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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

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

OMB No 1545-0047

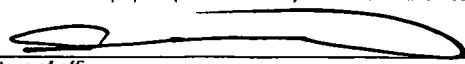
2009Open to Public
Inspection**A For the 2009 calendar year, or tax year beginning****and ending**

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	Please use IRS label or print or type. See Specific Instructions	C Name of organization FIREHOUSE SUBS PUBLIC SAFETY FOUNDATION, INC.		D Employer identification number 20-3588745
		Doing Business As		
		Number and street (or P O box if mail is not delivered to street address) Room/suite 3410 KORI ROAD		E Telephone number (904) 886-8300
		City or town, state or country, and ZIP + 4 JACKSONVILLE, FL 32257		G Gross receipts \$ 782,171.
		F Name and address of principal officer: ROBIN SORENSEN SAME AS C ABOVE		H(a) Is this a group return for affiliates? ☐ Yes ☒ No H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: ☒ 501(c) (3) (insert no.) ☐ 4947(a)(1) or ☐ 527				
J Website: ▶ N/A				
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶				
L Year of formation 2005 M State of legal domicile FL				

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>THE CORPORATION WILL BE OPERATED EXCLUSIVELY FOR CHARITABLE, EDUCATIONAL, AND SCIENTIFIC PURPOSES,</u>		
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	5
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	4
	5 Total number of employees (Part V, line 2a)	5	1
	6 Total number of volunteers (estimate if necessary)	6	50
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 4a)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	672,254.	747,593.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	516.	44.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8b, 9c, 10c, and 11e)	8,868.	<3,208.>
	12 Total revenue. Add lines 8 through 11 (must equal Part VIII, column (A), line 12)	681,638.	744,429.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	487,385.	690,743.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
Expenses	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		83,111.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 86,952.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	89,071.	115,368.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	576,456.	889,222.
	19 Revenue less expenses. Subtract line 18 from line 12	105,182.	<144,793.>
	Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year
21 Total liabilities (Part X, line 26)		317,421.	211,433.
22 Net assets or fund balances. Subtract line 21 from line 20		81,642.	120,447.
		235,779.	90,986.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
Sign Here		7-16-10	
	Signature of officer	Date	
	ROBIN SORENSEN, PRESIDENT		
	Type or print name and title		
Paid Preparer's Use Only	Preparer's signature ▶ 	Date 7-16-10	Check if self-employed ☐
	Firm's name (or yours if self-employed), address, and ZIP + 4 DIXON HUGHES PLLC 500 RIDGEFIELD COURT ASHEVILLE, NC 28806	Preparer's identifying number (see instructions) EIN ▶ Phone no ▶ (828) 254-2254	

May the IRS discuss this return with the preparer shown above? (see instructions)

☐ Yes ☐ No

932001 02-04-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2009)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

SCANNED AUG 13 2010

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FOUNDATION, INC.

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Part III Statement of Program Service Accomplishments

- 1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION
THE CORPORATION WILL BE OPERATED EXCLUSIVELY FOR CHARITABLE,
EDUCATIONAL, AND SCIENTIFIC PURPOSES, INCLUDING, WITHOUT LIMITATION,
TO PROVIDE DISASTER SERVICES AND SUPPORT PUBLIC ENTITIES BY ASSESSING
NEEDS AND DONATING LIFE SAVING SERVICES AND EQUIPMENT TO FIRE
- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
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 ☒ No
If "Yes," describe these changes on Schedule O.
- 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code) (Expenses \$ 650,931. including grants of \$ 604,939.) (Revenue \$)

LIFE SAVING EQUIPMENT DONATIONS:

TO PROVIDE EQUIPMENT TO IMPROVE THE LIFE-SAVING CAPABILITIES OF PUBLIC
SAFETY DEPARTMENTS

4b (Code) (Expenses \$ 83,673. including grants of \$ 42,753.) (Revenue \$)

PREVENTION, EDUCATION, AND SCHOLARSHIPS:

TO PROVIDE PREVENTION AND EDUCATIONAL TOOLS TO THE PUBLIC ABOUT THE
IMPORTANCE OF FIRE SAFETY, EMERGENCY SERVICES, AND NATURAL DISASTER
PREPAREDNESS. IN ADDITION, TO PROVIDE FINANCIAL RESOURCES TO
INDIVIDUALS PURSUING A CAREER IN THE PUBLIC SAFETY SECTOR THROUGH A
SCHOLARSHIP PROGRAM.

