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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
FIREHOUSE SUBS PUBLIC SAFETY FOUNDATION INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
3410 KORI ROAD

City or town, state or country, and ZIP + 4
JACKSONVILLE, FL 32257

D Employer identification number
20-3588745

E Telephone number
(904) 886-8300

G Gross receipts $ 1,794,857

F Name and address of principal officer
ROBIN PETERS
3410 KORI ROAD
JACKSONVILLE, FL 32257

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

J Website: ▶ WWW FIREHOUSESUBS COM/FOUNDATION

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 2005 | **M** State of legal domicile FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO PROVIDE DISASTER SERVICES AND TO SUPPORT PUBLIC ENTITIES BY DONATING SERVICES AND EQUIPMENT

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**	6
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	5
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	2
6	Total number of volunteers (estimate if necessary)	**6**	130
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	1,109,951	1,758,965
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-16,760	-34,854
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,093,191	1,724,111
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	456,985	1,568,691
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	130,333	177,029
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶165,274		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	132,859	210,762
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	720,177	1,956,482
	19 Revenue less expenses Subtract line 18 from line 12	373,014	-232,371

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	560,829	749,907
	21 Total liabilities (Part X, line 26)	96,829	518,278
	22 Net assets or fund balances Subtract line 21 from line 20	464,000	231,629

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

****** | 2012-05-14
Signature of officer | Date

ROBIN PETERS EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ AMY BIBBY | Date | Check if self-employed ▶ ☐ | Preparer's taxpayer identification number (see instructions) P00445891

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ DIXON HUGHES GOODMAN LLP
500 RIDGEFIELD COURT
ASHEVILLE, NC 28806

EIN ▶ 56-0747981

Phone no ▶ (828) 254-2254

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

THE CORPORATION WILL BE OPERATED EXCLUSIVELY FOR CHARITABLE, EDUCATIONAL, AND SCIENTIFIC PURPOSES, INCLUDING, WITHOUT LIMITATION, TO PROVIDE DISASTER SERVICES AND SUPPORT BY ASSESSING NEEDS AND DONATING LIFE 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

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 organization's program service accomplishments for each of its three largest program services, as measured 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 $ 1,563,576 including grants of $ 1,339,760) (Revenue $)

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

4b (Code) (Expenses $ 149,587 including grants of $ 133,292) (Revenue $)

PREVENTION AND EDUCATION TO PROVIDE PREVENTION AND EDUCATIONAL TOOLS TO THE PUBLIC ABOUT THE IMPORTANCE OF FIRE SAFETY, EMERGENCY SERVICES, AND NATURAL DISASTER PREPAREDNESS

4c (Code) (Expenses $ 13,200 including grants of $ 11,332) (Revenue $)

SCHOLARSHIPS TO PROVIDE FINANCIAL RESOURCES FOR CONTINUED EDUCATION FOR INDIVIDUALS EMPLOYED IN THE PUBLIC SAFETY SECTOR AND FOR SCHOLARSHIPS FOR INDIVIDUALS PURSUING A CAREER IN THE PUBLIC SAFETY SECTOR

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 1,726,363

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	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
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		No
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		No
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 Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
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			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a		No
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		No
c	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		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e		No
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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 or more? *If "Yes," complete Schedule F, Part I*	14b		No
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 U S ? *If "Yes," complete Schedule F, Part II and IV*	15		No
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 U S ? *If "Yes," complete Schedule F, Part III and IV*	16		No
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*	17		No
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	Yes	
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		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part IV Checklist of Required Schedules *(continued)*

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 I, Parts I and II*	**21**	Yes	
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 I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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*	**23**		No
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 questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
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?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
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**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
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 III*	**27**		No
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 IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
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*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**		No
b	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**		No
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*	**36**		No
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*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 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** Yes	
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**	2		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b** Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**	No
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 or securities account)?			**4a**	No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for 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? . .			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			**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?			**6a**	No
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?			**7a**	No
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?			**7c**	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
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 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**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**	
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the aggregate amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	6		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	5		
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		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		No
6	Did the organization have members or stockholders?		6		No
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?		7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
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		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
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		No
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
b	Other officers or key employees of the organization	15b		No
	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		No
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?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ AL, AZ, AR, CA, CO, FL, GA, IN, IL, IA, KS, KY, LA, MD, MA, MI, MN, MS, NE, NV, NJ, NM, NY, NC, OH, OK, PA, SC, TN, TX, UT, VA, WV, WI, PR, MO

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made 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 made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

ROBIN PETERS
3410 KORI ROAD
JACKSONVILLE, FL 32257
(904) 886-8300

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

Check if Schedule O contains a response to any question 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, and **current** key employees 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 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, or 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 neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) ROBIN SORENSEN PRESIDENT	5 00	X		X				0	0	0
(2) ROBBIE FREITAS SECRETARY	1 00	X		X				0	0	0
(3) LARRY PETERSON DIRECTOR	1 00	X						0	0	0
(4) JOE MOORE DIRECTOR	1 00	X						0	0	0
(5) BILL CARR DIRECTOR	1 00	X						0	0	0
(6) MEGHAN BENDER TREASURER	40 00	X		X				37,735	0	5,839
(7) ROBIN PETERS EXECUTIVE DIRECTOR	40 00			X				102,125	0	25,095

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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 **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								139,860	0	30,934

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 1

			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 such individual*	**3**		No
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 such individual*	**4**		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

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 Report compensation for the calendar year ending with or within the organization's tax year

(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 of compensation from the organization ▶ 0

