## PUBLIC INSPECTION COPY

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Open to Public

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information

		2023 calendar year, or tax year beginning	and	ending			торосс	.0.1		
	heck if	C Name of organization	una	chang	D Employer	identificat	tion number			
a	plicable	e: Viame of organization			D Employer	luentinear	don number			
	Addre	FUEL RELIEF FUND								
	Name	5			<sup>1</sup> 26−4	591517	7			
	Initial return	Number and street (or P.O. box if mail is not deli	ivered to street address)	Room/suite						
	Final return/	PO BOX 131192	voica to otroot addrood,	Troom, out		997-34	189			
	termin		ZIP or foreign postal code	ı	G Gross receipt			571.		
	Ameno return		<del>-</del>		H(a) Is this a					
	Applic tion		RLIE CADY			rdinates?	-	X No		
	pendir	PO BOX 131192, HOUSTON,			H(b) Are all sub			No		
IT	ax-exe	empt status: X 501(c)(3) 501(c) ( )	(insert no.) 4947(a)(1)	or 52			t. See instructio	ons		
	/ebsit		, , , , , , , , , , , , , , , , , , , ,		H(c) Group e					
K F	orm of	organization: X Corporation Trust Ass	sociation Other	<b>L</b> Yea	r of formation: 2			icile: CA		
	rt I	Summary		•		•				
	1	Briefly describe the organization's mission or most	significant activities: TO R	EDUCE	HUMAN ST	JFFERI	NG IN T	HE		
nce		WAKE OF NATURAL DISASTERS								
Activities & Governance	2	Check this box if the organization discon	tinued its operations or dispos	sed of mor	e than 25% of its	s net assets	s.			
ove.	3	Number of voting members of the governing body (	Part VI, line 1a)			3		11		
Ğ	4	Number of independent voting members of the gov	erning body (Part VI, line 1b)			4		11		
8	5	Total number of individuals employed in calendar ye	ear 2023 (Part V, line 2a)			5		1		
)ţį	6	Total number of volunteers (estimate if necessary)				6		15		
Ċţ		Total unrelated business revenue from Part VIII, colo						0.		
_	b	Net unrelated business taxable income from Form 9	990-T, Part I, line 11					0.		
					Prior Year		Current Ye			
Φ	8	Contributions and grants (Part VIII, line 1h)			708,		244,	916.		
'n	9	Program service revenue (Part VIII, line 2g)				0.		0.		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4,	and 7d)			31.	6,	655.		
<b>—</b>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,	9c, 10c, and 11e)			0.		0.		
	12	Total revenue - add lines 8 through 11 (must equal F	Part VIII, column (A), line 12)		708,			571.		
	13	Grants and similar amounts paid (Part IX, column (A	A), lines 1-3)			0.	103,	133.		
		Benefits paid to or for members (Part IX, column (A)				0.		0.		
S		Salaries, other compensation, employee benefits (P				0.	35,	321.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), lir	ne 11e)			0.		0.		
×		Total fundraising expenses (Part IX, column (D), line	•	0.			4 = =			
Ш		Other expenses (Part IX, column (A), lines 11a-11d,			752,			<u>697.</u>		
		Total expenses. Add lines 13-17 (must equal Part <b>I</b> X			752,		294,	151.		
		Revenue less expenses. Subtract line 18 from line 1	2		-43,			580.		
Net Assets or Fund Balances					eginning of Curre		End of Yea			
sset	20				431,			436.		
et A	21	, , , , , , , , , , , , , , , , , , , ,		····	431,	95.		619. 817.		
	rt II	Net assets or fund balances. Subtract line 21 from I Signature Block	ine 20		431,	39/•	300,	01/•		
							and bal	af it in		
		Ities of perjury, I declare that I have examined this return, i					lowleage and bell	ier, it is		
true,	correc	t, and complete. Declaration of preparer (other than officer	) is based on all information of w	ilicii prepare	Thas any knowled	ige.				
0:		Signature of officer			I Date					
Sign		CHARLIE CADY, CO-CHAIRMAN			Buto					
Her	9	Type or print name and title								
			Dropararia cianatura		Date	Check	PTIN			
Paid		Print/Type preparer's name	Preparer's signature			if	' ' ' '			
		Eirmle name			Figurals	self-employed				
Prep Use		Firm's name			Firm's	CIIV				
USE	Ulliy	Firm's address			Dhon	n no				
May	the I	RS discuss this return with the preparer shown above	vo? Soo instructions		Phone	5 HU.	X Yes	No		

Pai	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO REDUCE HUMAN SUFFERING IN THE WAKE OF NATURAL DISASTERS AND DURING
	COMPLEX EMERGENCIES BY ADDRESSING CRITICAL FUEL SUPPLY AND ACCESS CHALLENGES.
	CHALLENGES.
	Did the organization undertake any significant program services during the year which were not listed on the
2	
	prior Form 990 or 990-EZ?  If "Yes." describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No
3	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
	(Code:) (Expenses \$151,654. including grants of \$103,133. ) (Revenue \$\$
-ru	FUEL RELIEF FUND MANAGES EMERGENCY FUEL SUPPLY CHAINS IN THE DIREST
	CIRCUMSTANCES. IT OPERATE BOTH AS A FIRST RESPONDER IN THE IMMEDIATE
	AFTERMATH OF A DISASTER AND AS AN EXPERT ADVISOR TO GOVERNMENTS AND
	HUMANITARIAN AID AGENCIES PREPARING FOR, OR RESPONDING TO,
	CRISIS-RELATED FUEL CHALLENGES.
	A) MOROCCO EARTHQUAKE 2023 - 13,600 KGS OF PROPANE DISTRIBUTED
	B) HURRICANE IDALIA FLORIDA, UNITED STATES 2023
	C) TURKEY SYRIA EARTHQUAKE 2023 - 280 TONS OF COAL DISTRIBUTED
	O TOTALLE DIKTI LIMITAGORA 2020 200 TOND OF COME DIDIKEDOTED
 4b	(Code:) (Expenses \$ including grants of \$ ) (Revenue \$
-12	(Code. ) (Expenses 4 ) (Trevende 4 )
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	Other program services (Describe on Schedule O.)
4d	Other program services (Describe on Schedule O.)
 4е	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses 151,654.
+€	rotal program solvide expenses

Form **990** (2023)