4c (Code:) (Expenses \$ 2,535. including grants of \$ 0.) (Revenue \$)

DISASTER RELIEF:

TO PROVIDE DISASTER RELIEF AND FINANCIAL SUPPORT TO FIREFIGHTERS AND
FAMILIES.

4d Other program services (Describe in Schedule O.)
(Expenses \$ 26,665. including grants of \$ 22,413.) (Revenue \$)

4e Total program service expenses ► \$ 763,804.

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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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, part II</i>		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, part II</i>		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, part II</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, part V</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, part V</i>		X
11 Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, parts VI, VII, X, or X as applicable</i>		X
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>		
• 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? <i>If "Yes," complete Schedule D, part VII</i>		
• 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? <i>If "Yes," complete Schedule D, part VII</i>		
• 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? <i>If "Yes," complete Schedule D, part X</i>		
• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, part X</i>		
• 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? <i>If "Yes," complete Schedule D, part X</i>		
12 Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, parts XI, XII and XIII</i>	X	
12A Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, parts XI, XII and XIII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, part I</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, part II</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, part II</i>		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? <i>If "Yes," complete Schedule G, part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, part II</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule J Parts I and II	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule J Parts I and II		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 Schedule J		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 Schedule K-1 "No," go the 5		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L Part I		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		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L Part II		X
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L Part V		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L Part V		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L Part V		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R Parts II, III, V, and VI, and V, line 1		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R Part V, line 2		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

Note. All Form 990 filers are required to complete Schedule O.

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
1a	0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
1c			
2a	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? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
2b			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3a			
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in 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)?		X
4a			
b	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5a			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5b			
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6a			
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).		
a	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?		X
7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year		
7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7f			
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
7h			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
8			
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
9b			
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
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	12b	

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body	5	
1b Enter the number of voting members that are independent	4	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X
13 Does the organization have a written whistleblower policy?	13	X
14 Does the organization have a written document retention and destruction policy?	14	X
15 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?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► FL, GA, NC, SC, VA, AR, KY, TN, NV, TX, AZ, MS

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☒ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►
ROBIN SORENSEN - (904) 886-8300
3410 KORI ROAD, JACKSONVILLE, FL 32257

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

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

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

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

☐ Check this box if the organization did not compensate any current officer, director, or trustee

[illegible]

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total								74,811.	0.	8,300.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 0

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for that individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for that individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for that person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 0

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Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	103,700.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	643,893.				
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f			747,593.			
Program Service Revenue			Business Code				
	2 a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			44.			44.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6 a Gross Rents						
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ 103,700. of contributions reported on line 1c) See Part IV, line 18	a		34,534.			
	b Less: direct expenses	b		37,742.			
	c Net income or (loss) from fundraising events			<3,208.>			<3,208.>
	9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
	10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
	Miscellaneous Revenue			Business Code			
11 a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions.			744,429.	0.	0.	<3,164.>	

**FIREHOUSE SUBS PUBLIC SAFETY
FOUNDATION, INC.**

Form 990 (2009)

20-3588745 Page **10**

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	690,743.	690,743.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	83,111.	62,334.	3,324.	17,453.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal	350.		350.	
c Accounting	29,405.		29,405.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	66,265.			66,265.
13 Office expenses	4,920.	1,047.	2,223.	1,650.
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	11,264.	9,680.		1,584.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	653.		653.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a LICENSES & PERMITS	2,511.		2,511.	
b				
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	889,222.	763,804.	38,466.	86,952.
26 Joint costs. Check here ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

**FIREHOUSE SUBS PUBLIC SAFETY
FOUNDATION, INC.**

Form 990 (2009)

20-3588745 Page **11**

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	231,255.	1	149,495.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	61,316.	3	56,074.
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	24,850.	8	4,156.
	9 Prepaid expenses and deferred charges		9	1,708.
	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 34)	317,421.	16	211,433.	
Liabilities	17 Accounts payable and accrued expenses	71,642.	17	115,447.
	18 Grants payable	10,000.	18	5,000.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	81,642.	26	120,447.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	235,779.	27	90,986.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	235,779.	33	90,986.
34 Total liabilities and net assets/fund balances	317,421.	34	211,433.	