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	1a	Federated campaigns . . 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c 299,886				
	d	Related organizations . . . 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 1,459,079				
	g	Noncash contributions included in lines 1a-1f $ 21,793				
	h	**Total.** Add lines 1a-1f . . . . . ▶	1,758,965			
Program Service Revenue		Business Code				
	2a					
	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) . . . . . ▶				
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) . . . . . ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory				
	b	Less cost or other basis and sales expenses				
	c	Gain or (loss)				
	d	Net gain or (loss) . . . . . ▶				
	8a	Gross income from fundraising events (not including $ 299,886 of contributions reported on line 1c) See Part IV, line 18 . . . a 35,892				
	b	Less direct expenses . . . b 70,746				
	c	Net income or (loss) from fundraising events . . ▶	-34,854			-34,854
	9a	Gross income from gaming activities See Part IV, line 19 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from gaming activities . . ▶				
	10a	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				
	11a					
	b					
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶				
	12	**Total revenue.** See Instructions . . . ▶	1,724,111	0	0	-34,854

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)
Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

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 United States See Part IV, line 21	1,568,691	1,568,691		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	162,022	117,312	17,082	27,628
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	15,007	15,007		
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	226		226	
c	Accounting	27,300		27,300	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees				
g	Other				
12	Advertising and promotion	55,431			55,431
13	Office expenses	99,247	9,737	12,915	76,595
14	Information technology				
15	Royalties . .				
16	Occupancy	4,998		4,998	
17	Travel	21,236	15,616		5,620
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	1,930		1,930	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	BAD DEBT	394		394	
b					
c					
d					
e					
f	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24f	1,956,482	1,726,363	64,845	165,274
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	449,054	1	607,814
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	105,937	3	127,180
	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	3,435	8	2,202
	9	Prepaid expenses and deferred charges	2,403	9	12,711
	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)	560,829	16	749,907
Liabilities	17	Accounts payable and accrued expenses	96,829	17	293,656
	18	Grants payable		18	224,622
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	96,829	26	518,278
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	464,000	27	211,184
	28	Temporarily restricted net assets		28	20,445
	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	464,000	33	231,629
	34	Total liabilities and net assets/fund balances	560,829	34	749,907

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☐

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	1,724,111
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,956,482
3	Revenue less expenses Subtract line 2 from line 1	3	-232,371
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	464,000
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	231,629

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			Yes	No
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? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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	2c		No
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 separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated 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?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
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 of churches, or association of churches **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?

	Yes	No
(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 the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

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

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

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	434,329	672,254	747,593	1,109,951	1,695,495	4,659,622
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	434,329	672,254	747,593	1,109,951	1,695,495	4,659,622
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)						106,267
6 **Public Support.** Subtract line 5 from line 4						4,553,355

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	434,329	672,254	747,593	1,109,951	1,695,495	4,659,622
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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						4,660,182

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 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	97 710 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	98 350 %

16a **33 1/3% support test—2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support test—2010.** If the organization did not check the 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—2011.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

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 ▶☐

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **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 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

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

Facts And Circumstances Test

Explanation

Additional Data

Software ID:
Software Version:
EIN: 20-3588745
Name: FIREHOUSE SUBS PUBLIC SAFETY FOUNDATION INC

Form 990, Special Condition Description:

Special Condition Description

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

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 may 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 importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–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 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 taxable 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 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 accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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 the 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

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	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.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				0

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
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) should 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. *(Column (b) should 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) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	

2. Fin 48 (ASC 740) 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 (ASC740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,724,111
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,956,482
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-232,371
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 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-232,371

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	1,731,589
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	7,478		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	7,478
3	Subtract line **2e** from line **1**			3	1,724,111
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 should equal Form 990, Part I, line 12)			5	1,724,111

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

1	Total expenses and losses per audited financial statements			1	1,963,960
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	7,478		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	7,478
3	Subtract line **2e** from line **1**			3	1,956,482
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 should equal Form 990, Part I, line 18)			5	1,956,482

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, 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

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, ACCORDINGLY, THE ACCOMPANYING FINANCIAL STATEMENTS DO NOT REFLECT A PROVISION OR LIABILITY FOR FEDERAL AND STATE INCOME TAXES THE FOUNDATION HAS DETERMINED THAT IT DOES NOT HAVE ANY MATERIAL UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS AS OF DECEMBER 31, 2011 OR 2010 FISCAL YEARS ENDING ON OR AFTER DECEMBER 31, 2008, REMAIN SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAX AUTHORITIES

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
FIREHOUSE SUBS PUBLIC SAFETY FOUNDATION INC

Employer identification number
20-3588745

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
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

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.

Revenue / Direct Expenses		(a) Event #1 TENNIS TOURNAMENT (event type)	(b) Event #2 GOLF TOURNAMENT (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	285,997	49,781		335,778
	2 Less Charitable contributions	260,586	39,300		299,886
	3 Gross income (line 1 minus line 2)	25,411	10,481		35,892
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes	10,501	826		11,327
	6 Rent/facility costs	17,012	3,595		20,607
	7 Food and beverages	9,378	2,423		11,801
	8 Entertainment		5,128		5,128
	9 Other direct expenses	17,966	3,917		21,883
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(70,746)
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				-34,854

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.

Revenue / Direct Expenses		(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 Non-cash 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 lines 1 and 7 in column (d) ▶				

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? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

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? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a	The organization's facility	**13a**	
b	An outside facility	**13b**	

14 Provide 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? . . . . . ☐ Yes ☐ No

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

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? . . . . . ☐ Yes ☐ No

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

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

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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," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2011

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 . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . ▶ 117

3 Enter total number of other organizations listed in the line 1 table . . . ▶ 7

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 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.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	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

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 20-3588745
Name: FIREHOUSE SUBS PUBLIC SAFETY FOUNDATION INC

