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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

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 01-01-2012 , 2012, and ending 12-31-2012

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 $ 2,912,624

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	4
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	4
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	**5**	3
6	Total number of volunteers (estimate if necessary)	**6**	145
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)	1,758,965	2,882,308
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)	-34,854	-33,395
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,724,111	2,848,913
Expenses **13**	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,568,691	1,838,812
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)	177,029	236,861
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶176,843		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	210,762	275,361
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,956,482	2,351,034
19	Revenue less expenses Subtract line 18 from line 12	-232,371	497,879

		Beginning of Current Year	End of Year
Net Assets or Fund Balances **20**	Total assets (Part X, line 16)	749,907	1,035,852
21	Total liabilities (Part X, line 26)	518,278	306,344
22	Net assets or fund balances Subtract line 21 from line 20	231,629	729,508

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

****** | 2013-06-27
Signature of officer | Date

ROBIN PETERS EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
AMY BIBBY				P00445891

Firm's name ▶ DIXON HUGHES GOODMAN LLP | Firm's EIN ▶ 56-0747981

Firm's address ▶ 500 RIDGEFIELD COURT
ASHEVILLE, NC 28806 | 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 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 $ 1,815,157 including grants of $ 1,601,938) (Revenue $ 0)

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

4b (Code) (Expenses $ 261,061 including grants of $ 236,874) (Revenue $ 0)

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 $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ 2,076,218

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		No
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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		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, line 10? *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 and XII*	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 and XII 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, Parts I and IV*	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 United States? *If "Yes," complete Schedule F, Parts 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 United States? *If "Yes," complete Schedule F, Parts 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 (see instructions)*	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 hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to any government or organization 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**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 lines 24b through 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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *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 direct or indirect 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, Part II, III, or IV, and Part V, line 1*	**34**		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *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 11b 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	9		
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	3		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
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, securities account, or other financial 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 as charitable contributions? . . .	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.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the 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** 4			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent **1b** 4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**		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 this 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 ☐ Other (explain in Schedule O)

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 during the tax year

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 (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 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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) ROBBIE FREITAS SECRETARY	1 00	X		X				0	0	0
(2) LARRY PETERSON DIRECTOR	1 00	X						0	0	0
(3) JOE MOORE DIRECTOR	1 00	X						0	0	0
(4) BILL CARR DIRECTOR	1 00	X						0	0	0
(5) ROBIN SORENSEN PRESIDENT	5 00			X				0	0	0
(6) MEGHAN BENDER TREASURER	40 00			X				45,138	0	6,763
(7) ROBIN PETERS EXECUTIVE DIRECTOR	40 00			X				110,918	0	29,366

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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)** . . . . . ▶								156,056	0	36,129

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

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

				(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	334,303			
	d	Related organizations . . .	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,548,005			
	g	Noncash contributions included in lines 1a-1f $		1,491			
	h	**Total.** Add lines 1a-1f . . . . . ▶		2,882,308			
Program Service Revenue			Business Code				
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶					
	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) . . . . . ▶					
Other Revenue	8a	Gross income from fundraising events (not including $ 334,303 of contributions reported on line 1c) See Part IV, line 18 . .	a	30,316			
	b	Less direct expenses . . .	b	63,711			
	c	Net income or (loss) from fundraising events . . ▶		-33,395			-33,395
	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 . . . . . ▶		2,848,913	0	0	-33,395

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

Check if Schedule O contains a response 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	1,838,812	1,838,812		
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	192,366	144,274	19,237	28,855
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	44,495	38,991	4,662	842
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal	65		65	
c Accounting	41,025		41,025	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	415	415		
12 Advertising and promotion	87,292	12,008		75,284
13 Office expenses	96,102	15	24,730	71,357
14 Information technology				
15 Royalties . .				
16 Occupancy	5,000		5,000	
17 Travel	43,483	41,703	1,275	505
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	1,979		1,979	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a				
b				
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	2,351,034	2,076,218	97,973	176,843
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	607,814	1	801,299
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	127,180	3	223,441
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	2,202	8	4,201
	9	Prepaid expenses and deferred charges	12,711	9	6,911
	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)	749,907	16	1,035,852
Liabilities	17	Accounts payable and accrued expenses	293,656	17	215,054
	18	Grants payable	224,622	18	91,290
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other 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	518,278	26	306,344
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	211,184	27	722,405
	28	Temporarily restricted net assets	20,445	28	7,103
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), 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	231,629	33	729,508
	34	Total liabilities and net assets/fund balances	749,907	34	1,035,852

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	2,848,913
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,351,034
3	Revenue less expenses Subtract line 2 from line 1	3	497,879
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	231,629
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	729,508

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
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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

2012

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 described in **section 170(b)(1)(A)(i).**