Form **990** (2009)

FIREHOUSE SUBS PUBLIC SAFETY
FOUNDATION, INC.

Form 990 (2009)

20-3588745 Page 12

Part XI Financial Statements and Reporting

1 . Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2009)

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization FIREHOUSE SUBS PUBLIC SAFETY
FOUNDATION, INC.

Employer identification number
20-3588745

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

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

- 1 ☐ A church, convention, church, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box _____

g ☐ Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____

(ii) A family member of a person described in (i) above? _____

(iii) A 35% controlled entity of a person described in (i) or (ii) above? _____

h ☐ Provide the following information about the supported organization(s)

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

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

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2009

FIREHOUSE SUBS PUBLIC SAFETY

Schedule A (Form 990 or 990-EZ) 2009 **FOUNDATION, INC.**

20-3588745 Page 2

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)

Section A. Public Support

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		83,593.	434,329.	672,254.	747,593.	1,937,769.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3		83,593.	434,329.	672,254.	747,593.	1,937,769.
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)						17,467.
6 Public support. Subtract line 5 from line 4						1,920,302.

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4		83,593.	434,329.	672,254.	747,593.	1,937,769.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				516.	44.	560.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						1,938,329.
12 Gross receipts from related activities, etc. (see instructions)					12	

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☒

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☐		
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☐		
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐		
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐		

Schedule A (Form 990 or 990-EZ) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐

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

Schedule DS
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization **FIREHOUSE SUBS PUBLIC SAFETY
FOUNDATION, INC.**

Employer identification number
20-3588745

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		☐ Yes ☐ No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or pleasure)	☐ Preservation of an historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$
(ii) Assets included in Form 990, Part X	▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items

(check all that apply):

a ☐ Public exhibitiond ☐ Loan or exchange programsb ☐ Scholarly researche ☐ Other _____c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes☐ No**Part IV Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

1a Beginning of year balance

b Contributions

c Net investment earnings, gains, and losses

d Grants or scholarships

e Other expenditures for facilities and programs

f Administrative expenses

g End of year balance

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a					
1b					
1c					
1d					
1e					
1f					
1g					

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ► _____ %

b Permanent endowment ► _____ %

c Term endowment ► _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
1b Buildings				
1c Leasehold improvements				
1d Equipment				
1e Other				

Total. Add lines 1a through 1e (Column d) must equal Form 990, Part X, column B, line 1(c) 0.

FIREHOUSE SUBS PUBLIC SAFETY

Schedule D (Form 990) 2009

FOUNDATION, INC.

20-3588745 Page **3**

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
1 Federal income taxes	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	

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

FIREHOUSE SUBS PUBLIC SAFETY

FOUNDATION, INC.

Schedule D (Form 990) 2009

20-3588745 Page 4

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	744,429.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	889,222.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	<144,793.>
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4 through 8	9	0.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	<144,793.>

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	751,829.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	7,400.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	7,400.
3	Subtract line 2e from line 1	3	744,429.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part VIII, line 12.)	5	744,429.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	896,622.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	7,400.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	7,400.
3	Subtract line 2e from line 1	3	889,222.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part IX, line 25.)	5	889,222.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

Open To Public Inspection

Employer identification number
20-3588745

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- a ☐ Mail solicitations
- b ☐ Internet and email solicitations
- c ☐ Phone solicitations
- d ☐ In-person solicitations
- e ☐ Solicitation of non-government grants
- f ☐ Solicitation of government grants
- g ☐ Special fundraising events

- ☐ Yes ☐ No

- [illegible]

Total

- 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

FIREHOUSE SUBS PUBLIC SAFETY

Schedule G (Form 990 or 990-EZ) 2009

FOUNDATION, INC.