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
ALEXANDRIA FIRE DEPARTMENT900 SECOND STREET ALEXANDRIA,VA 22314	54-6001103	GOVERNMENT		8,249	FMV	(2) POLICE MOUNTAIN BIKES AND EQUIPMENT (INCLUDING AEDS)	OPERATIONAL SUPPORT
AMERICAN RED CROSS KNOWVILLE AREA CHAPTER6921 MIDDLEBROOK PIKE KNOXVILLE,TN 37909	53-0196605	501(C)3		14,710	FMV	DISATER CLEAN UP KITS, SHELTER COTS	OPERATIONAL SUPPORT
ARBUTUS VOLUNTEER FIRE & RESCUE DEPARTMENT5200 SOUTHWESTERN BLVD ARBUTUS,MD 21227	52-0545525	501(C)3		10,291	FMV	THERMAL IMAGER WITH BATTERY	OPERATIONAL SUPPORT
ASHEVILLE FIRE DEPARTMENTPO BOX 7148 ASHEVILLE,NC 28801	56-6000224	GOVERNMENT		16,694	FMV	36' TRAILER, HIGH SIDEWALL, RAMP DOOR TRANSMISSION, DUAL LANDING GEAR, FLOW	OPERATIONAL SUPPORT
BAPTIST HEALTH FOUNDATION (CASH FOR PREVENTION & ED)841 PRUDENTIAL DRIVE STE 1300 JACKSONVILLE,FL 32207	59-2487135	501(C)3		12,369	FMV	PREVENTION ED FOR WOLFSON HOSPITAL	OPERATIONAL SUPPORT
BELFOREST VOLUNTEER FIRE SEARCH AND RESCUEPO BOX 1915 DAPHNE,AL 36526	63-1003380	501(C)3		9,734	FMV	(2) TRUCK MOUNTED RADIOS & (10) HANDHELD RADIOS	OPERATIONAL SUPPORT
BERTHOUD FIRE PROTECTION DISTRICTPO BOX 570 BERTHOUD,CO 80513	85-0596729	GOVERNMENT		11,682	FMV	EXTRICATION EQUIPMENT	OPERATIONAL SUPPORT
BLUE MOUND FIRE DEPT301 BLUE MOUND RD BLUE MOUND,TX 76131	75-6005345	GOVERNMENT		13,857	FMV	LUCAS 2 CHEST COMPRESSION SYSTEM	OPERATIONAL SUPPORT
BRYANT FIRE DEPARTMENT312 ROYA LANE BRYANT,AR 72022	71-0388108	GOVERNMENT		18,805	FMV	(3) BULLARO ECLIPSE THERMAL IMAGERS	OPERATIONAL SUPPORT
BUNCOMBE COUNTY SHERIFF'S OFFICE 202 HAYWOOD ST ASHVILLE,NC 28801	56-6000279	GOVERNMENT		17,928	FMV	14 AEDS	OPERATIONAL SUPPORT
CABARRUS COUNTY-CABARRUS COUNTY SHERIFFS OFFICE BOMB SQUADPO BOX 525 CONCORD,NC 28025	56-6000281	GOVERNMENT		19,933	FMV	(1) COOLING UNIT, UPPER TORSO, (4) SETS OF COMMUNICATION HEADSETS, (4) RADIO	OPERATIONAL SUPPORT
CAHABA VALLEY FIRE AND EMERGENCY MEDICAL RESCUE DISTRICTPO BOX 505 CHELSEA,AL 35043		GOVERNMENT		17,305	FMV	FIREFIGHTER GEAR AND TECHNICALRESCUE EQUIPTMENT	OPERATIONAL SUPPORT
CARROLLTON FIRE DEPARTMENT115 W CENTER ST CARROLLTON,GA 30117	58-6000533	GOVERNMENT		6,053	FMV	THERMAL IMAGING CAMERA	OPERATIONAL SUPPORT
CERPO DE BOMBEROS DE PUERTO RICOPO BOX 13325 SAN JUAN,PR 00908	66-0433481	GOVERNMENT		5,525	FMV	THERMAL IMAGING CAMERA	OPERATIONAL SUPPORT
CHATTAHOOCHEE TECHNICAL COLLEGE DEPARTMENT OF PUBLIC SAFETY5198 ROSS RD AEWORTH,GA 30102	58-1788754	501(C)3		15,870	FMV	(2) USED POLICE CARS	OPERATIONAL SUPPORT
CHATTANOOGA POLICE DEPARTMENT3410 AMNICOLA HWY CHATTANOOGA,TN 37406	62-6000259	GOVERNMENT		15,000	FMV	(15) OFFICER PATROL CAR MOUNTS	OPERATIONAL SUPPORT
CITIZEN'S TRUCK COMPANY #4PO BOX 3855 FREDERICK,MD 21705	52-0272684	GOVERNMENT		9,500	FMV	THERMAL IMAGING CAMERA	OPERATIONAL SUPPORT
CITY OF BLUE ASH FIRE DEPARTMENT 10647 KENWOOD RD BLUE ASH,OH 45242	31-6007293	GOVERNMENT		10,247	FMV	FIRE EXTINGUISHER TRAINING SYSTEM	OPERATIONAL SUPPORT
CITY OF BRUNSWICK FIRE DEPARTMENT PO BOX 550 BRUNSWICK GA 31521 BRUNSWICK,GA 31520	58-6000525	GOVERNMENT		17,688	FMV	(8) SETS FIRE PROTECTIVE GEAR	OPERATIONAL SUPPORT
CITY OF GLENDALE FIRE DEPARTMENT 5800 WEST GLENN DRSTE 350 GLENDALE,AZ 85301	86-6000247	GOVERNMENT		13,900	FMV	SPERIAN POSICHECK 3 FIT TEST MACHINE WITH LAPTOP	OPERATIONAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 GRANDVIEW HEIGHTS DIVISION OF FIRE1016 GRANDVIEW AVE COLUMBUS,OH 43212	31-6400227	GOVERNMENT		6,445	FMV	BULLEX FIRE EXTINGUISHER TRAINING SYSTEM	OPERATIONAL SUPPORT
CITY OF GREENVILLE FIRE DEPARTMENTPO BOX 2207 GREENVILLE,SC 29602	57-6000236	GOVERNMENT		1,499	FMV	(2) 4-GAS METERS	OPERATIONAL SUPPORT
CITY OF HENDERSON FIRE DEPARTMENT 240 WATER ST HENDERSON,NV 89015	88-6000720	GOVERNMENT		13,442	FMV	(3) RAD-57 MONITORS	OPERATIONAL SUPPORT
CITY OF MEMPHIS-DIVISION OF FIRE SERVICES 125 N MAIN ST MEMPHIS,TN 38103	62-6000361	GOVERNMENT		18,360	FMV	(2) 5'X10' HAXMAT 3-STAGE DECONTAMINATION SYSTEMS & (12) LEVEL A HAZMAT SUIT	OPERATIONAL SUPPORT
CITY OF OREM95 EAST CENTER ST OREM,UT 85057	87-6000258	GOVERNMENT		7,480	FMV	MULTI-FUNCTION SURVIVAL TOOL (BOWRING TOOL)	OPERATIONAL SUPPORT
CITY OF SENECA FIRE DEPARTMENT 321 W SOUTH 4TH ST SENECA,SC 29678	57-6001105	GOVERNMENT		10,304	FMV	FIRE EXTINGUISHER TRAINING SYSTEM	OPERATIONAL SUPPORT
CLARK COUNTY FIRE DEPARTMENT 575 FLAMINGO RD LAS VEGAS,NV 89119	88-6000028	GOVERNMENT		13,436	FMV	(3) RAD-57 MONITORS W/ SP02 AND SRCO CAPABLE, PEDIACTRIC SENSORS	OPERATIONAL SUPPORT
CLAY COUNTY SHERIFFS OFFICEPO BOX 548 GREEN COVE SPRINGS,FL 32043	59-6000553	GOVERNMENT		9,979	FMV	AUTOMATIC EXTERNAL DEFIBRILLATORS AND CHEM/BIO/GAS/SMOKE/FIRE SAFETY HOODS	OPERATIONAL SUPPORT
CLEVELAND FIRE DEPARTMENT 555 S OCEAN ST CLEVELAND,TN 37311	62-6002630	GOVERNMENT		17,419	FMV	CONFINED SPACE RESCUE EQUIPMENT	OPERATIONAL SUPPORT