# Form 990 (2023) FUEL RELIEF FUND Part IV Checklist of Required Schedules

			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? See instructions	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, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
J	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	٣		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
		⊢′−		21
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
_	Schedule D, Part III	8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments?  f "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	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	11c		Х
d	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 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Bridge Committee	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	Н		
124		120		х
	Schedule D, Parts XI and XII	12a		- 21
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	40.		х
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	l .		,,
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
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. See instructions	17		Х
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		Х
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		Х
20a	The state of the s	20a		Х
b	tame and the second of the control o	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
	C	<u> : - </u>		

Form 990 (			RELIEF	
Part IV	Che	cklist of Required	Schedules	(continued)

	·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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			3,7
	Schedule J	23		X
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	24a		X
h	Schedule K. If "No," go to line 25a	24a 24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
Ŭ	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a 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			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			3,7
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а				
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash 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			v
0.4	contributions? If "Yes," complete Schedule M	30		X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	31		
32	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	0.0		X
37	If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		<u> </u>
31	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	<u> </u>		
		38	х	
Pa	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
	Eduction who was distributed as for a 1990 Education and the second and the secon		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  In the number of Forms W-2G included on line 1a. Enter -0- if not applicable  In the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
G	(gambling) winnings to prize winners?	1c		х
-	gy	<u> </u>	000	(0000)

332004 12-21-23

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)						
			Yes	No			
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return 2a 1						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b					
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		Х			
b	If "Yes," enter the name of the foreign country						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х			
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			ĺ			
	any contributions that were not tax deductible as charitable contributions?	6a		Х			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions 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 provided to the payor?	7a		X			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			ĺ			
	to file Form 8282?	7c		X			
d	If "Yes," indicate the number of Forms 8282 filed during the year						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f 7g		X			
g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the						
•	sponsoring organization have excess business holdings at any time during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.	0-					
a	Did the sponsoring organization make any taxable distributions under section 4966?	<u>9a</u> 9b					
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:	อม					
а	Initiation fees and capital contributions included on Part VIII, line 12						
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:						
а	Gross income from members or shareholders 11a						
	Gross income from other sources. (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>			
	Note: See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which the						
	organization is licensed to issue qualified health plans						
С	Enter the amount of reserves on hand			<u> </u>			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			77			
	excess parachute payment(s) during the year?	15		X			
	If "Yes," see the instructions and file Form 4720, Schedule N.			v			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X			
47	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	47					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17					
	If "Yes," complete Form 6069.						

Form **990** (2023)

26-4591517 Form 990 (2023) 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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 11 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 11 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10a Did the organization have local chapters, branches, or affiliates? Х 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe X 12c on Schedule O how this was done 13 Did the organization have a written whistleblower policy? 13 X Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Own website Another's website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records 20

Form 990 (2023)

KELLI FRANCIS - 713-997-3489 PO BOX 131192, HOUSTON,

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

Check if Schedule O contains a response or note to any line in this Part VII

#### 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.
- 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, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

X Check this box if neither the organization (A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	/		Pos	itior			Reportable	Reportable	Estimated
	hours per	per box,		ss per	nore than one son is both an			compensation	compensation	amount of
	week		cer an	d a d	irecto I	r/trus T	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dii	- - -			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	trust		, e	suedi		(W-2/1099-M <b>I</b> SC/	1099-NEC)	organization and related
	organizations below	ual tr	iona		ploye	t com		1099-NEC)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	orme			organizations
(1) JIMM CROSS	0.00	Ē	<u> </u>	0		1 40	Ь.			
DIRECTOR	0.00	x						0.	0.	0.
(2) MATTHEW CULLEN	0.00							<u>_</u>		<u> </u>
DIRECTOR		x						0.	0.	0.
(3) JAKE ENDRESEN	0.00									
DIRECTOR		Х						0.	0.	0.
(4) JOSEPH LEE	0.00									
DIRECTOR		Х						0.	0.	0.
(5) REED RINEHART	0.00									
DIRECTOR		Х						0.	0.	0.
(6) FRED WHITAKER	1.00	_						_	_	_
SECRETARY				Х				0.	0.	0.
(7) TED HONCHARIK	0.00									
DIRECTOR	1 00	Х						0.	0.	0.
(8) BILL GARDINER	1.00	ł								_
CFO	1 00			Х		<u> </u>		0.	0.	0.
(9) CHARLIE CADY CO-CHAIRS	1.00	1		х				0.	0.	^
(10) KARLY CADY	1.00							U •	0.	0.
CO-CHAIRS	1.00	1		Х				0.	0.	0.
								<u></u>	0.	•
		1								
		1								
		1								
						<u> </u>				
						<u> </u>				
		-								

Form **990** (2023)

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'art VII   Section A. Officers, Directors, T (A)	(B)			(C	<b>)</b>			(D)	(E)			(F)	
Name and title	Average hours per week	box.	not cl , un <b>l</b> es	Posi heck r ss per d a di	nore son is	than c s both	an	Reportable compensation from	Reportable compensation from related	sation amo		imate ount o	
	(list any	ector						the	organizations			ensat	ion
	hours for related	or dir	tee			sated		organization (W-2/1099-M <b>I</b> SC/	(W-2/1099-M <b>I</b> S 1099-NEC)	C/		m the inization	
	organizations	truste	al trus		yee	uedwo		1099-NEC)	1099-1120)		_	relate	
	below line)	Individual trustee or director	Institutional trustee	Officer	(ey emplo	Highest compensated employee	Former				orgar	nizatio	ns
			_		×		1						
		-											
													_
								0.		0.			0
b Subtotal  c Total from continuation sheets to Par								0.		0.			<del>0</del>
d Total (add lines 1b and 1c)								0.		0.			0
Total number of individuals (including be compensation from the organization	ut not limited to th	ose	liste	d ab	ove)	) wh	o re	ceived more than \$100,	000 of reportable				
										-		Yes	No
Did the organization list any former office			ey e	mple	oyee	e, or	high	nest compensated empl	oyee on				37
line 1a? If "Yes," complete Schedule J for any individual listed on line 1a, is the								er compensation from the			3		X
and related organizations greater than \$											4		Х
Did any person listed on line 1a receive													
rendered to the organization? If "Yes," oction B. Independent Contractors	complete Schedul	e J fo	or su	ich p	erso	<u>on</u> .	<u></u>	<u></u>			5		X
Complete this table for your five highest										ensat	ion fror	n	
the organization. Report compensation (A)	ior the calendar y	ear e	riuii	ig wi	itri O	or wit	<u> </u>	(B)	ear.		(C)	)	
Name and busin	ess address	NC	ONE	<u> </u>			4	Description of s	ervices	С	ompen		-
Total number of independent contractor		ot lin	nited	l to t	thos		ted a	above) who received mo	ore than				
\$100,000 of compensation from the org													