20-3588745 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		TENNIS TOURNAMENT		NONE	
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts ..	138,234.			138,234.
	2 Less Charitable contributions . . .	103,700.			103,700.
	3 Gross income (line 1 minus line 2)	34,534.			34,534.
Direct Expenses	4 Cash prizes	12,105.			12,105.
	5 Noncash prizes				
	6 Rent/facility costs	2,541.			2,541.
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	23,096.			23,096.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(37,742.)
	11 Net income summary. Combine line 3, column (d), and line 10				<3,208.>

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
7 Direct expense summary. Add lines 2 through 5 in column (d)					()
8 Net gaming income summary. Combine line 1, column (d), and line 7					

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities. _____		
a Is the organization licensed to operate gaming activities in each of these states? ..	9a	
b If "No," explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? .	10a	
b If "Yes," explain: _____		
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

**FIREHOUSE SUBS PUBLIC SAFETY
FOUNDATION, INC.**

Schedule G (Form 990 or 990-EZ) 2009

20-3588745 Page **3**

13 Indicate the percentage of gaming activity operated in:

a. The organization's facility

b. An outside facility

13a	%
13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

15a

b. If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c. If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐

Director/officer

☐

Employee

☐

Independent contractor

17 Mandatory distributions:

a. Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

17a

b. Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Schedule G (Form 990 or 990-EZ) 2009

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization **FIREHOUSE SUBS PUBLIC SAFETY**

FOUNDATION, INC.

Employer identification number
20-3588745

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUBURN FIRE DIVISION 161 NORTH ROSS ST. AUBURN, AL 36830			0.	19,624.FMV		THERMAL IMAGING CAMERA	OPERATIONAL SUPPORT
BELVEDERE FIRE DEPARTMENT 204 HAMPTON AVE. BELVEDERE, SC 29841			0.	6,505.FMV		MSA EVOLUTION 5200 THERMAL IMAGING CAMERA WITH TRUCK KIT	OPERATIONAL SUPPORT
BLUEGRASS EMERGENCY RESPONSE TEAM 44 N MAPLE STREET WINCHESTER, KY 40391			0.	9,932.FMV		EXTRICATION TOOLS	OPERATIONAL SUPPORT
CARROLL COUNTY FIRE RESCUE & EMERGENCY MANAGEMENT - 501 OLD NEWMAN RD. - CARROLLTON, GA 30117-8049			0.	15,193.FMV		4 GAS DETECTORS & A QUAD CALIBRATION KIT	OPERATIONAL SUPPORT
CHANDLER FIRE DEPARTMENT 221 E. BOSTON ST. CHANDLER, AZ 85225			0.	24,272.FMV		2 MSA FIREHAWK SCBAS & A QUANTIFIT RESPIRATOR FIT	OPERATIONAL SUPPORT
CITY OF ALLEN FIRE DEPARTMENT 310 CENTURY PARKWAY ALLEN, TX 75013			0.	19,700.FMV		2 FIRE WARRIOR THERMAL IMAGING CAMERA KIT	OPERATIONAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations **47.**

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

Schedule I (Form 990) 2009

FIREHOUSE SUBS PUBLIC SAFETY

Schedule I (Form 990) 2009

20-3588745

Page 2

FOUNDATION, INC.

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: THE ORGANIZATION PROVIDES GRANT FUNDING

PURSUANT TO THE EXEMPT MISSION OF THE ORGANIZATION. ASSISTANCE IS PROVIDED TO ORGANIZATIONS, PRIMARILY FIRE DEPARTMENTS, ACROSS THE COUNTRY. THE BOARD REVIEWS ALL GRANT FUNDING AT REGULARLY HELD BOARD MEETINGS. ASSISTANCE IS PROVIDED BASED UPON THE GRANTEE'S NEED FOR FUNDING AND THE INTENDED USE OF THE FUNDS.