CLINTON FIRE DEPARTMENT 125 W BROAD ST CLINTON,TN 37716	62-6000267	GOVERNMENT		10,681	FMV	(3) 2011 AED PLUS UNITS	OPERATIONAL SUPPORT
COBB COUNTY SAFETY VILLAGE FOUNDATION 1220 AL BISHOP DR MARIETTA,GA 30008	26-0280286	501(C)3		20,000	FMV	FIRE SAFETY BUILDING/HOUSE	OPERATIONAL SUPPORT
CONWAY FIRE DEPARTMENT 1401 CALDWELL ST CONWAY,AR 72034	71-6001898	GOVERNMENT		8,461	FMV	THERMAL IMAGING CAMERA	OPERATIONAL SUPPORT
COTTONWOOD HEIGHTS POLICE DEPARTMENT 1265 E FORT UNION BLVD STE 100 COTTONWOOD HEIGHTS,UT 84047	20-2154375	GOVERNMENT		14,875	FMV	TACTICAL BODY BUNKER WITH VIEWPORT AND EXTRA SHIELD PANEL	OPERATIONAL SUPPORT
CROFT FIRE DEPARTMENT 370 CEDAR SPRINGS RD SPARTANBURG, SC 29302	57-0691020	GOVERNMENT		8,541	FMV	(2) 4- GAS MONITORS, (2) AEDS	OPERATIONAL SUPPORT
DEKALB COUNTY FIRE RESCUE 1950 W EXCHANGE PLACE TUCKER,GA 30084	58-6000814	GOVERNMENT		9,910	FMV	THERMAL IMAGING CAMERA	OPERATIONAL SUPPORT
DISTRICT 4 VOL FIRE DEPARTMENTPO BOX 198 CEDARVILLE,AR 72932	71-0568499	GOVERNMENT		6,954	FMV	(25) NONIN ONYX PULSE OXIMETER, (3) PHILIPS HEARTSTART DEFIBRILLATORS	OPERATIONAL SUPPORT
DOUGLAS VOLUNTEER FIRE DEPARTMENT 135 ALABAMA HWY 168 DOUGLAS,AL 35964	63-0764910	GOVERNMENT		16,570	FMV	10 SETS OF TURNOUT GEAR	OPERATIONAL SUPPORT
EAST WHITELAND TOWNSHIP VOLUNTEER FIRE ASSOCIATION 170 PLANEBROOK RD FRAZER,PA 19355	23-7099010	501(C)3		13,615	FMV	PRO PLUS FIT TEST SYSTEM WITH CASE	OPERATIONAL SUPPORT
EFFINGHAM COUNTY FIRE DEPARTMENT 601 NORTH LAUREL ST SPRINGFIELD,GA 31329	58-6000821	GOVERNMENT		9,739	FMV	THERMAL IMAGING BUNDLES	OPERATIONAL SUPPORT
ELBA VOLUNTEER FIRE DEPARTMENT 200 BUFORD ST ELBA,AL 36323	63-0864790	GOVERNMENT		16,922	FMV	HYDRAULIC RESCUE TOOLS	OPERATIONAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
ENGLEWOOD AREA FIRE CONTROL516 PAUL MORRIS DR ENGLEWOOD,FL 34223	59-2252980	GOVERNMENT		8,862	FMV	WASHER/EXTRACTOR	OPERATIONAL SUPPORT
ENTERPRISE FIRE DEPARTMENTPO BOX 311000 ENTERPRISE ENTERPRISE,AL 36330	63-6001248	GOVERNMENT		19,797	FMV	EMERGENCEY UTILITY VEHICLE (POLARIS 2/2 SEATS AND MEDICAL SKID UNIT)	OPERATIONAL SUPPORT
FLORENCE FIRE DEPARTMENT144 E PALMETTO ST FLORENCE,SC 29506	57-6000232	GOVERNMENT		10,916	FMV	THERMAL IMAGING CAMERA	OPERATIONAL SUPPORT
FOREST VOLUNTEER FIRE COMPANYPO BOX 140 FOREEST,VA 24551	54-1702230	501(C)4		9,131	FMV	THERMAL IMAGING CAMERA	OPERATIONAL SUPPORT
FORSYTH COUNTY FIRE DEPARTMENT 3520 SETTINGDOWN RD CUMMING,GA 30028	58-6008280	GOVERNMENT		11,103	FMV	BULLEX FIRE EXTINGUISHER TRAINING SYSTEM	OPERATIONAL SUPPORT
FREDERICKSBURG FIRE DEPARTMENT 601 PRINCESS ANNE STREET FREDERICKSBURG, VA 22401	54-6001293	GOVERNMENT		10,912	FMV	INFLATABLE RESCUE BOAT AND DETACHABLE MOTOR	OPERATIONAL SUPPORT
FULTONDALE FIRE DEPARTMENTPO BOX 699 FULTONDALE,AL 35068	63-6001268	GOVERNMENT		10,437	FMV	ENCLOSED TRAILERS, LIGHTS FOR TRAILERS	OPERATIONAL SUPPORT
GAINESVILLE FIRE RESCURE1025 NE 13TH ST GAINSVILLE,FL 32601	59-6000325	GOVERNMENT		11,604	FMV	THERMAL IMAGER	OPERATIONAL SUPPORT
GERMANTOWN FIRE DEPARTMENT7766 FARMINGTON BLVD GERMANTOWN,TN 38138	62-6014996	GOVERNMENT		11,332	FMV	HAZARDOUS MATERIALS TRAINING DVD'S AND MANUAL	OPERATIONAL SUPPORT
GOSHEN VOLUNTEER FIRE AND RESCUEPO BOX 219 GOSHEN,AL 36035	90-0153886	GOVERNMENT		16,195	FMV	(8) TURNOUT GEAR	OPERATIONAL SUPPORT
GRIFFIN FIRE RESCUE401 N EXPRESSWAY GRIFFIN,GA 30223	58-6000587	GOVERNMENT		14,133	FMV	2011 POLARIS RANGER 6X6	OPERATIONAL SUPPORT
HAMMOND FIRE DEPARTMENTPO BOX 2788 HAMMOND,LA 70404	72-0573539	GOVERNMENT		8,100	FMV	SET OF VEHICLE STABILIZATION JACKS	OPERATIONAL SUPPORT
HARRISBURG FIRE DEPARTMENT6450 MOREHEAD RD HARRISBURG,NC 28075	56-1046351	GOVERNMENT		6,000	FMV	KEI CLASSIFICATION JAPANESE MINI-TRUCKS	OPERATIONAL SUPPORT
HENDERSON COUNTY PUBLIC SCHOOLS414 4TH AVE W HENDERSONVILLE, NC 28739	56-1821543	GOVERNMENT		23,287	FMV	(19) AEDS & (100) EMERGENCY PROCEDURES GUIDE DIRECTORIES	OPERATIONAL SUPPORT
HICKORY TAVERN FIRE DEPARTMENT 73 HICKORY HEIGHTS DR GRAY COURT,SC 29645	57-0668924	GOVERNMENT		6,604	FMV	(2) PULSE OXI-METERS	OPERATIONAL SUPPORT
HOOVER FIRE AND POLICE DEPARTMENT SRT TACTICAL MEDIC TEAM100 MUNICIPAL LANE HOOVER,AL 35216	63-0570405	GOVERNMENT		19,778	FMV	TACTICAL MEDICAL EQUPITMENT	OPERATIONAL SUPPORT
IDLEWILD VOLUNTEER FIRE DEPARTMENT10241 IDLEWILD RD MATTHEWS,NC 28105	56-1279172	501(C)3		12,579	FMV	(5) SETS TURNOUT GEAR	OPERATIONAL SUPPORT
JACKSONVILLE FRATERNAL ORDER OF POLICE5530 BEACH BLVD JACKSONVILLE,FL 32207	59-2453225	501(C)8		10,000	FMV	FUNDING FOR OFFICER CONTINUING EDUCATION	OPERATIONAL SUPPORT
JEFFERSON TOWNSHIP FIRE DEPARTMENT6767 HAVENS CORNER RD BLACKLICK,OH 43004	31-0646022	GOVERNMENT		19,895	FMV	AUTO EXTRICATION EQUIPMENT	OPERATIONAL SUPPORT
JOPLIN FIRE DEPARTMENT303 E THIRD ST JOPLIN,MO 64801	44-6000196	GOVERNMENT		19,615	FMV	RES-Q-JACK AND PARATECH SYSTEMS	OPERATIONAL SUPPORT