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26-4591517

Form 990 (2023)
Part VIII

		Check if Schedule O contains a response or not	te to any line in this Par	t VIII		
			(A) Total rev	1 =	e business revenue	( <b>D)</b> Revenue excluded from tax under sections 512 - 514
တ္ တ	1 a	Federated campaigns 1a				
ant		Membership dues 1b				
9		Fundraising events 1c				
ifts II A		Related organizations 1d				
nia Gig		Government grants (contributions) 1e				
Sis		All other contributions, gifts, grants, and				
je j	•		1,916.			
풀럭	a	Noncash contributions included in lines 1a-1f	•			
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f	244,	916.		
			iness Code			
ا يو	2 a					
ξ	b					
Program Service Revenue	С					
am	d					
P. B.	е					
ᇫ	f	All other program service revenue				
$\Box$	g	Total. Add lines 2a-2f				
	3	Investment income (including dividends, interest, an				
		other similar amounts)		655.		6,655.
	4	Income from investment of tax-exempt bond proceed	eds			
	5	Royalties				
		(i) Real (ii)	Personal			
	6 a	Gross rents 6a				
	b	Less: rental expenses 6b				
		Rental income or (loss) 6c				
		Net rental income or (loss)	i) Othor			
	7 a	(7)	i) Other			
		assets other than inventory 7a				
ام	b	Less: cost or other basis				
ğ	_	and sales expenses 7b Gain or (loss) 7c				
ě		Net gain or (loss)				
ther Revenue		Gross income from fundraising events (not				
g	O a	including \$ of				
Ŭ		contributions reported on line 1c). See				
		Part IV, line 18				
	b	Less: direct expenses 8b				
		Net because on the set forms from the later or seconds				
	9 a	Gross income from gaming activities. See				
		Part IV, line 19 9a				
	b	Less: direct expenses 9b				
	С	Net income or (loss) from gaming activities				
	10 a	Gross sales of inventory, less returns				
		and allowances 10a				
	b	Less: cost of goods sold 10b				
	С	Net income or (loss) from sales of inventory				
<u>_o</u>			iness Code			
no a	11 a					
	b					
Miscellaneous Revenue	C				+	
Ξ̈́	d	All other revenue				
		Total Add lines 11a-11d		571.	0.	6 655
	12	Total revenue. See instructions		J   1 +	7.0	6,655.

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Form **990** (2023)

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising expenses (C) Management and general expenses (A) Total expenses Do not include amounts reported on lines 6b. Program service expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ...... 103,133. 103,133. Benefits paid to or for members ..... Compensation of current officers, directors, trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 32,113. 3,211. 28,902. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 3,208. 321. 2,887. Payroll taxes 10 Fees for services (nonemployees): Management 24,913. 27,635. 2,722. Legal 72,715. 700. 72,015. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... f Other. (If line 11g amount exceeds 10% of line 25, 23,444. 21,005. 2,439. column (A), amount, list line 11g expenses on Sch O.)  $3,\overline{777}$ 4,197. Advertising and promotion 12 Office expenses 13 Information technology 14 Royalties 15 16 Occupancy 8,697. 8,697. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 34. 34 20 Payments to affiliates 21 22 Depreciation, depletion, and amortization 356. 356. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) OTHER DEPLOYMENT COSTS 8,306. 8,306. 4,836. TECHNOLOGY EXPENSE 484. 4,352. 2,503. 2,503. FUEL COSTS FACILITIES AND EOUIPMEN 1,518. 152. 1,366. 1,456. 1,456. All other expenses 151,654. 142,497. 0. 294,151. Total functional expenses. Add lines 1 through 24e <u>25</u> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here [ if following SOP 98-2 (ASC 958-720)

Form 990 (2023)
Part X Balance Sheet

Par	t X	Balance Sheet				
		Check if Schedule O contains a response or note to any line	in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		428,992.	1	387,069
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		2,500.	4	1,813
	5	Loans and other receivables from any current or former office				
		trustee, key employee, creator or founder, substantial contrib	outor, or 35%			
		controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons	(as defined			
		under section 4958(f)(1)), and persons described in section 4	958(c)(3)(B)		6	
ا يو	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
<b>ĕ</b>	9	Day of the control of			9	2,554
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a				
	b	Less: accumulated depreciation 10b			10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
_	16	Total assets. Add lines 1 through 15 (must equal line 33)		431,492.	16	391,436
	17	Accounts payable and accrued expenses		95.	17	2,619
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Sci	nedule D		21	
န္က	22	Loans and other payables to any current or former officer, di	rector,			
≝		trustee, key employee, creator or founder, substantial contrib	outor, or 35%			
Liabilities					22	
-	23	Secured mortgages and notes payable to unrelated third par			23	
	24	Unsecured notes and loans payable to unrelated third parties	3		24	
	25	Other liabilities (including federal income tax, payables to rela	ated third			
		parties, and other liabilities not included on lines 17-24). Con	plete Part X			
		of Schedule D			25	
_	26	Total liabilities. Add lines 17 through 25		95.	26	2,619
,		Organizations that follow FASB ASC 958, check here	X			
<u>š</u>		and complete lines 27, 28, 32, and 33.		424 205		200 015
<u>a</u>	27	Net assets without donor restrictions		431,397.	27	388,817
<u> </u>	28	Net assets with donor restrictions			28	
<u> </u>		Organizations that do not follow FASB ASC 958, check he	ere 📖			
ב <u></u>		and complete lines 29 through 33.				
ts o	29	Capital stock or trust principal, or current funds			29	
sse	30	Paid-in or capital surplus, or land, building, or equipment fun			30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or oth	er funds	424 205	31	200 015
₽	32	Total net assets or fund balances		431,397.	32	388,817
	33	Total liabilities and net assets/fund balances		431,492.	33	391,436 Form <b>990</b> (202

Form **990** (2023)

Pa	T XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,5	
2	Total expenses (must equal Part IX, column (A), line 25)	2		4,1	
3	Revenue less expenses. Subtract line 2 from line 1	3		2,5	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	43	1,3	<u>97.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	38	8,8	<u> 17.</u>
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				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 on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	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		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2023)

#### **SCHEDULE A**

(Form 990)

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.