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization **FIREHOUSE SUBS PUBLIC SAFETY
FOUNDATION, INC.**

Employer identification number
20-3588745

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF LINCOLNTON FIRE DEPARTMENT P.O. BOX 617 LINCOLNTON, NC 28029			0.	12,047. ^{FMV}		MASSIMO RAD-57 - CARBON MONOXIDE DETECTOR	OPERATIONAL SUPPORT
CITY OF MAITLAND FLORIDA- FIRE RESCUE - 1776 INDEPENDENCE LANE - MAITLAND, FL 32751			0.	6,074. ^{FMV}		MSA 5600 THERMAL IMAGING CAMERA	OPERATIONAL SUPPORT
CITY OF MARIANNA FIRE DEPARTMENT P.O. BOX 936 MARIANNA, FL 32447			0.	25,384. ^{FMV}		17 FIRE FIGHTING BUNKER GEAR SETS	OPERATIONAL SUPPORT
CITY OF WEST UNIVERSITY PLACE 3800 UNIVERSITY BLVD. HOUSTON, TX 77005			0.	9,054. ^{FMV}		HYDRAULIC RESCUE TOOLS	OPERATIONAL SUPPORT
CLAY COUNTY FIRE RESCUE DIVISION/PUBLIC SAFETY DEPARTMENT - 1 DOCTORS DRIVE - GREEN COVE SPRINGS, FL 32043			0.	10,000. ^{FMV}		2 PERSONAL WATER CRAFT, 2 FLOATABLE RESCUE LITTERS, 8 LIFE	OPERATIONAL SUPPORT
COLUMBUS FIRE AND EMS 510 10TH ST. COLUMBUS, GA 31902			0.	18,242. ^{FMV}		2 KAWASAKI JET SKIS WITH RESCUE BOARDS AND TRAILER	OPERATIONAL SUPPORT
DOTHAN, ALABAMA FIRE DEPARTMENT 600 COLUMBIA HIGHWAY DOTHAN, AL 36301			0.	26,517. ^{FMV}		THERMAL IMAGING CAMERA	OPERATIONAL SUPPORT
DUVAL COUNTY PUBLIC SCHOOLS 8015 PARKER SCHOOL ROAD JACKSONVILLE, FL 32211			0.	7,712. ^{FMV}		5 AUTOMATED EXTERNAL DEFIBRILLATING MACHINES	OPERATIONAL SUPPORT

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

Schedule I-1 (Form 990) 2009

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

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

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization **FIREHOUSE SUBS PUBLIC SAFETY
FOUNDATION, INC.**

Employer identification number
20-3588745

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAIRVIEW FIRE AND RESCUE 7420 CONCORD HWY. MONROE, NC 28110			0.	11,413.FMV		MOTOROLA MONITOR, PAGERS & PROGRAMMER	OPERATIONAL SUPPORT
FCCJ FOUNDATION 501 WEST STATE ST JACKSONVILLE, FL 32202			5,000.	0.			CAPTAIN ROBERT SORENSEN ENDOWED SCHOLARSHIP
FIRE MUSEUM OF MEMPHIS 118 ADAMS AVE. MEMPHIS, TN 38103			0.	10,881.FMV		FIRE SAFETY MATERIALS (DOOR HANGERS)	OPERATIONAL SUPPORT
FIREHOUSE SUBS - SYTEM WIDE FOR ALL STORES - 3400-8 KORI ROAD - JACKSONVILLE, FL 32257			0.	19,888.FMV		FIRE SAFETY MATERIALS (BAG STUFFERS & DRY ERASE BOARDS)	OPERATIONAL SUPPORT
GEORGIA STATE UNIVERSITY OFFICE OF EMERGENCY MANAGEMENT/FIRE SAFETY SECTION - P.O. BOX 3981, ATLANTA, GA 30302 - ATLANTA, GA 30303			0.	10,982.FMV		BULLEX ITS EXTREME TRAINERS PACKAGE	OPERATIONAL SUPPORT
GERMANTOWN FIRE DEPARTMENT 7766 FARMINGTON BLVD. GERMANTOWN, TN 38138			0.	11,508.FMV		FIREFIGHTER RECRUITMENT CLASS	OPERATIONAL SUPPORT
GORDON COUNTY FIRE DEPARTMENT 400 BELWOOD RD CALHOUN, GA 30701			0.	18,240.FMV		20 MOTOROLA PORTABLE RADIOS	OPERATIONAL SUPPORT
HENRY COUNTY POLICE DEPARTMENT 108 S. ZACK HILTON PARKWAY MCDONOUGH, GA 30253			0.	23,584.FMV		BELGIAN MILIONIS DRUG DOG	OPERATIONAL SUPPORT