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KISSIMMEE FIRE DEPARTMENT101 N CHURCH ST STE 200 KISSIMMEE,FL 34786	59-6000348	GOVERNMENT		10,023	FMV	FIRE EXTINGUISHER TRAINING SYSTEM, PUBLIC EDUCATION BROCHURES AND DVDS & PUB	OPERATIONAL SUPPORT
KNOXVILLE VOLUNTEER EMERGENCY RESCUE SQUAD INC512 N CHILHOWEE DRIVE KNOXVILLE,TN 37924	62-6047246	501(C)3		20,000	FMV	EXTRICATION EQUIPMENT	OPERATIONAL SUPPORT
LAKE COUNTY FIRE RESCUE315 WEST MAIN STREET STE 411 TAVARES,FL 32778	59-6000695	GOVERNMENT		18,518	FMV	(46) EPIC VOICE AMPLIFIERS & (210) MOUNTING BRACKETS FOR SELF-CONTAINED BREA	OPERATIONAL SUPPORT
LEESBURG POLICE DEPARTMENT115 E - MAGNOLIA AVE LEESBURG,FL 34748	59-6000362	GOVERNMENT		9,554	FMV	AED'S, C-COLLARS, CPR MASKS, HEAD IMMOBILIZER'S	OPERATIONAL SUPPORT
LIBERTY TOWNSHIP FIRE DEPARTMENT 7761 LIBERTY RD POWELL,OH 43065	37-0792401	GOVERNMENT		18,675	FMV	(50) 5" SUPPLY HOSE WITH STORTZ	OPERATIONAL SUPPORT
LITTLE ELM BOX 620 SUPPORT COPO BOX 604 LITTLE ELM,TX 75068	75-3141220	501(C)3		5,513	FMV	AUTOMATIC BLOOD PRESSUE MONITOR	OPERATIONAL SUPPORT
LOVELAND SYMMES FIRE DEPARTMENT 126 SOUTH LEBANON LOVELAND,OH 45140	31-6125875	GOVERNMENT		8,899	FMV	SMART DUMMY TRAINING, SMOKE GENERATOR	OPERATIONAL SUPPORT
LOWNDES COUNTY GA2981 US HWY 84 E VALDOSTA,GA 31606	58-6000856	GOVERNMENT		16,410	FMV	3 THERMAL IMAGING CAMERAS AND ACCESSORIES	OPERATIONAL SUPPORT
LUGOFF FIRE DEPARTMENT892 HWY 1 SOUTH LUGOFF,SC 29078	57-0564094	GOVERNMENT		12,816	FMV	MSA EVOLUTION, THERMAL IMAGING CAMERA, WITH TRUCK MOUNTING KIT, HI-LIT 48' J	OPERATIONAL SUPPORT
LYNCHBURG FIRE DEPARTMENT800 MADISON ST LYNCHBURG,VA 24504	54-6001405	GOVERNMENT		11,425	FMV	BULLEX BULLSEYE FIRE EXTINGUISHER TRAINING SYSTEM	OPERATIONAL SUPPORT
MANVEL VOLUNTEER FIRE DEPARTMENT PO BOX 374 MANVEL,TX 77578	74-2060587	GOVERNMENT		14,090	FMV	BUNKER GEAR	OPERATIONAL SUPPORT
MESA POLICE DEPARTMENT130 N ROBSON MESA,AZ 85201	86-6000252	GOVERNMENT		10,400	FMV	POLICE SERVICE DOG	OPERATIONAL SUPPORT
MT JULIET POLICE DEPARTMENT2425 NORTH MT JULIET RD MT JULIET,TN 37122	62-0909621	GOVERNMENT		16,167	FMV	(10)PHILLIPS HEART START FRX DEFIBRILLATORS	OPERATIONAL SUPPORT
NASSAU COUNTY FIRE RESCUE96160 NASSAU PLACE YULEE,FL 32097	59-1863042	GOVERNMENT		8,400	FMV	CET SKID UNIT FOR FOREST FIREFIGHTING	OPERATIONAL SUPPORT
NEWPORT NEWS FIRE DEPARTMENT2400 WASHINGTON AVE 6TH FLOOR CITY HALL NEWPORT NEWS,VA 23607	54-6022059	GOVERNMENT		13,598	FMV	(2) THERMAL IMAGING CAMERAS	OPERATIONAL SUPPORT
NORTH SPARTANBURG FIRE AND EMERGENCY SERVICES8767 ASHVILLE HIGHWAY SPARTANBURG,SC 29316	57-0568864	GOVERNMENT		10,856	FMV	2011 POLARIS RANGER ATV VEHICLE	OPERATIONAL SUPPORT
NORTHVIEWKODAK FIRE DEPARTMENT 320 DOUGLAS DAM RD KODAK,TN 37765		GOVERNMENT		8,955	FMV	(5) SETS OF TURN-OUT GEAR	OPERATIONAL SUPPORT
OCALA FIRE RESCUE 410 NORTHEAST 3 ST OCALA,FL 34470	59-6000392	GOVERNMENT		5,000	FMV	DUAL SENSOR SMOKE ALARMS	OPERATIONAL SUPPORT
OCEAN RIDGE POLICE DEPARTMENT6450 N OCEAN BLVD OCEAN RIDGE,FL 33436	59-6020337	GOVERNMENT		9,065	FMV	(7) CARDINE SCIENCE POWERHEART G3 AEDS FOR (7) PATROC VEHICLES	OPERATIONAL SUPPORT
OLIVE BRANCH FIRE DEPARTMENT9245 PIGEON ROOST OLIVE BRANCH,MS 38654	00-0014281	GOVERNMENT		7,595	FMV	ROLL-N-RACK HOSE MANAGEMENT SYSTEM&EFFICIENCY SYSTEM	OPERATIONAL SUPPORT