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

Open to Publ

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

		FUEL RELIEF FUND 26-4591517										
Pai	rt I	Reason for Public C	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.					
he o	organ	ization is not a private found										
1	Ŏ.	A church, convention of chu					I)(A)(i).					
2		A school described in secti				` ` ` `						
3	一	A hospital or a cooperative		•		(b)(1)(A)(ii	i).					
4	一	·	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	or the benefit of a co	llege or university owned	or operat	ed by a go	vernmental unit	t describe	ed in	_		
•		section 170(b)(1)(A)(iv). (C		. <b>3</b> ,		, 5 .						
6		A federal, state, or local gov	•	nental unit described in	section 17	70(h)(1)(A)	(v)					
	X	An organization that normal	•				• •	neneral r	oublic described in			
•		section 170(b)(1)(A)(vi). (Co	•	ntial part of its support in	om a gove	or in the state of		general	Jabile described in			
8		A community trust describe		(1)(Δ)(vi) (Complete Par	+ II )							
9	Ħ	An agricultural research org				ad in coni	inction with a la	nd-arant	college			
9		or university or a non-land-g										
		university:	rant college of agric	ulture (see instructions).	Litter the	iairie, city	, and state or th	ie college	; OI			
10		An organization that normal	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ne mambarehin	foos and	d gross receipts from	_		
10		activities related to its exem	• , ,				•		•			
		income and unrelated busin		· · · · ·	` '			• •	· ·			
		See section 509(a)(2). (Cor		(less section of reax) inc	iii busiiles	sses acqui	red by the organ	ilization a	inter June 30, 1973.			
11		An organization organized a	•	volv to tost for public sa	foty Soo	soction E(	)0(a)(4)					
12		An organization organized a			-			, out the	nurnoses of one or			
12		more publicly supported org										
		lines 12a through 12d that	-	, ,, ,					DIRECK THE DOX OH			
2		Type I. A supporting orga	* *					-	aivina			
а		the supported organization	·	•		_						
		organization. <b>You must c</b>			majority C	ii tile tillet	iors or trustees	or trie st	іррогінід			
h		Type II. A supporting organization.	•		ion with it	e cupporto	d organization(	c) by bay	ina			
b		control or management of	•				- ,		-			
		organization(s). You mus			arrie perso	iis iiiai coi	illioi oi illallage	tile supp	oorted			
_		Type III functionally inte	•		in connoc	ion with	and functionally	intograta	od with			
C								integrate	eu with,			
لم		its supported organization		•	•	•	•	d oraani-	ration(a)			
d		Type III non-functionally that is not functionally interest.						_	* *			
		requirement (see instructi	•	•	•		•	ii alleiiliv	/6/1655			
		7		•				Tupo III				
е		☐ Check this box if the orga					Type I, Type II,	туре ш				
	Ente	functionally integrated, or er the number of supported o		nally integrated supporting	ig organiz	ation.				_		
q		ride the following information		d organization(s)						_		
		i) Name of supported	(ii) EIN	(iii) Type of organization		nization listed	(v) Amount of m	nonetary	(vi) Amount of other	_		
		organization		(described on lines 1-10 above (see instructions))	in your governi	No No	support (see inst	ructions)	support (see instructions	s)		
				above (see instructions))	103	140				_		
										_		
										_		
										_		
										_		
							<b> </b>		ļ			

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### 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.)

1 Gifts, grants, contributions, and membership fees received. (Do not	30320.
membership fees received. (Do not include any "unusual grants.")  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  330,710. 52,201. 93,720. 708,773. 244,916. 143	30320.
include any "unusual grants.")  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  330,710. 52,201. 93,720. 708,773. 244,916. 143	30320.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	30320.
ization's benefit and either paid to or expended on its behalf	
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 3 330,710. 52,201. 93,720. 708,773. 244,916. 143	30320.
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)	
· · · · · · · · · · · · · · · · · · ·	30320.
Section B. Total Support	
	Total
7 Amounts from line 4 330,710. 52,201. 93,720. 708,773. 244,916. 143	30320.
8 Gross income from interest.	
dividends, payments received on	
securities loans, rents, royalties,	
	3,556.
9 Net income from unrelated business	7,330.
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 VI.)	8876.
	100/0.
12 Gross receipts from related activities, etc. (see instructions)	
13 First 5 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	
	11 0/
(//	
	82 %
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and	X
stop here. The organization qualifies as a publicly supported organization	<u>A</u>
b 33 1/3% support test - 2022. 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 <b>stop here.</b> The organization qualifies as a publicly supported organization	
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more	<i>'</i> ,
and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization	
meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	
b 10% -facts-and-circumstances test - 2022. 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 VI how the	
organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	H
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  Schedule A (Form	

### Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

Se	ction A. Public Support		•				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(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 per- formed, 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	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
_	3 received from disqualified persons						
k	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						
(	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	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 on 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 VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) organization	on,
	check this box and stop here						
	ction C. Computation of Publi						
	Public support percentage for 2023 (I	***	' <del>=</del> '			15	%
16	Public support percentage from 2022					16	<u>%</u>
	ction D. Computation of Inves					T .= T	21
17	,					17	<u>%</u>
18	Investment income percentage from				a 1E ia mara than C	18	% 7 is not
198	a 33 1/3% support tests - 2023. If the						
ı	more than 33 1/3%, check this box ar 33 1/3% support tests - 2022. If the	-					
K	line 18 is not more than 33 1/3%, che	-					
20	Private foundation. If the organization		-			-	

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#### Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No_
1		
2		
3a		
<b>3</b> 4		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

	Supporting Organizations (Continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
800	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	_		
500	the supported organization(s). tion D. All Type III Supporting Organizations	1		
	tion D. All Type III Supporting Significations		Vaa	Nia
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
1	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
Ū	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).	1		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Ves " describe in <b>Part VI</b> the role played by the organization in this regard	3h		i

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organiz	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 ( <i>explain in</i> l	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		· ·	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
_7_	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

e Excess from 2023

### Schedule B

(Form 990)

#### **Schedule of Contributors**

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

Employer identification number

26-4591517

Organization type (check one):

Filers of: Section:

Form 990 or 990-EZ X 501(c)( 3 ) (enter number) organization

FUEL RELIEF FUND

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF 501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### **Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023) Page **2** 

Name of organization

Employer identification number

### FUEL RELIEF FUND

26-4591517

Part I	Contributors (see instructions). Use duplicate copies of Part I if	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$19,419.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023) Page **2** 

Name of organization

Employer identification number

### FUEL RELIEF FUND

26-4591517

Part I (	Contributors (see instructions). Use duplicate copies of Part I	t additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7 -		\$ \$ 	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8 _		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9 -		\$\$\$\$,710.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10 -		\$\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-   -   -		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Page 3