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

Schedule I-1 (Form 990) 2009

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

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

OMB No. 1545-0047
2009
Open to Public
Inspection

Name of the organization **FIREHOUSE SUBS PUBLIC SAFETY
FOUNDATION, INC.**

Employer identification number
20-3588745

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUNTERSVILLE VOLUNTEER FIRE DEPARTMENT - P.O. BOX 471 - HUNTERSVILLE, NC 28070			0.	13,015.FMV		SCBA BOTTLES	OPERATIONAL SUPPORT
JACKSONVILLE FIRE RESCUE OCEAN DIVISION - 500 WONDERWOOD DR. - JACKSONVILLE, FL 32233			0.	5,087.FMV		PADDLEBOARDS	OPERATIONAL SUPPORT
JACKSONVILLE FRATERNAL ORDER OF POLICE - 5530 BEACH BLVD - JACKSONVILLE, FL 32207			5,000.	0.			SUMMER SCHOLARSHIP PROGRAM
KNOX COUNTY FIRE BUREAU 400 MAIN ST. SUITE 585 KNOXVILLE, TN 37902				13,150.FMV		2 THERMAL IMAGING CAMERAS/2 TRUCK CHARGERS	OPERATIONAL SUPPORT
MACON-BIBB COUNTY FIRE DEPARTMENT 1191 FIRST ST. MACON, GA 31201				6,135.FMV		MODELTECH HAZARD HOUSE & SUPER PUMPER FIRE TRUCK ROBOT	OPERATIONAL SUPPORT
MIDWAY FIRE DEPARTMENT 1322 COLLEGE PARKWAY GULF BREEZE, FL 32563			0.	15,328.FMV		ZOLL AUTOPULSE SYSTEM	OPERATIONAL SUPPORT
MINERAL SPRINGS VOLUNTEER FIRE & RESCUE DEPARTMENT - P.O. BOX 26 - MINERAL SPRINGS, NC 28108-0026			0.	14,850.FMV		3 SELF CONTAINED BREATHING APPARATUS (SCBA)	OPERATIONAL SUPPORT
MONROE FIRE DEPARTMENT P.O. BOX 69, MONROE, NC 28111-0069 MONROE, NC 28112			0.	12,041.FMV		2 PANASONIC TOUGHBOOK CF30 LAPTOPS	OPERATIONAL SUPPORT

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

Schedule I-1 (Form 990) 2009

SCHEDULE I-1
(Form 990)Department of the Treasury
Internal Revenue Service**Continuation Sheet for Schedule I (Form 990)**
► Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009**Open to Public**
InspectionName of the organization **FIREHOUSE SUBS PUBLIC SAFETY**
FOUNDATION, INC.Employer identification number
20-3588745**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOUNT PLEASANT FIRE DEPARTMENT 100 ANN EDWARDS LANE MT. PLEASANT, SC 29464			0.	16,241. FMV		ZOLL AUTOPULSE	OPERATIONAL SUPPORT
NORTHWEST FLORIDA FIREFIGHTER COUNCIL INC. - 431 VALPARAISO PKWY. - VALPARAISO, FL 32580			0.	6,630. FMV		CARGO TRAILER	OPERATIONAL SUPPORT
OPELIKA FIRE DEPARTMENT P.O. BOX 266 OPELIKA, AL 36803-0266			0.	17,319. FMV		3 MULTI MODE PORTABLE RADIOS	OPERATIONAL SUPPORT
ORANGE PARK FIRE DEPARTMENT 2025 SMITH ST. JACKSONVILLE, FL 32073			0.	10,160. FMV		BULLEX FIRE EXTINGUISHER TRAINING SYSTEM	OPERATIONAL SUPPORT
PALMETTO RURAL FIRE DEPARTMENT 1304 EAST MCIVER RD. DARLINGTON, SC 29532			0.	10,503. FMV		6000PSI 4 CYLINDER CASCADE AIR SYSTEM WITH FILL STATION	OPERATIONAL SUPPORT
POLK COUNTY FIRE RESCUE P.O. BOX 1458 BARTOW, FL 33830			0.	23,826. FMV		STREAMLINE COUPLING KIT	OPERATIONAL SUPPORT
POOLER FIRE RESCUE 100 SW HWY. 80 POOLER, GA 31322			0.	14,798. FMV		HIGH PRESSURE AIR BAG SYSTEM & MEDIUM PRESSURE HIGH-LIFT AIRBAG	OPERATIONAL SUPPORT
ROUND ROCK FIRE DEPARTMENT 2919 JOE DIMAGGIO BLVD ROUND ROCK, TX 78664			0.	12,890. FMV		REA 009-3121-010 MONITOR	OPERATIONAL SUPPORT