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ORLANDO POLICE DEPARTMENT 100 S HUGHEY AVE ORLANDO,FL 32801	59-6000369	GOVERNMENT		9,583	FMV	(7) AED'S FOR PATROL CARS	OPERATIONAL SUPPORT
OXFORD FIRE DEPARTMENT 658 NORTH LAMAR BLVD OXFORD,MS 38655	64-6000938	GOVERNMENT		19,975	FMV	ONE EDRAULIC CUTTER AND ONE EDRAULIC SPREADER	OPERATIONAL SUPPORT
PETERS TOWNSHIP VOLUNTEER FIRE DEPARTMENT 245 E MCMURRAY RD MCMURRAY,PA 15317	25-6038842	501(C)4		6,875	FMV	EAGLE ATTACK THERMAL IMAGING CAMERA	OPERATIONAL SUPPORT
PIEDMONT PARK FIRE DEPARTMENT 2119 STATE PARK RD GREENVILLE,SC 29609	57-0474542	GOVERNMENT		14,302	FMV	COMMUNICATION EQUIPMENT/MOTOROLA RADIOS	OPERATIONAL SUPPORT
PINELLAS PARK POLICE DEPARTMENT 7700 59TH ST N PINELLAS PARK, FL 33781	59-6000409	GOVERNMENT		3,430	FMV	(7) MOTOROLA XOOM TABLETS	OPERATIONAL SUPPORT
PLAINFIELD FIRE TERRITORY 4010 CLARKS CREEK ROAD PLAINFIELD,IN 46168	35-1154432	GOVERNMENT		19,579	FMV	INFLATABLE RESCUE BOAT, OARS, ELECTRIC SEAT, ANCHOR KITS	OPERATIONAL SUPPORT
RAYMOND FIRE RESCUE1443 ROOSEVELT TRAIL RAYMOND,ME 40710	01-6000342	GOVERNMENT		9,306	FMV	PDA STAT MANIKIN	OPERATIONAL SUPPORT
SAMSON VFD9 SOUTH RIPLEY ST SAMSON,FL 36477	63-1141823	GOVERNMENT		11,280	FMV	VHF RADIO PAGES	OPERATIONAL SUPPORT
SANDY BRANCH VOLUNTERR FIRE DEPARTMENT 119 HOLIDAY RD MCCORMICK,SC 29835	57-0752124	501(C)4		11,338	FMV	(2) MSA FIRE HAWK AIR MASKS	OPERATIONAL SUPPORT
SANDY CITY FIRE DEPARTMENT 9010 SOUTH 150 EAST SANDY,UT 84070	87-6000280	GOVERNMENT		20,976	FMV	HURST SPREADERS,CUTTER,POWER UNIT, HOSE EXTENTIONS, COUPLING RETROFIT	OPERATIONAL SUPPORT
SANFORD FIRE DEPARTMENTPO BOX 1788 SANFORD,FL 32772	59-6000425	GOVERNMENT		8,949	FMV	OHD QUANTIFIT FOR FIT TESTING SCBA MASK ON FIREFIGHTERS	OPERATIONAL SUPPORT
SKIATOOK FIRE RESCUEPO BOX 399 SKIATOOK,OK 74070	73-6005429	GOVERNMENT		13,243	FMV	(3) CF31 TOUGHBOOK COMPUTERS	OPERATIONAL SUPPORT
SLATON VOLUNTEER FIRE DEPARTMENT 200 SOUTH 8TH ST SLATON,TX 79364	75-6000670	GOVERNMENT		5,355	FMV	BULLARD ECLIPSE THERMAL IMAGER	OPERATIONAL SUPPORT
SMYRNA FIRE DEPARTMENT 315 S LOWRY SMYRNA,TN 37167	10-1684644	GOVERNMENT		8,514	FMV	GAS DETECTION AND MONITORING	OPERATIONAL SUPPORT
SOUTH GREENVILLE FIRE DEPARTMENT 8350 AGUSTA RD PELZER,SC 29669	57-0659640	GOVERNMENT		13,654	FMV	(6) HOLLIS ENVIRO-PRO BCD, (6) AERIS 400 REGULATORS	OPERATIONAL SUPPORT
SPALDING COUNTY FIRE DEPARTMENT 600 CARVER RD GRIFFIN,GA 30224	58-6000886	GOVERNMENT		14,890	FMV	(2) ALL-TERRAIN VEHICLES & TRAILERS	OPERATIONAL SUPPORT
SPANISH FORT FIRE RESCUE 7580 SPANISH FORT BLVD SPANISH FORT, AL 36527	23-7034368	501(C)3		12,775	FMV	INFLATABLE FIRE SAFETY HOUSE	OPERATIONAL SUPPORT
SPRING HILL FIRE RESCUE & EMS DISTRICT 3445 BOB HARTUNG CT SPRING HILL,FL 34606	59-1155275	GOVERNMENT		17,359	FMV	TNT EXTRICATION TOOLS	OPERATIONAL SUPPORT
SPRING VOLUNTEER FIRE ASSOCIATION INCPO BOX 121 SPRING,TX 77383	76-0053302	501(C)3		10,800	FMV	THERMAL IMAGING CAMERA	OPERATIONAL SUPPORT
ST ANDREWS FIRE DEPARTMENT 1775 ASHLEY RIVER RD CHARLESTON, SC 29407	57-6000850	GOVERNMENT		9,238	FMV	(2) MASIMO RAD-57 HANDHELD	OPERATIONAL SUPPORT

