m	aintained as part of	the organiz	ation's co	ollection?				Yes		<u>  No</u>
Pai	rt IV Escrow and Custodial Arran	gements. Compl	ete if orgar	ızatıon aı	nswered "Ye	s" to Fo	rm 990, P	art IV, line	9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for co	ntribution	ns or other as	ssets no	t included	i			
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing tab	le							
									Amount	<u> </u>	
C	Beginning balance						1c				
d	Additions during the year						<u>1d</u>				
e	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	217						Yes		No
b	If "Yes," explain the arrangement in Part XIV										
Pai	t V Endowment Funds. Complete	f the organization ar	swered "Y	es" to Fo	rm 990, Part	IV, line	10		<del> </del>		
		(a) Current year	<b>(b)</b> Prio	r year	(c) Two yea	rs back	(d) Three	years back	(е) Гоиг	years I	back_
1a	Beginning of year balance										
b	Contributions										
C	Net investment earnings, gains, and losses							·	<u> </u>		
d	Grants or scholarships										
е	Other expenditures for facilities								1		
	and programs				· · · · · · · · · · · · · · · · · · ·						
f	Administrative expenses								ļ		
g	End of year balance										
2	Provide the estimated percentage of the year	r end balance held a	ıs.								
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment	%									
3a	Are there endowment funds not in the posse	ession of the organiz	ation that a	ire held a	nd administe	ered for t	the organ	ızatıon	_		
	by:									Yes	No
	(i) unrelated organizations								3a(ı)		
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Schedul	e R?					_3b	1	
4	Describe in Part XIV the intended uses of the										
Par	t VI Investments - Land, Building										
	Description of investment	(a) Cost or o	L L		or other		ccumulat	<b>I</b>	(d) Book	value	)
		basis (investr	nent)	pasis	(other)	de	preciation	1			
1a	Land										
b	Buildings		_			<u> </u>					
С	Leasehold improvements	<del></del>			- 4 3 5		4.6 =	-			
d	Equipment		-	4	6,102.		41,5	34.	4	1,56	<u> 8 - </u>
	Other										
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990. Part	x column	(B). line 1	U(C) )					1.56	n M .