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**Schedule I-1 (Form 990) 2009**

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization **FIREHOUSE SUBS PUBLIC SAFETY
FOUNDATION, INC.**

Employer identification number
20-3588745

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SILVER BLUFF VOLUNTEER FIRE DEPARTMENT - 2287 BEAVER CREEK LANE - AIKEN, SC 29803			0.	24,156, FMV		EXTRICATION TOOLS	OPERATIONAL SUPPORT
SPARTANBURG COUNTY SHERIFF'S OFFICE - 8045 HOWARD ST. - SPARTANBURG, SC 29303			0.	13,500, FMV		5 OTS GUARDIAN FULL FACE MASK, 5 PINNACLE EVOLUTION 2 DRY	OPERATIONAL SUPPORT
TALLAHASSEE FIRE DEPARTMENT 327 N. ADAMS ST. TALLAHASSEE, FL 32301			0.	15,829, FMV		BULLEX BULLSEYE EXTINGUISHER TRAINING SYSTEM	OPERATIONAL SUPPORT
THOMAS COUNTY FIRE RESCUE P.O. BOX 920 THOMASVILLE, GA 31757			0.	24,672, FMV		POLARIS RANGER	OPERATIONAL SUPPORT
VALDESE FIRE DEPARTMENT P.O. BOX 339 VALDESE, NC 28690			0.	6,479, FMV		THERMAL IMAGING CAMERA	OPERATIONAL SUPPORT
VAN BUREN FIRE DEPARTMENT 2009 PEVEHOUSE RD. VAN BUREN, AR 72956			0.	15,500, FMV		EXTRICATION TOOLS	OPERATIONAL SUPPORT
WEST PULASKI FIRE DISTRICT #23 2810 WHISPERING PINES RD. LITTLE ROCK, AR 72210			0.	21,200, FMV		40 SETS OF PERSONAL PROTECTIVE WILDLAND FIRE	OPERATIONAL SUPPORT
WHITE BLUFF- RYE HILL VOLUNTEER FIRE DEPARTMENT - 909 SOUTHFORK LANE - FORT SMITH, AZ 72916			0.	6,570, FMV		MSA 5600 THERMAL IMAGING CAMERA	OPERATIONAL SUPPORT

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

Schedule I-1 (Form 990) 2009

FOUNDATION, INC.

Employer identification number

Part I	Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)
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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization
**FIREHOUSE SUBS PUBLIC SAFETY
FOUNDATION, INC.**

Employer identification number
20-3588745

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

**INCLUDING, WITHOUT LIMITATION, TO PROVIDE DISASTER SERVICES AND SUPPORT
PUBLIC ENTITIES BY ASSESSING NEEDS AND DONATING LIVE SAVING SERVICES
AND EQUIPMENT TO FIRE DEPARTMENTS, POLICE DEPARTMENTS, AND OTHER PUBLIC
SERVICE ORGANIZATIONS. THE CORPORATION MAY ALSO ESTABLISH FINANCIAL
SUPPORT PROGRAMS TO AID FIREFIGHTERS AND FAMILIES OF FIREFIGHTERS
INJURED OR DISABLED IN THE LINE OF DUTY AND THOSE THAT HAVE
DEMONSTRATED BRAVERY AND OTHER MERITORIOUS CONDUCT.**