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ST AUGUSTINE FIRE DEPARTMENT 101 MALAGA ST ST AUGUSTINE,FL 32084	59-6000420	GOVERNMENT		4,876	FMV	(1) RAD-57 PULSE CO OXIMETER	OPERATIONAL SUPPORT
ST JOHNS COUNTY FIRE RESCUE3657 GAINES RD ST AUGUSTINE,FL 32084	59-6000825	GOVERNMENT		10,615	FMV	WSYE THIN CLIENTS AND MONITORS	OPERATIONAL SUPPORT
ST JOHNS FIRE DISTRICTPO BOX 56 JOHNS ISLAND,SC 29457	57-6008015	GOVERNMENT		7,948	FMV	FIREFIGHTER REHABILITATION UNIT	OPERATIONAL SUPPORT
STALLINGS VOLUNTEER FIRE AND RESCUE DEPARTMENTPO BOX 940 INDIAN TRAIL,NC 28079	56-1545176	GOVERNMENT		20,166	FMV	(6) XTS 2500 MODEL 3 800MHZ PORTABLE RADIOS	OPERATIONAL SUPPORT
STEWARTSVILLE-CHAMBLISSBURG VOLUNTEER FIRE DEPARTMENT7797 JORDAN RD VINTON,VA 24179	51-0236368	GOVERNMENT		11,170	FMV	(5) NFPA APPROVED BUNKER/TURNOUT GEAR	OPERATIONAL SUPPORT
SURF CITY VOL FIRE DEPARTMENT 100 DEER RUN RD HAMPSTEAD,NC 28443	56-1409225	501(C)4		13,032	FMV	HYDRAULIC EXTRICATION RESCUE EQUIPMENT, PUMP, 32' HOSE, COMBINATIONS CUTTER	OPERATIONAL SUPPORT
TEXARKANA ARKANSAS FIRE DEPARTMENTPO BOX 2711 TEXASKANA,AR 71854	71-6011633	GOVERNMENT		17,040	FMV	KUBOTA RTV 900G, A TRANSPORT/FIREFIGHTING SKID UNIT	OPERATIONAL SUPPORT
THE CITY OF LAVERGNE SPECIAL OPERATIONS301 BILL STEWART BLVD LA VERGNE,TN 37086		GOVERNMENT		16,814	FMV	POLARIS RANGER, (2) MOUNT WIRCHERS, HITCH, PRE RUNNER KIT	OPERATIONAL SUPPORT
TONTITOWN AREA VOLUNTEER FIRE DEPARTMENTPO BOX 42 TONTITOWN,AR 72770	71-0530704	501(C)4		9,686	FMV	2 THERMAL IMAGING CAMERAS	OPERATIONAL SUPPORT
TOWNVILLE VOLUNTEER FIRE PO BOX 70 TOWNVILLE,SC 29689		GOVERNMENT		14,344	FMV	THERMAL IMAGING CAMERA, RIT PACK, SEARCH ROPES, TNT TOOLS & 14" CIRCULAR SAW	OPERATIONAL SUPPORT
TRAILER ESTATES VOLUNTEER FIRE DEPARTMENTPO BOX 5182 BRADENTON,FL 34281	65-0376175	GOVERNMENT		16,260	FMV	12 SETS OF STRUCTURAL BUNKER GEAR	OPERATIONAL SUPPORT
TUSCALOOSA FIRE AND RESCUE SERVICE2201 UNIVERSITY BLVD TUSCALOOSA,AL 35401	63-6001379	GOVERNMENT		19,053	FMV	K-1000 XR TECHNOLOGY FOR 15 THERMAL IMAGING CAMERAS	OPERATIONAL SUPPORT
UNA FIRE DEPARTMENTPO BOX 457 SPARANBURG,SC 29301	57-0897543	GOVERNMENT		6,046	FMV	VEHICLE STABLILIZATION STRUTS AND ACCESSORIES	OPERATIONAL SUPPORT
UNIFIED FIRE AUTHORITY3380 SOUTH 900 WEST SALT LAKE CITY, UT 84119	75-3134967	GOVERNMENT		9,254	FMV	THERMAL IMAGING CAMERA	OPERATIONAL SUPPORT
VINTON FIRE & EMS DEPARTMENT 120 W JACKSON AVE VINTON,VA 24179	54-6001655	GOVERNMENT		8,750	FMV	THERMAL IMAGING CAMERA	OPERATIONAL SUPPORT
VIRGINIA BEACH FIRE DEPARTMENT 2408 COURTHOUSE DR VIRGINIA BEACH, VA 23456	54-0722061	GOVERNMENT		9,984	FMV	(52) LAST CHANCE RESCUE FILTERS	OPERATIONAL SUPPORT
WEST CHESTER FIRE DEPARTMENT 9119 CINCINNATI DAYTON RD WEST CHESTER, OH 45069	31-6010106	GOVERNMENT		6,929	FMV	FORCIBLE DOOR ENTRY SIMULATOR	OPERATIONAL SUPPORT
WESTERVILLE DIVISION OF FIRE 400 W MAIN ST WESTERVILLE,OH 43081	31-6401113	GOVERNMENT		8,831	FMV	PERSONAL FLOTATION DEVICES	OPERATIONAL SUPPORT
WESTOVER CITY FIRE DEPARTMENT PO BOX 356 WESTOVER,AL 35185	63-1273796	GOVERNMENT		19,767	FMV	(10) SETS TURNOUT GEAR	OPERATIONAL SUPPORT
WHITE RIVER TWP VOLUNTEER FIRE DEPT12695 E 256TH ST CICERO,IN 46034	35-6003961	GOVERNMENT		12,295	FMV	THERMAL IMAGING CAMERA W/PISTOL GRIP AND TRUCK MOUNTED CHARGER	OPERATIONAL SUPPORT

