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## Short Form

## Return of Organization Exempt From Income Tax

OMB No 1545-1150

Form 990-EZ

2011

Department of the Treasury  
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)  
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000  
at the end of the year may use this form  
► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public  
Inspection

A For the 2011 calendar year, or tax year beginning

12/01, 2011, and ending

11/30, 2012

B Check if applicable

Address change  
Name change  
 X Initial return  
Terminated  
Amended return  
Application pending

C Name of organization

FUEL FOUNDATION

Number and street (or P O box, if mail is not delivered to street address)  
3930 PENDER DRIVE  
City or town, state or country, and ZIP + 4  
FAIRFAX, VA 22030-0986

D Employer identification number

46-0758331

E Telephone number

(703) 709-7000

F Group Exemption  
Number ►

G Accounting Method

X Cash  Accrual Other (specify) ►

H Check ►  if the organization is not

I Website: ► N/A

J Tax-exempt status

X 501(c)(3)  501(c) ( ) ◀ (insert no)  4947(a)(1) or  527

K Check ►  if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II,

line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ► \$ 53,320.

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

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

1	Contributions, gifts, grants, and similar amounts received . . . . .	1	43,000.
2	Program service revenue including government fees and contracts . . . . .	2	
3	Membership dues and assessments . . . . .	3	
4	Investment income . . . . .	4	
5 a	Gross amount from sale of assets other than inventory . . . . .	5a	
b	Less cost or other basis and sales expenses . . . . .	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c	
6	Gaming and fundraising events		
a	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6a	
b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	6b	10,320.
c	Less direct expenses from gaming and fundraising events . . . . .	6c	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d	10,320.
7 a	Gross sales of inventory, less returns and allowances . . . . .	7a	
b	Less cost of goods sold . . . . .	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c	
8	Other revenue (describe in Schedule O) . . . . .	8	
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .	9	53,320.
10	Grants and similar amounts paid (list in Schedule O) . . . . .	10	
11	Benefits paid to or for members . . . . .	11	
12	Salaries, other compensation, and employee benefits . . . . .	12	
13	Professional fees and other payments to independent contractors . . . . .	13	
14	Occupancy, rent, utilities, and maintenance . . . . .	14	
15	Printing, publications, postage, and shipping . . . . .	15	
16	Other expenses (describe in Schedule O) . . . . .	16	
17	<b>Total expenses.</b> Add lines 10 through 16 . . . . .	17	0
18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	53,320.
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	19	0
20	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20	
21	Net assets or fund balances at end of year Combine lines 18 through 20 . . . . .	21	53,320.

For Paperwork Reduction Act Notice, see the separate instructions.

18 Form 990-EZ (2011)  
99

**Part II Balance Sheets. (see the instructions for Part II )**

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

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments . . . . .	ATTACHMENT 2	0 <b>22</b> 47,500.
23	Land and buildings . . . . .		0 <b>23</b> 0
24	Other assets (describe in Schedule O) . . . . .	ATTACHMENT 3	0 <b>24</b> 5,820.
25	<b>Total assets</b> . . . . .		0 <b>25</b> 53,320.
26	Total liabilities (describe in Schedule O) . . . . .		0 <b>26</b> 0
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)		0 <b>27</b> 53,320.

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III.  X

What is the organization's primary exempt purpose? **ATTACHMENT 4**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
(Required for section  
501(c)(3) and 501(c)(4)  
organizations and section  
4947(a)(1) trusts; optional  
for others )

28 AS THIS IS THE FIRST YEAR OF OPERATION, THE FOUNDATION FOCUS WAS  
ON PLANNING AND ESTABLISHING PROGRAMS, SETTING STRATEGIC GOALS AND  
IMPLEMENTING ITS OPERATIONS.

(Grants \$ 0 ) If this amount includes foreign grants, check here . . . . . ► 28a

29

(Grants \$ ) If this amount includes foreign grants, check here . . . . . ► 29a

30

(Grants \$ ) If this amount includes foreign grants, check here . . . . . ►  30a

31 Other program services (describe in Schedule O) . . . . .

(Grants \$ ) If this amount includes foreign grants, check here . . . . . ►  31a

32 Total program service expenses (add lines 28a through 31a) . . . . . ► 32 0

**List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (see the instructions for Part IV)

**Part V. Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

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 . . . . .