Name of organization

Employer identification number

### FUEL RELIEF FUND

26-4591517

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
10	2023 C&W LEGAL FEES - 64.65 HOURS (IN-KIND CONTRIBUTION)		
		\$\$	12/31/23
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
323453 12 <b>-</b> 26		<del>*</del>	Schedule B (Form 990) (2023)

Page 4 Schedule B (Form 990) (2023) Name of organization **Employer identification number** FUEL RELIEF FUND 26-4591517 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

# SCHEDULE F (Form 990)

## **Statement of Activities Outside the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organizat	tion					Employer ident	ification number
FUEL RELIEF	FUND					26-45915	17
Part I Genera	al Informat	ion on A	ctivities Out	side the United States. Comple	ete if the organ	ization answered	'Yes" on
	0, Part IV, line						
=		_		ds to substantiate the amount of its gra			] <b>[37</b> ]
the grantees' eli	igibility for the	grants or a	assistance, and t	the selection criteria used to award the	grants or assis	stance? L_	Yes X No
2 For grantmake	re Describe in	n Part V the	organization's	orocedures for monitoring the use of its	arants and at	her assistance out	side the
United States.	13. Describe ii	ii ait v tiic	organization 3	orocedures for mornitoring the use of its	grants and ot	ner assistance out	side trie
	egion. (The foll	owing Part	: I, line 3 table ca	an be duplicated if additional space is n	eeded.)		
(a) Region		lumber of	(c) Number of	(d) Activities conducted in the region		vity listed in (d)	(f) Total
		offices	agents, and	(by type) (such as, fundraising, program services, investments, grants to		gram service, e specific type	expenditures for and
	"" "	ne region	employees, agents, and independent contractors	recipients located in the region)		(s) in the region	investments
			in the region	i i i i i i i i i i i i i i i i i i i		(-,	in the region
		0	0				0.
<b>b</b> Total from conti		0	0				
sheets to Part I		0	"				0.
c Totals (add line	:5 Sa	0	l .				,

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

Schedule F (Form 990) 2023

Page 2

FUEL RELIEF FUND

Schedule F (Form 990) 2023 FUEL RELIEF FUND

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

(i) Method of valuation (book, FMV, appraisal, other)							3	Schedule F (Form 990) 2023
(h) Description of noncash assistance								Schedu
(g) Amount of noncash assistance	.0	.0	.0					
(f) Manner of cash disbursement	91,580. BANK TRANSFER	CASH	CASH			ecognized as a tax		
(e) Amount of cash grant	91,580.	.609,2	5,943.0			oreign country, re on 501(c)(3) equi		
(d) Purpose of grant	FUEL COSTS	PROPANE	PROPANE			Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter		
(c) Region	KUWAIT TURKIS - FUEL COSTS	MOROCCO - PROPANE E	MOROCCO - PROPANE E			s listed above that are re r for which the grantee o	entities	
(b) IRS code section and EIN (if applicable)	ж н					recipient organization nization by the IRS, or	other organizations or	
1 (a) Name of organization						2 Enter total number of exempt 501(c)(3) organ	3 Enter total number of other organizations or entities	

Page 3

FUEL RELIEF FUND

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Schedule F (Form 990) 2023

Part III can be duplicated if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2023
(h) N VE (bor appra					edule F (Fo
(g) Description of noncash assistance					Sch
(f) Amount of noncash assistance					
(e) Manner of cash disbursement					
(d) Amount of cash grant					-
(c) Number of recipients					
(b) Region					
(a) Type of grant or assistance					

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2023

### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Employer identification number 26-4591517

	FUEL RELIEF	FUND			26-4	591517	7
Pai	rt I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermining	nts
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other (C&W LEGAL FEES )	Х	1	27,217.			
26	Other ()		_	2,,22,0			
27	Other (						
28	Other (						
29	Number of Forms 8283 received by the organ	ization during	the tax vear for c	ontributions			
	for which the organization completed Form 82		•				
	To who the organization completed from oz	.00,1 art v, 2	onee , termowiedg	omone		Yes	No
30a	During the year, did the organization receive b	ov contributio	n any property rep	orted in Part I lines 1 through	n 28 that it		110
oou	must hold for at least 3 years from the date of	-					
	exempt purposes for the entire holding period			•		30a	х
b	If "Yes," describe the arrangement in Part II.	·				30a	1
31	Does the organization have a gift acceptance	nolicy that re	acuires the review (	of any nonetandard contributi	one?	31	Х
	Does the organization hire or use third parties	-		•	0113:	31	+ 25
JZd			_	•		32a	X
b	If "Yes," describe in Part II.					JZa	123
33	If the organization didn't report an amount in	column (c) fo	r a type of property	y for which column (a) is choo	kad		
33		Joiumin (C) 10	i a type of property	non willon column (a) is chec	NGU,		
	describe in Part II.						

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

Schedule M (Form 990) 2023

Part I	is r	eportii	ng in F	tal Infor Part I, colu additiona	ımn (t	o), the i	numl	ide the infor ber of contril	mation required butions, the nun	l by Pa mber c	rt I, lines 30 f items rece	b, 32b, and ived, or a d	133, and vombination	whether on of bot	the organi h. Also co	zation mplete
SCHE	DULE	М,	PAI	RT I,	CC	LUM	N	(B):								
2023	C&W	LE	GAL	FEES	_	64.	<u>65</u>	HOURS	(IN-KIN	D C	ONTRIB	UTION)	1			

332142 09-11-23 Schedule M (Form 990) 2023

# SCHEDULE O (Form 990)

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

2023
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

FUEL RELIEF FUND

Employer identification number 26-4591517

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ADDRESSING CRITICAL FUEL SUPPLY AND ACCESS CHALLENGES.
FORM 990, PART VI, SECTION B, LINE 11B:
ORGANIZATION'S PROCESS TO REVIEW FORM 990. NO REVIEW WAS OR WILL BE
CONDUCTED.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