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WHITEFIELD VOLUNTEER FIRE DEPARTMENT 4000 HIGHWAY 29 N BELTON,SC 29627	56-2408533	GOVERNMENT		5,523	FMV	RES-Q-JACKS	OPERATIONAL SUPPORT
WILMINGTON FIRE DEPARTMENT801 MARKET ST WILMINGTON,NC 28401	56-7400630	GOVERNMENT		17,600	FMV	(2) THERMAL IMAGING CAMERAS	OPERATIONAL SUPPORT
FAIRFAX COUNTY FIRE & RESUCE DEPARTMENT - URBAN SEARCH & RESCUE4600 WEST OX ROAD FAIRFAX,VA 22030	54-0787833	GOVERNMENT		10,000	FMV	$10K TOWARD TELEHANDLER	OPERATIONAL SUPPORT
WOODDRUFF FIRE DEPARTMENT220 ARMORY DRIVE WOODDRUFF,SC 29388	57-6001130	GOVERNMENT		12,776	FMV	2012 POLARIS RANGER 800 EFI 6X6, POLARIS 4500LB WINCH	OPERATIONAL SUPPORT

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
FIREHOUSE SUBS PUBLIC SAFETY FOUNDATION INC

Employer identification number
20-3588745

Identifier	Return Reference	Explanation
	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 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, 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