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) . . . . .

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .

b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O . . . . .

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .

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 . . . . .

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a

b Did the organization file Form 1120-POL for this year? . . . . .

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .

b If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . 38b

39 Section 501(c)(7) organizations Enter

a Initiation fees and capital contributions included on line 9 . . . . . 39a

b Gross receipts, included on line 9, for public use of club facilities . . . . . 39b

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► 0, section 4912 ► 0, section 4955 ► 0

b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .

c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . 0

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization . . . . . 0

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . . X

41 List the states with which a copy of this return is filed ►

42a The organization's books are in care of ► SUE RICE, ACTING CFO Telephone no ► 703-709-7000 Located at ► 3930 PENDER DRIVE, STE 340 FAIRFAX, VA ZIP + 4 ► 22030-0986

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

c At any time during the calendar year, did the organization maintain an office outside the U S ? . . . . . If "Yes," enter the name of the foreign country ►

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here . . . . . ►  and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ► 43

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .

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 . . . . .

c Did the organization receive any payments for indoor tanning services during the year? . . . . .

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .

45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) . . . . .

	Yes	No
33	X	
34	X	
35a	X	
35b		
35c	X	
36	X	
37a		
37b		
38a	X	
39a		
39b		
40a		
40b	X	
40c		
40d		
40e	X	
42b	X	
42c	X	
43		
44a	X	
44b	X	
44c	X	
44d		
45a	X	
45b	X	

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. . . . .

Yes	No
46	X

**Part VI** Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .

Yes	No
47	X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .

48	X
----	---

49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .

49a	X
-----	---

b If "Yes," was the related organization a section 527 organization? . . . . .

49b	
-----	--

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 . . . . . ► 0

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 . . . . . ► 0

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. . . . . ►  Yes  No

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

Sign Here	► <i>Philip Baker</i>	Date
	Signature of officer	10/20/2014
► <i>CPO</i>		
Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature
	<i>Philip Baker</i>	<i>Philip Baker</i>
	Firm's name ► REGARDIE, BROOKS & LEWIS, CHTD	Date
Firm's address ► 7101 WISCONSIN AVENUE, SUITE 1012	Check <input type="checkbox"/> if self-employed	
BETHESDA, MD 20814-4805	PTIN P00010692	
Firm's EIN ► 52-1038701	Phone no 301-654-9000	

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ►  Yes  No

Form 990-EZ (2011)

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

Department of the Treasury  
Internal Revenue Service

**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.

OMB No 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization  
FUEL FOUNDATION

Employer identification number  
46-0758331

**Part I Reason for Public Charity Status** (All organizations must complete this part) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).  
 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)  
 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  
 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state  
 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)  
 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  
 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)  
 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)  
 9  An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III)  
 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  
 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h  
     a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other  
 e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)  
 f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box   
 g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
     (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?   
     (ii) A family member of a person described in (i) above?   
     (iii) A 35% controlled entity of a person described in (i) or (ii) above?   
 h Provide the following information about the supported organization(s)

	Yes	No
11g(i)	X	
11g(ii)	X	
11g(iii)	X	

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A) ATTACHMENT 1									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									0

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

Schedule A (Form 990 or 990-EZ) 2011

**Part II 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not 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 . . . . .						
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). . . . .						
6 Public support. Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4 . . . . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 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) . . . . .						
11 Total support. Add lines 7 through 10 . . . . .						
12 Gross receipts from related activities, etc (see instructions) . . . . .					12	
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 . . . . . ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	%
15 Public support percentage from 2010 Schedule A, Part II, line 14 . . . . .	15	%
16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
b 33 1/3% support test - 2010. 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 . . . . . ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2011. 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 . . . . . ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 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 . . . . . ► <input type="checkbox"/>		
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 . . . . . ► <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II  
If the organization fails to qualify under the tests listed below, please complete Part II)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not 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 business under section 513 . . . . .						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
6 <b>Total.</b> Add lines 1 through 5 . . . . .						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
b 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. . . . .						
8 <b>Public support</b> (Subtract line 7c from line 6) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6. . . . .						
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 . . . . .						
c Add lines 10a and 10b . . . . .						
11 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 or loss from the sale of capital assets (Explain in Part IV) . . . . .						
13 <b>Total support</b> (Add lines 9, 10c, 11, and 12) . . . . .						
14 <b>First five years.</b> 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 . . . . . ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) . . . . .	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15 . . . . .	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17 . . . . .	18	%
19a 33 1/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12. Also complete this part for any additional information. (See instructions)