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

**DEPARTMENTS, POLICE DEPARTMENTS, AND OTHER PUBLIC SERVICE
ORGANIZATIONS. THE CORPORATION MAY ALSO ESTABLISH FINANCIAL SUPPORT
PROGRAMS TO AID FIREFIGHTERS AND FAMILIES OF FIREFIGHTERS INJURED OR
DISABLED IN THE LINE OF DUTY AND THOSE THAT HAVE DEMONSTRATED BRAVERY
AND OTHER MERITORIOUS CONDUCT.**

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

**SCHOLARSHIPS FOR FIREFIGHTERS AND LAW ENFORCEMENT PERSONNEL
EXPENSES \$ 26665. INCLUDING GRANTS OF \$ 22413. REVENUE \$ 0.**

**FORM 990, PART VI, SECTION B, LINE 11: THE BOARD HAS DESIGNATED THIS
RESPONSIBILITY TO THE DIRECTOR AND THE ACCOUNTING DEPARTMENT.**

**FORM 990, PART VI, SECTION B, LINE 12C: THE FOUNDATION MONITORS AND
ENFORCES THEIR COMPLIANCE WITH THE POLICY AT THE ANNUAL BOARD MEETING. ALL
BOARD MEMBERS ARE REMINDED OF THE CONFLICT POLICY AND INQUIRIES ARE MADE AS**

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization **FIREHOUSE SUBS PUBLIC SAFETY
FOUNDATION, INC.**

Employer identification number
20-3588745

TO WHETHER CONFLICTS CURRENTLY EXIST.

FORM 990, PART VI, SECTION B, LINE 15A: THE BOARD REVIEWS AND APPROVES
COMPENSATION PAID TO THE FOUNDATION DIRECTOR. COMPARABLE SALARY
INFORMATION IS USED TO DETERMINE THE COMPENSATION

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
FL,GA,NC,SC,VA,AR,KY,TN,NV,TX,AZ,MS,LA,AL

FORM 990, PART VI, SECTION C, LINE 18: PHOTOCOPIES OF THE FORM 990 AND
FORM 1023 ARE AVAILABLE UPON REQUEST AT THE ORGANIZATION'S ADMINISTRATIVE
OFFICE. IN ADDITION, RECENT FILINGS OF THE FORM 990 ARE AVAILABLE ONLINE
AT WWW.GUIDESTAR.ORG.

FORM 990, PART VI, SECTION C, LINE 19: PHOTOCOPIES OF THE ORGANIZATION'S
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS
ARE AVAILABLE UPON REQUEST AT THE ORGANIZATION'S ADMINISTRATIVE OFFICE.

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

All other corporations (including 120-C fers), partnerships, REMICs, and trusts must use Form 990-T to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for *Charities & Nonprofits*.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization FIREHOUSE SUBS PUBLIC SAFETY FOUNDATION, INC.	Employer identification number 20-3588745
	Number, street, and room or suite no. If a P.O. box, see instructions 3410 KORI ROAD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions JACKSONVILLE, FL 32257	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|--|------------------------------------|
| ☒ Form 990 | ☐ Form 990-T (corporation) | ☐ Form 4720 |
| ☐ Form 990-BL | ☐ Form 990-T (sec 401(a) or 408(a) trust) | ☐ Form 5227 |
| ☐ Form 990-EZ | ☐ Form 990-T (trust other than above) | ☐ Form 6069 |
| ☐ Form 990-PF | ☐ Form 1041-A | ☐ Form 8870 |

LESLIE WILDES

- The books are in the care of ► **3410 KORI ROAD - JACKSONVILLE, FL 32257**

Telephone No ► **(904) 886-8300**

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 box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☒ calendar year **2009** or
- ☐ tax year beginning _____, and ending _____

- 2 If this tax year is for less than 12 months, check reason. ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)