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

Schedule O (Form 990) 2023

## Form **8868**

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

Department of the Treasury Internal Revenue Service File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Part I - Identification Name of exempt organization, employer, or other filer, see instructions. Taxpayer identification number (TIN) Type or **Print** 26-4591517 FUEL RELIEF FUND File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your PO BOX 131192 return. See City, town or post office, state, and ZIP code, For a foreign address, see instructions, instructions. HOUSTON, TX 77219 Enter the Return Code for the return that this application is for (file a separate application for each return) 01 Application Is For Return | Application Is For Return Code Code Form 990 or Form 990-EZ 01 Form 4720 (other than individual) 09 Form 4720 (individual) 03 Form 5227 10 Form 6069 Form 990-PF 04 11 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 8870 12 Form 5330 (individual) 13 Form 990-T (trust other than above) 07 Form 990-T (corporation) Form 5330 (other than individual) 14 Form 1041-A 08 After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of KELLI FRANCIS PO BOX 131192 - HOUSTON, TX 77219 Telephone No. 713-997-3489 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN)
 If this is for the whole group, check this . I If it is for part of the group, check this box ...... and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15 , 20 24 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: X calendar year 20 23 or \_\_\_ , 20 \_\_\_\_\_ , and ending \_\_ tax year beginning Final return If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by 0. using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c

# **PUBLIC INSPECTION COPY**

TAXABLE YEAR **2023** 

# California Exempt Organization Annual Information Return

328941 12-26-23 FORM

199

Ca	lendar Vear	2023 or fiscal year beginning (mm/dd/yyyy)			, and ending (	mm/dd/\v\v	v)				
_		anization name			, and onding (		ornia corp	oration r	number		
F	UEL R	ELIEF FUND					0153	471			
Ad	ditional inform	nation. See instructions.				FEI	N				
							26-4	591	517		
Str	eet address (s	uite or room)					PMB no.				
<u>P</u>	O BOX	131192									
Cit	-					State	ZIP code				
H	OUSTO:	7	_			TX '	7721	9			
Fo	reign country	name	Foreign province/state	/county			Foreign p	ostal co	de		
_ A	First retu	rn	Yes X No	I Did th	e organization hav	e any chang	es to its	guideli	nes		
В	Amended	return	Yes X No	not re	ported to the FTB?	See instruc	tions		• Yes [	X	No
C	IRC Secti	on 4947(a)(1) trust	Yes X No	J If exe	mpt under R&TC S	ection 2370	1d, has t	the org	anization		
D	Final info	rmation return?		engag	ed in political activ	ities? See ir	nstructio	ns			
	•	Dissolved Surrendered (Withdrawn) M	Merged/Reorganized	K Is the	organization exem	pt under R&	TC Sect	ion 237	701g? ● Yes [	X	No
	Enter date:	(mm/dd/yyyy) •		If "Yes	s," enter the gross i	receipts fror	n nonme	mber s			_
Ε	Check ac	counting method: (1)	ul (3) Other	L Is the	organization a limi	ited liability	company	/?	• Yes L	X	No
F		eturn filed? (1) • 990T (2) • 990PF (3)	Sch H ( 990)		e organization file				r		
		Other 990 series			taxable income?					X	No
G		group filing? See instructions	Yes X No		organization unde				_	77	
Н		ganization in a group exemption	Yes X No		udited in a prior ye				,, F		
	ir Yes, v	/hat is the parent's name?			eral Form 1023/10				Yes L	Λ	NO
				Date	iled with IRS						
F	Part I	omplete Part I unless not required to file this fo	rm. See General Info	rmation E	and C.						
		1 Gross sales or receipts from other sources					•	1	6,6	55	00
		2 Gross dues and assessments from member					_	2			00
		3 Gross contributions, gifts, grants, and simi						3	244,9	16	00
	D	4 Total gross receipts for filing requirement				STMT	2				
	Receipts	This line must be completed. If the result	is less than \$50,000	, see Gene	ra <u>l Information B</u>			4	251,5	71	00
	and	5 Cost of goods sold		•	5		00				
•	Revenues	6 Cost or other basis, and sales expenses of	assets sold		6		00				
								7			00
_		8 Total gross income. Subtract line 7 from li						8	251,5		00
ı	Expenses	9 Total expenses and disbursements. From S						9	294,1	51	00
_		10 Excess of receipts over expenses and disb	ursements. Subtract I	ine 9 from	l line 8		<u></u>	10	-42,5	80	
								11			00
			line 10 auhtmat line -				_	12			00
	) aum anta	<ul><li>Payments balance. If line 11 is more than I</li><li>Use tax balance. If line 12 is more than line</li></ul>						13			00
•	Payments	<ul><li>14 Use tax balance. If line 12 is more than line</li><li>15 Penalties and interest. See General Information</li></ul>						14 15			00
		• • • • • • • • • • • • • • • • • • • •			 Ilt			-			00
_		16 Balance due. Add line 12 and line 15. The Under penalties of perjury, I declare that I have examined it is true, correct, and complete. Declaration of preparer to	this return, including according than taxpayer) is has	mpanying s	chedules and stateme	nts, and to the	best of m	y knowle	edge and belief,		_ 00
	gn	This true, correct, and complete. Declaration of preparer (o	ther than taxpayer) is bas	I Title	ormation of which prep	Date	inowieage	•	I ● Telephone		
пе	ere	Signature of officer							713-898-62	99	
					Date	Check i	f		● PTIN		
		Preparer's signature					ployed				
Pa	ıid	Firm's name							Firm's FEIN		
Pr	eparer's	(or yours, if self-									
Us	e Only	employed) and address							Telephone		
_							F-	_			
		May the FTB discuss this return with the prepare	r shown above? See	instructio	ns		• X	Yes	No		