Schedule D (Form 990) 2009

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

02-01-10

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

	dule D (Form 990) 2009 FUEL FUND OF MARYLAND, INC				<u>52-</u>	<u> 1204629</u>	Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to	Audi	ted Finan	cial Stat	emen	ts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1		4,086	,056.
2	Total expenses (Form 990, Part IX, column (A), line 25)			2		4,109	,833.
3	Excess or (deficit) for the year Subtract line 2 from line 1			3	-	-23	,777.
4	Net unrealized gains (losses) on investments			4		20	,972.
5	Donated services and use of facilities			5	_		
6	Investment expenses			6			
7	Prior period adjustments			7			
8	Other (Describe in Part XIV)			8			
	Total adjustments (net) Add lines 4 through 8			9		20	,972.
9	• • • •	٦,٥				20,	, 805 <u>.</u>
10 Par	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and t XII   Reconciliation of Revenue per Audited Financial Stateme		/ith Rever	10	Return		, 605.
1	Total revenue, gains, and other support per audited financial statements			ide per i		4,119	119
					1	4,113	,410.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	۱ ـ	۱ ،	0 070			
а	Net unrealized gains on investments	<u>2a</u>		0,972.			
b	Donated services and use of facilities	2b	<b>├</b> ────┺	1,930.	<u>-</u>		
C	Recoveries of prior year grants	2c			- '		
d	Other (Describe in Part XIV.)	2d	<u>L</u>				
е	Add lines 2a through 2d				2e_		<u>,902.</u>
3	Subtract line 2e from line 1				3	4,086	516.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1					<del></del>	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIV)	4b		-460	. 1		
	Add lines 4a and 4b		<del></del>		4c	_	<u>-460.</u>
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)				5	4,086	056
•	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents \	Nith Expe	nses nei		<u> </u>	,030.
			THE PARTY	po.	1	4,122	223
1	Total expenses and losses per audited financial statements					4,144,	, 445.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 -	1 1	1 020	1 1		
_	Donated services and use of facilities	2a	<u>_</u>	1,930.			
b	Prior year adjustments	2b			4		
С	Other losses	2c			<b>↓  </b>		
d	Other (Describe in Part XIV.)	2d	L	460.	<u> </u>		
е	Add lines 2a through 2d				2e		<u>,390.</u>
3	Subtract line 2e from line 1				3	4,109	833.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:						
	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
	Other (Describe in Part XIV)	4b			1		
	Add lines 4a and 4b	-10			4c		0.
					5	4,109	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  t XIV Supplemental Information				1 3 1	±,103	, 633.
			10 00 1 0			Ob. Dod 14 line	4. David
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part II						4; Part
	2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also comp					information.	
PAR	T X: DURING THE YEAR ENDED JUNE 30, 2009,	THE	FUND	ADOP.I.E	<u> </u>		
13 A C	D AGG 740 10 (BODWEDLY BAGD TAMBDADEMANIO)	T NT	40	" a COOT	in in Ti	NO EOD	
FAS	B ASC 740-10 (FORMERLY FASB INTERPRETATION	N NO	. 40,	ACCOL	)M.T.T.	NG FOR	
TINTO	EDMATNMY THE THOOME MAYED AN INMEDIDEMAN	T ( ) NT		ח 100	1 /101	TM 40\	
OIVC	<u> ERTAINTY IN INCOME TAXES - AN INTERPRETAT:</u>	LOIA	OF FAS	D 103	<u></u>	IN 48).	·- <u>-</u>
THE	RE WAS NO MATERIAL EFFECT TO THE FINANCIAL	L ST	ATEMEN	TS FOR	TH	E YEAR	
END	ED JUNE 30, 2009 OR JUNE 30, 2010 RESULTIN	NG F	ROM TH	E ADOF	TIO	N OF FIN	1
40							
<u>48.</u>							
				· <del>-</del> .			
PAR	T XII, LINE 4B - OTHER ADJUSTMENTS:						
					Sched	ule D (Form 99	90) 2009

25

932054 02-01-10

Schedule D (Form 990) 2009 FUEL FUND OF MARYLAND, INC  Part XIV Supplemental Information (continued)	52-1204629 Page 5
Part XIV Supplemental Information (continued)	
DIRECT SPECIAL EVENTS EXPENSES	
PART XIII, LINE 2D - OTHER ADJUSTMENTS:	
DIRECT SPECIAL EVENTS EXPENSES	
	· · · · · · · · · · · · · · · · · · ·
	····