ATTACHMENT 1SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION	(IV) YES NO	(V) YES NO	(VI) YES NO	(VII) AMOUNT OF SUPPORT
SOCIETY OF INDEPENDENT GASOLINE MARKETERS OF AMERICA	72-0562589	501(C)(6)	X			0
<b>TOTAL AMOUNT OF SUPPORT</b>						<b>0</b>

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization

**FUEL FOUNDATION**

Employer identification number  
**46-0758331**

**ATTACHMENT 1**

**FORM 990EZ, PART I - FUNDRAISING EVENTS AND ACTIVITIES**

<u>DESCRIPTION</u>	<u>GROSS REVENUE</u>	<u>NET INCOME</u>
AUCTION	<u>10,320.</u>	<u>10,320.</u>
<b>TOTALS</b>	<u>10,320.</u>	<u>10,320.</u>

**ATTACHMENT 2**

**FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS**

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
CASH		<u>47,500.</u>
<b>TOTALS</b>		<u>47,500.</u>

**ATTACHMENT 3**

<u>DESCRIPTION</u>	<u>END OF YEAR</u>
DUE FROM AFFILIATE	<u>5,820.</u>
<b>TOTALS</b>	<u>5,820.</u>

**ATTACHMENT 4**

**FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

TO MEET THE EDUCATIONAL AND LEADERSHIP NEEDS OF INDEPENDENT FUEL  
MARKETERS; TO PROMOTE HIGH ETHICAL STANDARDS AND CONDUCT IN THE  
INDEPENDENT SEGMENT OF THE TRANSPORTATION FUELS MARKETING INDUSTRY;  
TO ADVANCE THE LEADERSHIP AND MANAGEMENT EXCELLENCE OF INDEPENDENT  
FUEL MARKETERS THROUGH MEETINGS, COMMUNICATIONS, EDUCATION, RESEARCH  
AND PUBLICATIONS; TO DISSEMINATE RESEARCH, SURVEYS, STUDIES AND  
REPORTS ON INFORMATION BENEFICIAL TO INDEPENDENT FUEL MARKETERS; TO  
PROMOTE KNOWLEDGE AND UNDERSTANDING AMONG THE GENERAL PUBLIC ON THE  
INDEPENDENT SEGMENT OF THE TRANSPORTATION FUELS MARKETING INDUSTRY;  
TO ADMINISTER A SCHOLARSHIP PROGRAM; AND TO ENGAGE IN OTHER CONDUCT  
PERMITTED BY AN ORGANIZATION EXEMPT FROM TAXATION UNDER SECTION

Name of the organization FUEL FOUNDATION	Employer identification number 46-0758331
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FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSEATTACHMENT 4 (CONT'D)

501(C) (3).

## FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	REPORTABLE COMPENSATION (FORM W-2/ 1099-MISC)	HEALTH BENEFITS,	ESTIMATED CONTRIBUTION TO EMPLOYEE BENEFIT PLANS AND DEFERRED COMPENSATION	AMOUNT OF OTHER COMPENSATION
BRAD DOUGLASS	CHAIR	.60	0	0	0
3930 PENDER DRIVE 340 FAIRFAX, VA 22030-0986					
WENDY CHRONISTER	VICE CHAIR	.60	0	0	0
3930 PENDER DRIVE 340 FAIRFAX, VA 22030-0986					
DAVID COLLINS	SECRETARY/TREASURER	.60	0	0	0
3930 PENDER DRIVE 340 FAIRFAX, VA 22030-0986					
KERRY OLIVER	GOVERNOR	.50	0	0	0
3930 PENDER DRIVE 340 FAIRFAX, VA 22030-0986					
JASON MCAULIFFE	GOVERNOR	.40	0	0	0
3930 PENDER DRIVE 340 FAIRFAX, VA 22030-0986					
JOSEPH PETROWSKI	GOVERNOR	.40	0	0	0
3930 PENDER DRIVE 340 FAIRFAX, VA 22030-0986					
DAVID ZAKRZEWSKI	GOVERNOR				

## FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION (FORM W-2/	HEALTH BENEFITS, CONTRIBUTION TO EMPLOYEE BENEFIT PLANS AND DEFERRED COMPENSATION			ESTIMATED AMOUNT OF OTHER COMPENSATION
			0	0	0	
3930 PENDER DRIVE 340 FAIRFAX, VA 22030-0986	.40	0	0	0	0	
JOSEPH ZIETLOW	GOVERNOR	.40	0	0	0	
3930 PENDER DRIVE 340 FAIRFAX, VA 22030-0986						
PAUL REID	GOVERNOR	.40	0	0	0	
3930 PENDER DRIVE 340 FAIRFAX, VA 22030-0986						
CARL BOYETT	GOVERNOR	.40	0	0	0	
3930 PENDER DRIVE 340 FAIRFAX, VA 22030-0986						
STEPHEN HIGHTOWER, II	GOVERNOR	.40	0	0	0	
3930 PENDER DRIVE 340 FAIRFAX, VA 22030-0986						
RODNEY SMITH	GOVERNOR	.50	0	0	0	
3930 PENDER DRIVE 340 FAIRFAX, VA 22030-0986						
KENNETH A. DOYLE	PRESIDENT	6.25	0	0	0	

## FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION (FORM W-2 / DEFERRED COMPENSATION)	HEALTH BENEFITS, CONTRIBUTION TO EMPLOYEE BENEFIT PLANS AND OTHER COMPENSATION
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3930 PENDER DRIVE 340 FAIRFAX, VA 22030-0986

GRAND TOTALS

0	0	0
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FUEL FOUNDATION  
3930 PENDER DRIVE  
FAIRFAX, VA 22030-0986

EIN: 46-0758331  
FORM 990EZ  
FYE 11/30/2012

#### EXPLANATION FOR LATE FILING

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THE FUEL FOUNDATION REQUESTS THAT NO PENALTY BE ASSESSED FOR THE LATE FILING OF THIS RETURN.

THE ORGANIZATION PREPARED ITS INITIAL FORM 990EZ FOR THE YEAR ENDED NOVEMBER 30, 2012. THE ORGANIZATION TIMELY FILED THIS INITIAL FORM ON OR ABOUT FEBRUARY 15, 2013. UNFORTUNATELY, THE ORGANIZATION REPORTED THIS INFORMATION ON A 2012 FORM AND SHOULD HAVE REPORTED THIS INFORMATION ON A 2011 FORM. THE ORGANIZATION HIRED A TAX PROFESSIONAL TO PREPARE THIS FORM ON BEHALF OF THE ORGANIZATION

THIS INADVERTANT ERROR WAS DISCOVERED DURING THE PREPARATION OF FORM 990EZ FOR THE YEAR ENDED NOVEMBER 30, 2013. UPON DISCOVERY OF THE ERROR, THE ORGANIZATION TOOK IMMEDIATE STEPS TO CORRECT THIS MATTER BY:

- FILING A 2011 FORM 990EZ (THIS FORM)
- FILING AN AMENDED 2012 FORM 990EZ AND CORRECTLY REPORTING INFORMATION FOR THE YEAR ENDED NOVEMBER 30, 2013.

THE ORGANIZATION TAKES ITS TAX REPORTING RESPONSIBILITIES SERIOUSLY AND STRIVES TO MAINTAIN FULL COMPLIANCE. THE FACT THAT A RETURN WAS FILED TIMELY (ALTHOUGH ON THE WRONG FORM) IS EVIDENCE OF THE ORGANIZATION'S GOOD FAITH EFFORT TO COMPLY WITH ITS TAX REPORTING RESPONSIBILITIES. ACCORDINGLY, WE ASK THAT NO PENALTIES BE ASSESSED ON THE LATE FILING OF THIS RETURN.