### FUEL RELIEF FUND

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

328951	12-26-2

		1	Gross sales or receipts from all b	usiness acti	ivities. See ins	structions		•	1		00
		2	Interest						2		6,655 00
		3	Dividends						3		00
Recei	pts	4	•					_	4		00
from		5	Gross royalties						5		00
Other		6	Gross amount received from sale						6		00
Sourc	es	7	Oth :					_	7		00
		8	Total gross sales or receipts from						8		6,655 00
		9	Contributions, gifts, grants, and s						9		103,133 00
		10	Disbursements to or for members						10		00
		11	Compensation of officers, directo	rs, and trus	stees		SEE STA	TEMENT 4 •	11		0 00
		12	Other salaries and wages						12		32,113 00
Expen	ses	13	Interest						13		34 00
and		14	Taxes						14		3,208 00
Disbu	rse-	15	Rents						15		00
ments		16	Depreciation and depletion (See i						16		00
		17	Other expenses and disbursemen	ts	,		SEE STA	TEMENT 5 •	17		155,663 00
		18	Total expenses and disbursemen	ts. Add line	9 through line	e 17. Enter	here and on Side 1, Pa	rt I, line 9	18		294,151 00
Sch	edul		Balance Sheet			g of taxabl			d of ta	xable y	ear
Assets	3				(a)		(b)	(c)			(d)
1 C							428,992			•	387,069
<b>2</b> N	et acc	ounts	receivable				2,500			•	1,813
3 N	et note	es red	ceivable							•	
<b>4</b> Ir	vento	ries .								•	
5 F	ederal	and s	state government obligations							•	
			in other bonds							•	
<b>7</b> Ir	ivestm	ents	in stock							•	
8 N	lortgaç	ge loa	ans							•	
			nents							•	
10 a	Depre	eciab	le assets								
b	Less	accu	mulated depreciation								
11 L	and .									•	
<b>12</b> 0	ther as	ssets	STMT 6							•	2,554
13 T	otal as	ssets					431,492				391,436
			et worth								
			yable				95			•	2,619
			s, gifts, or grants payable							•	
			otes payable							•	
			ayable							•	
			es								
			or principal fund							•	
			al surplus. Attach reconciliation				424 205			•	200 01 1
			nings or income fund				431,397			•	388,817
			es and net worth				431,492				391,436
Sch	eaui	e ivi	Reconciliation of income p Do not complete this sched	er books wi	ith income pe	er return odulo I din	o 12 oolumn (d) is los	a than \$50 000			
- N	at in a					2,580					
			per books		-42	2,300		on books tills year ils return. Attach schedt	مار	•	
			ne tax								
			pital losses over capital gains	····			8 Deductions in thi				
			ecorded on books this year.	•			against book inco	•			
			lule corded on books this year not					and line 8			
			this return. Attach schedule	•			10 Net income per re				
			ne 1 through line 5		_4?	2,580	•	eturn. om line 6			-42,580
	cui. A	au III	io i un ough iino o			_,	Gubiraot IIIIG 3 III	o iiilo o			12,500

3652234

FUEL RELIEF FUND 26-4591517

CA 199	CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	S	PATEMENT 1
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
SC OPERATING	1800 W. KATELLA AVENUE ORANGE, CA 92867		23,108.
FLINT HILLS - NATHAN BRUBAKER	4111 E 37TH ST. N WICHITA, KS 67220		10,000.
MS. SHERRY MESSNER - DOWNS ENERGY FUEL & LUBRICANTS	1095 MONTECITO DR CORONA, CA 92879		40,000.
CHEVRON CORPORATION - AMY BRANDENSTEIN	1126 JACKSON AVENUE PASCAGOULA, MS 39567		25,000.
EDWIN TING	3501 MILTON AVENUE DALLAS , TX 75205		19,419.
BAKER HUGHES FOUNDATION	65 FAIRCHILD STREET CHARLESTON, SC 29492		31,259.
ST. JOHN'S LUTHERAN CHURCH OF ORANGE	185 S CENTER ST ORANGE, CA 92866		10,000.
MATT CULLEN	5645 E SORRENTO DRIVEET LONG BEACH, CA 90803		5,000.
LIDEWIJ HONCHARIK	58 DANUBE RIVER DRIVE COCOA BEACH, FL 32931		9,710.
TOTAL INCLUDED ON LINE 3			173,496.

FUEL RELIEF FUND 26-4591517

	NONCASH CONTRIBU LUDED ON PART I,		STATEMENT 2
CONTRIBUTOR'S NAME	CONTRIBUTOR'S	ADDRESS	
FRED WHITAKER	2424 S.E. BRIS BEACH, CA 926	 STOL STREET SUITE 60	300 NEWPORT
PROPERTY DESCRIPTION	DATE OF GIFT	FMV OF GIFT	TOTAL AMOUNT
2023 C&W LEGAL FEES - 64.65 HOURS (IN-KIND CONTRIBUTION)	12/31/23	27,217.	27,217.
TOTAL INCLUDED ON LINE 3		27,217.	27,217.

FUEL RELIEF FUND 26-4591517

CA 199	CASH CONTRIBUTIONS, GIFTS, AND SIMILAR AMOUNTS PA		ratement 3
ACTIVITY CLASSIFICA	ATION: COAL PURCHASED		
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
AKTAS KOMURCULUK	15, ORHAN KEMAL BLV ADANA, ADANA, TURKEY 01220	SUPPLIER	91,581
	TOTAL FOR THIS ACTIVITY		91,581
ACTIVITY CLASSIFICA	ATION: PROPANE		
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
MZOUDIA GAZ - TISSIRGAZ	MX4J+JFP, N9, - MARRAKESH, MARRAKESH, MOROCCO 40000	SUPPLIER	5,609
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
CHICHAOUA GAZ - S.A.R.I.	G7Q4+J5M - CHICHAOUA, CHICHAOUA, MOROCCO 41084	SUPPLIER	5,943
	TOTAL FOR THIS ACTIVITY		11,552
TOTAL INCLUDED ON F	ORM 199, PART II, LINE 9		103,133

FUEL RELIEF FUND 26-4591517

CA 199 COMPENSATI	ON OF OFFICERS,	DIRECTORS AND TRUSTEES	STATEMENT 4
NAME AND ADDRESS		TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
JIMM CROSS PO BOX 131192 HOUSTON, TX 77219		DIRECTOR 0.00	0.
MATTHEW CULLEN PO BOX 131192 HOUSTON, TX 77219		DIRECTOR 0.00	0.
JAKE ENDRESEN PO BOX 131192 HOUSTON, TX 77219		DIRECTOR 0.00	0.
JOSEPH LEE PO BOX 131192 HOUSTON, TX 77219		DIRECTOR 0.00	0.
REED RINEHART PO BOX 131192 HOUSTON, TX 77219		DIRECTOR 0.00	0.
FRED WHITAKER PO BOX 131192 HOUSTON, TX 77219		SECRETARY 1.00	0.
TED HONCHARIK PO BOX 131192 HOUSTON, TX 77219		DIRECTOR 0.00	0.
BILL GARDINER PO BOX 131192 HOUSTON, TX 77219		CFO 1.00	0.
CHARLIE CADY PO BOX 131192 HOUSTON, TX 77219		CO-CHAIRS 1.00	0.
KARLY CADY PO BOX 131192 HOUSTON, TX 77219		CO-CHAIRS 1.00	0.
TOTAL TO FORM 199, PART	r II, LINE 11		0.