SCHEDULE (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

Department of the Treasu Internal Revenue Service	Department of the Treasury Internal Revenue Service	Complete if the organization answered "Yes" on Form 990, Part IV, line ∡1 or ∠z.  ▶ Attach to Form 990.	Open to Public Inspection
Name of t	Name of the organization		Employer identification number
	FUEL	FUEL FUND OF MARYLAND, INC	52-1204629
Part	General Information of	Part I General Information on Grants and Assistance	
- Do	the organization maintai	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
cut	criteria used to award the grants or assistance?	nts or assistance?	X Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	cedures for moni	toring the use of grant	funds in the United	States			
I'n	Sovernments an	d Organizations in the	e United States. C	omplete if the org	anization answered "Y	ss" to Form 990, Part	IV, line 21, for any
recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule 1-1 (Form 990) if additional space is needed	5,000 Check this	s box if no one recipien	it received more th	an \$5,000 Use Pa	art IV and Schedule I-1	(Form 990) if addition	al space is needed
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							RECIPIENT ORGANIZATION
ANNE ARUNDEL COUNTY ECONOMIC							DISTRIBUTES FUNDS TO
OPPORTUNITY COMMITTEE - 251 WEST					CASH EQUIVALENT		INDIVIDUALS TO ASSIST IN
STREET - ANNAPOLIS MD 21401			89,756,	360,613, VALUE	VALUE	SGE FUEL CREDITS	BGE FUEL CREDITS PAYING ENERGY BILLS,
							RECIPIENT ORGANIZATION
GOVANS ECUMENICAL DEVELOPMENT							DISTRIBUTES FUNDS TO
CORPORATION - 5513 YORK ROAD -					CASH EQUIVALENT		INDIVIDUALS TO ASSIST IN
BALTIMORE MD 21212			42,876.	114,321,	VALUE	SGE FUEL CREDITS	BGE FUEL CREDITS PAYING ENERGY BILLS,
							RECIPIENT ORGANIZATION
BALTIMORE COUNTY COMMUNITY							DISTRIBUTES FUNDS TO
ASSISTANCE NETWORK, INC - 7701					CASH EQUIVALENT		INDIVIDUALS TO ASSIST IN
DUNMANWAY - BALTIMORE, MD 21222		-	136,830.	544,888,	VALUE	BGE FUEL CREDITS	BGE FUEL CREDITS PAYING ENERGY BILLS.
							RECIPIENT ORGANIZATION
HUMAN SERVICES PROGRAMS OF CARROLL							DISTRIBUTES FUNDS TO
COUNTY - PO BOX 489 - BALTIMORE,					CASH EQUIVALENT		INDIVIDUALS TO ASSIST IN
MD 21158			63,090,	122,509.	VALUE	BGE FUEL CREDITS	BGE FUEL CREDITS PAYING ENERGY BILLS.
							RECIPIENT ORGANIZATION
HARFORD COUNTY COMMUNITY ACTION							DISTRIBUTES FUNDS TO
AGENCY - 1321 B. WOODBRIDGE					CASH EQUIVALENT		INDIVIDUALS TO ASSIST IN
STATION WAY - EDGEWOOD, MD 21040			164,134.	383,523, VALUE	VALUE	BGE FUEL CREDITS	BGE FUEL CREDITS PAYING ENERGY BILLS.
							RECIPIENT ORGANIZATION
HOWARD COUNTY COMMUNITY ACTION							DISTRIBUTES FUNDS TO
COUNCIL - 6751 GATEWAY DRIVE -					CASH EQUIVALENT		INDIVIDUALS TO ASSIST IN
COLUMBIA, MD 21046			110,224,	176,912, VALUE	VALUE	BGE FUEL CREDITS	BGE FUEL CREDITS PAYING ENERGY BILLS,
9 Enter total mimber of section 501(c)(3) and government organization	nd government o	rganizations					▶ 14

3 Enter total number of other organizations

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2009

Schedule I (Form 990) 2009

Page 2

52-1204629

(Form 990) 2009 FUEL FUND OF MARYLAND, INC Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Part III

Schedule I (Form 990) 2009

SCHEDULE 1-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▼ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

2009 2009 Open to Public

ZUUS Open to Pt Inspection

Z INDIVIDUALS TO ASSIST IN INDIVIDUALS TO ASSIST IN INDIVIDUALS TO ASSIST IN INDIVIDUALS TO ASSIST IN INDIVIDUALS TO ASSIST IN INDIVIDUALS TO ASSIST IN RECIPIENT ORGANIZATION RECIPIENT ORGANIZATION RECIPIENT ORGANIZATION RECIPIENT ORGANIZATION RECIPIENT ORGANIZATION RECIPIENT ORGANIZATION RECIPIENT ORGANIZATION INDIVIDUALS TO ASSIST DISTRIBUTES FUNDS TO DISTRIBUTES FUNDS TO DISTRIBUTES FUNDS TO DISTRIBUTES FUNDS TO DISTRIBUTES FUNDS TO DISTRIBUTES FUNDS TO DISTRIBUTES FUNDS TO (h) Purpose of grant or assistance SGE FUEL CREDITS PAYING ENERGY BILLS. 3GE FUEL CREDITS PAYING ENERGY BILLS. BGE FUEL CREDITS PAYING ENERGY BILLS. BGE FUEL CREDITS PAYING ENERGY BILLS. BGE FUEL CREDITS PAYING ENERGY BILLS. 3GE FUEL CREDITS PAYING ENERGY BILLS. BGE FUEL CREDITS PAYING ENERGY BILLS, **Employer identification number** 52-1204629 (g) Description of non-cash assistance Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) ASH EQUIVALENT ASH EQUIVALENT ASH EQUIVALENT ASH EQUIVALENT ASH EQUIVALENT CASH EQUIVALENT (book, FMV, appraisal, other) CASH EQUIVALENT (f) Method of valuation 29,156, VALUE 70,015. VALUE 3 076 VALUE 99,583, VALUE 124 012 VALUE 9,883,VALUE 1,200, VALUE 。 (e) Amount of non-cash assistance ö 528. Ö 25,646 27,772 46,834 (d) Amount of cash grant (c) IRC section if applicable FUEL FUND OF MARYLAND, INC (b) EIN UNITED CHURCH ASSISTANCE NETWORK COMMUNITY MINISTRY OF MONTGOMERY ₹ PRINCE GEORGES COUNTY SALVATION BALTIMORE CITY SALVATION ARMY PO BOX 1103 , 40 CHURCH LANE FRANKLIN STREET - BALTIMORE, SAMARITAN CENTER ST. VINCENT (a) Name and address of organization or government DEPAUL OF BALTIMORE - 17 W ST. MARYS OUTREACH CENTER ARMY - 4825 EDMONSTON RD COCKEYSVILLE, MD 20130 114 W. MONTGOMERY AVE HYATTSVILLE, MD 20781 ROCKVILLE, MD 20850 BALTIMORE, MD 21230 BALTIMORE, MD 21230 BALTIMORE, MD 21211 Name of the organization 3900 ROLAND AVENUE PAULS PLACE, INC 1118 WARD STREET 814 LIGHT STREET Part

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009

#### SCHEDULE M (Form 990)

#### **Noncash Contributions**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

2009

OMR No. 1545-0047

Open to Public

**Employer identification number** 

Department of the Treasury
Internal Revenue Service

Name of the organization

990, Part IV, lines 29 or 30.

Attach to Form 990.

FUEL FUND OF MARYLAND, INC 52-1204629 Part I Types of Property (a) (b) (c) (d) Check if Number of Revenues reported on Method of determining applicable contributions Form 990, Part VIII, line 1g revenues Art - Works of art Art - Historical treasures Art - Fractional interests 3 Books and publications 5 Clothing and household goods Cars and other vehicles Boats and planes 7 Intellectual property 8 10,555. FMV OF STOCK ON DATE X Securities - Publicly traded 9 10 Securities - Closely held stock Securities - Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 Qualified conservation contribution -13 Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 17 Real estate - Other Collectibles 18 Food inventory 19 Drugs and medical supplies 20 21 Taxidermy Historical artifacts 22 23 Scientific specimens 24 Archeological artifacts 2,550,031. CASH EQUIVALENT VALU (FUEL CREDITS X 25 Other 26 Other 27 Other 28 Other 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30a X b If "Yes," describe the arrangement in Part II Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 X 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X contributions? 32a b If "Yes," describe in Part II 33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2009

#### SCHEDULE Ó

(Form 990)

#### Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

**Employer identification number** 

Department of the Treasury Internal Revenue Service

Name of the organization

52-1204629 FUEL FUND OF MARYLAND. INC FORM 990, PART I, ITEM K, OTHER ORGANIZATION TYPE: 501(C) (3) FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: POVERTY AND ASSIST THESE FAMILIES TO MEET THEIR HUMAN NEEDS. FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: FOR EACH PARTICIPANT. LAST YEAR FFMD HAD 253 PEOPLE GRADUATE AND BEGIN ACHIEVING SAVINGS OF 15%-50% ON THEIR ENERGY COSTS. A WAITING LIST FOR FUTURE CLASS SITES AND NEW PARTICIPANTS HAS BEEN ESTABLISHED. ADDITIONALLY, THE GRANT ALLOWED THE FUEL FUND TO DISTRIBUTE OVER 20,000 REFRIGERATOR MAGNET LISTS OF ENERGY SAVING TIPS. THE GOAL IS FOR ALL OF THE FAMILIES THAT RECEIVE FINANCIAL ASSISTANCE WILL ALSO HAVE EDUCATION IN ENERGY CONSERVATION AND FINANCIAL LITERACY. FORM 990, PART VI, SECTION B, LINE 11: THE 990 IS PRESENTED TO THE BOARD OF DIRECTORS FOR REVIEW AND APPROVAL. FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST STATEMENT ANNUALLY AND DISCLOSE ANY CONFLICTS OF INTEREST OR POTENTIAL CONFLICTS OF INTEREST. THE BOARD DEVELOPMENT COMMITTEE MONITORS THE CONTENT OF THE CONFLICT OF INTEREST STATEMENTS AND ANY OTHER DISCLOSURES OF CONFLICTS THROUGHOUT THE YEAR. FORM 990, PART VI, SECTION B, LINE 15A: RESEARCH IS DONE ON ABBOTT LANGER SURVEYS OF NON-PROFIT SALARIES TO COMPARE THE EXECUTIVE DIRECTOR'S LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule O (Form 990) 2009