FUEL RELIEF FUND 26-4591517

CA 199	OTHER EXPENSES		STATEMENT 5
DESCRIPTION			AMOUNT
OTHER DEPLOYMENT COSTS			8,306.
TECHNOLOGY EXPENSE			4,836.
FUEL COSTS			2,503.
FACILITIES AND EQUIPMEN			1,518.
LEGAL FEES			27,635.
ACCOUNTING FEES			72,715.
OTHER PROFESSIONAL FEES			23,444.
ADVERTISING AND PROMOTION			4,197.
TRAVEL			8,697.
INSURANCE			356.
ALL OTHER EXPENSES			1,456.
TOTAL TO FORM 199, PART II, LINE	17		155,663.
CA 199	OTHER ASSETS		STATEMENT 6
DESCRIPTION		BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES AND DEFERRED CHA	RGES	0.	2,554.
TOTAL TO FORM 199, SCHEDULE L, LI	NE 12	0.	2,554.
CA 199	FUND BALANCES		STATEMENT 7
DESCRIPTION		BEG. OF YEAR	END OF YEAR
NET ASSETS WITHOUT DONOR RESTRICT	CIONS	431,397.	388,817.
TOTAL TO FORM 199, SCHEDULE L, LI		431,397.	388,817.

#### STATE OF CALIFORNIA RRF-1

(Rev. 01/2024)

MAIL TO: Registry of Charities and Fundraisers P.O. Box 903447 Sacramento, CA 94203-4470

STREET ADDRESS: 1300 | Street Sacramento, CA 95814

WEBSITE ADDRESS: www.oag.ca.gov/charities

# ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-307, and 310

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

DEPARTMENT OF JUSTICE
PAGE 1 of 5

(For Registry Use Only)

		Check if:					
			Change of address				
FUEL RELIEF FUND  Name of Organization		Amended report					
Name of Organization		Org	ganization requests email notifications				
List all DBAs and names the organization uses or has used	<u>_</u>						
PO BOX 131192		State Cha	arity Registration Number 015347				
Address (Number and Street)		Otate One	anty negistration Number				
HOUSTON, TX 77219 City or Town, State, and ZIP Code		Corporati	ion or Organization No. 0153471				
713-997-3489 INFO@FUELRELIE	FFUND.ORG	Federal E	mployer ID No. 26-4591517				
Telephone Number E-mail Address							
ANNUAL REGISTRATION RENEWAL FE Make Check	E SCHEDULE (11 Cal Payable to Departme						
Total Revenue Fee Total Revenue	-	<u>Fee</u>	Total Revenue	<u>Fee</u>			
	,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$800			
	00,001 and \$5 million 00,001 and \$20 million	\$200 \$400	Between \$100,000,001 and \$500 million Greater than \$500 million	1 \$1,000 \$1,200			
	0,00 i and \$20 million	ι φ400	Greater than \$500 million	→ 1,200 ———————————————————————————————————			
PART A - ACTIVITIES  For your most recent full accounting period (beginning $01/01/2023$ ending $12/31/2023$ ) list:							
Table Danier							
(including noncash contributions) \$ 251,571 Noncash Co	ontributions \$	27	7,217 Total Assets \$ 39 enses \$ 294,151	1,436			
Program Expenses \$	· <u>4</u>	Total Exp	enses \$294,151				
PART B - STATEMENTS REGARDING ORGANIZATION DUI	RING THE PERIOD OF	F THIS RE	PORT				
Note: All questions must be answered. If you answer "yes providing an explanation and details for each "yes"				Yes No			
During this reporting period, were there any contracts, loan				163 110			
and any officer, director or trustee thereof, either directly any financial interest?			<u> </u>	<sub>x</sub>			
During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property							
or funds?							
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?							
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?							
5. During this reporting period, did the organization receive any governmental funding?							
6. During this reporting period, did the organization hold a raffle for charitable purposes?							
Does the organization conduct a vehicle donation program	 m?			X			
		al atata :	nto in appardance with	X			
Did the organization conduct an independent audit and p     generally accepted accounting principles for this reporting	•	ai stateme	nts in accordance with	X			
9. At the end of this reporting period, did the organization h	old restricted net asset	ts, while re	eporting negative unrestricted net assets?	x			
I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.							
CHARLIE CAD	١V		CO-CHAIRMAN				
Signature of Authorized Agent Printed Name	<u>'</u>		itle Date				

STATE OF CALIFORNIA CT-TR-1 (Rev. 01/2024)

MAIL TO: Registry of Charities and Fundraisers P.O. Box 903447 Sacramento, CA 94203-4470

STREET ADDRESS: 1300 | Street Sacramento, CA 95814

WEBSITE ADDRESS: www.oag.ca.gov/charities

#### **ANNUAL TREASURER'S REPORT ATTORNEY GENERAL OF CALIFORNIA**

Section 12586, California Government Code 11 Cal. Code Regs., Section 301

(FORM CT-TR-1)

DEPARTMENT OF JUSTICE PAGE 1 of 4 (For Registry Use Only)

FUEL RELIEF FUND Name of Organization	State Charity Registration Number015347			
PO BOX 131192 Address (Number and Street)	Corporation or Organization No. 0153471			
HOUSTON, TX 77219 City or Town, State and ZIP Code	Federal Employer I.D. No. <u>26-4591517</u>			
For annual accounting period (beginning $\frac{01/01/2023}{}$ ending $\frac{12/31/2023}{}$ )				
J. , , , , , , , , , , , , , , , , , , ,				

#### **BALANCE SHEET**

ASSETS		LIABILITIES	
Cash	\$ 387,208.	Accounts Payable \$	573
Savings	\$	Salary Payable \$	2,045
Investment	\$	Other Liabilities \$	
Land/Buildings	\$		
Other Assets	\$ 4,227.	TOTAL LIABILITIES \$	2,618
TOTAL ASSETS	\$ 391,435.	FUND BALANCE	
		Total Assets less Total Liabilities \$	388,817

REVENUE STATEMENT					
REVENUE			EXPENSES		
Cash Contributions	\$	217,699.	Compensation of Officers/Director	ors \$	
Noncash Contributions	\$	27,217.	Compensation of Staff	\$	
Program Revenue	\$		Fundraising Expenses	\$	
Investments	\$	6,655.	Rent	\$	
Special Events	\$		Utilities	\$	
Other Revenue	\$		Supplies/Postage	\$	
			Insurance	\$	
TOTAL REVENUE	\$	251,571.	Other Expenses	\$	294,151.
NET REVENUE			TOTAL EXPENSES	\$	294,151.
Total Revenue less Total Expe	enses \$	-42,580.		<del></del>	, -

I hereby declare under penalty of perjury that I have examined this report, including accompanying documents, and, to the best of my knowledge and belief, the content is true, correct and complete and I am authorized to sign.

	CHARLIE CADY	CO-CHAIRMAN	
Signature of Authorized Agent	Printed Name	Title	Date