#### SCHEDULE Ó

(Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Information to Form 990**

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

Attach to Form 990.

2009
Open to Public Inspection

FUEL FUND OF MARYLAND, INC	52-1204629
COMPENSATION. THE BOARD OF DIRECTORS APPROVES THE BUDGET	FOR SALARIES AND
THE EXECUTIVE DIRECTORS COMPENSATION.	
FORM 990, PART VI, SECTION C, LINE 19: DOCUMENTS ARE AVAI	
REQUEST BY PHONE, MAIL, FAX, AND PERSONAL VISITS.	<u>.                                    </u>
FORM 990, PART XI, LINE 2C	
THE EXECUTIVE COMMITTEE APPROVES SELECTION OF THE AUDITOR	R

#### Form **8868**

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return

OMB No 1545-1709

• If you a	are filing for an Automatic 3-Month Extension, complete only Part I and check this box			$\triangleright \mathbf{x}$
	are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this	form)		
	omplete Part II unless you have already been granted an automatic 3-month extension on a previously fil		rm 8868	
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies needed)			
A corpora	ttion required to file Form 990-T and requesting an automatic 6-month extension - check this box and com	nlete		
Part I only	· · · · · · · · · · · · · · · · · · ·	ipiete		
-	, corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an	exter	ision of time	
	ome tax returns	OXIO	.0.0	
noted bel (not autor you must	c Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronic matic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consubmit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic file ov/efile and click on e-file for Chanties & Nonprofits.	cally r	f (1) you want th ated Form 990-1	e additional
Type or	Name of Exempt Organization	Emp	loyer identifica	tion number
print		_	0 100460	
File by the	FUEL FUND OF MARYLAND, INC	5	2-120462	19
due date for filing your	Number, street, and room or suite no. If a P O. box, see instructions 305 W. CHESAPEAKE AVENUE, NO. 115			
return See Instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions			
	BALTIMORE, MD 21204			
Chook to	pe of return to be filed (file a separate application for each return)		-	
For	m 990	27 169		
Teleph If the c If this i	MARY ELLEN VANNI  books are in the care of ▶ 305 W. CHESAPEAKE AVE. STE 115, BALTIMO  sone No. ▶ 410-821-3022  FAX No ▶  briganization does not have an office or place of business in the United States, check this box  s for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this for part of the group, check this box  and attach a list with the names and EINs of all the control of the group in the control of the group.	s is fo	r the whole grou	• •
ıs fo	quest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unto FEBRUARY 15, 2011, to file the exempt organization return for the organization named a part the organization's return for.    calendar year		The extension	
2 If th	is tax year is for less than 12 months, check reason.  Initial return Final return		Change in acco	unting period
3a If th	nis application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any			
	refundable credits. See instructions.	3a	_\$	
	is application is for Form 990-PF or 990-T, enter any refundable credits and estimated			
	payments made. Include any prior year overpayment allowed as a credit.	3b	\$	
	ance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required, losit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).			
	e instructions.	3c	<b>. .</b>	N/A
	If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form			
	or Privacy Act and Paperwork Reduction Act Notice, see Instructions.			8 (Rev. 4-2009)
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