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

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

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

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

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

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

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

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

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

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

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Non-functionally integrated

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 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?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	672,254	747,593	1,109,951	1,695,495	2,882,308	7,107,601
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	672,254	747,593	1,109,951	1,695,495	2,882,308	7,107,601
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)						172,599
6 **Public support.** Subtract line 5 from line 4						6,935,002

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	672,254	747,593	1,109,951	1,695,495	2,882,308	7,107,601
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	516	44				560
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						7,108,161

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 2012 (line 6, column (f) divided by line 11, column (f))	**14**	97 560 %
15	Public support percentage for 2011 Schedule A, Part II, line 14	**15**	97 710 %

16a **33 1/3% support test—2012.** 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—2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2012.** 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—2011.** 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 Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2011** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2012.** 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—2011.** 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.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
FIREHOUSE SUBS PUBLIC SAFETY FOUNDATION INC

Employer identification number
20-3588745

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the 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, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

9 In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

- a ☐ Public 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 XIII

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 XIII 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 XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

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	Net investment earnings, gains, and losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

The percentages in lines 2a, 2b, and 2c should equal 100%

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 XIII 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 through 1e *(Column (d) must 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) must equal Form 990, Part X, col (B) line 12)* ▶		

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

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

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

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

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

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

2. Fin 48 (ASC 740) Footnote In Part XIII, 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 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

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

1	Total revenue, gains, and other support per audited financial statements			1	2,856,543
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	7,630		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	7,630
3	Subtract line **2e** from line **1**			3	2,848,913
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 XIII)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	2,848,913

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

1	Total expenses and losses per audited financial statements			1	2,358,664
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	7,630		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	7,630
3	Subtract line **2e** from line **1**			3	2,351,034
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 XIII)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	2,351,034

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, 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, LINE 2	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, 2012 OR 2011 FISCAL YEARS ENDING ON OR AFTER DECEMBER 31, 2009, 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. Form 990-EZ filers are not required to complete this part.

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

OMB No 1545-0047

2012

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 email 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

(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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 TENNIS TOURNAMENT (event type)	(b) Event #2 TAILGATE (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	352,261	12,358		364,619
	2 Less Contributions	324,069	10,234		334,303
	3 Gross income (line 1 minus line 2)	28,192	2,124		30,316
Direct Expenses	4 Cash prizes	10,595			10,595
	5 Noncash prizes				
	6 Rent/facility costs	14,502			14,502
	7 Food and beverages	9,773	7,310		17,083
	8 Entertainment		499		499
	9 Other direct expenses	18,858	2,174		21,032
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(63,711)
	11 Net income summary Combine line 3, column (d), and line 10 ▶				-33,395

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 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 _____

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

Name ▶ .....

Address ▶ .....

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

Name ▶ .....

Address ▶ .....

16 Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ $ .....

Description of services provided ▶ .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ 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 Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	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

2012

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. Part II can be duplicated 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 . . . . . ▶ 126

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

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. Part III can be duplicated 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, Part III, column (b), 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
ALMA BACON COUNTY FIREEMS307 SOUTH DIXON STREET ALMA,GA 31510	58-6000780	GOVERNMENT		18,030	FMV	WILD LAND PPE (45) & BOOTS (14)	OPERATIONAL SUPPORT
AMELIA COUNTY VOLUNTEER FIRE DEPARTMENT10104 OAK CREEK LANE AMELIA VA 23002 JETERSVILLE,VA 23083	26-2169745	501(C)3		22,316	FMV	PHILLIPS MRX MONITOR ADVANCED LIFE SUPPORT	OPERATIONAL SUPPORT
ANDERSON TOWNSHIP FIRE & RESCUE DEPARTMENT7850 FIVE MILE ROAD CINCINNATI,OH 45230	31-6000556	GOVERNMENT		15,834	FMV	BULLEX ELECTRONIC BULLSEYE DIGITAL FIRE EXTINGUISHER "TRAINER'S PACKAGE"	OPERATIONAL SUPPORT
ARARAT VOLUNTEER FIRE DEPARTMENTPO BOX 63 ARARAT,NC 27007	56-1420056	501(C)3		21,868	FMV	STINGER FLASHLIGHTS (8), THERMAL IMAGING CAMERA, VENT SAW, TELESCOPING SCENE	OPERATIONAL SUPPORT
ARLINGTON COUNTY FIRE DEPARTMENT1020 N HUDSON STREET ARLINGTON,VA 22201	54-6001123	GOVERNMENT		19,770	FMV	(2) EOD TACTICAL PROTECTIVE SUITS	OPERATIONAL SUPPORT
AURORA FIRE DEPARTMENT15151 E ALAMEDA PARKWAY STE 4100 AURORA,CO 80012	84-6000564	GOVERNMENT		13,172	FMV	(3) MASIMO RAD-57 CO CAPABLE OXIMETERS	OPERATIONAL SUPPORT
AYNOR POLICE DEPARTMENTPO BOX 66 AYNOR,SC 29511	57-6006209	GOVERNMENT		26,450	FMV	K-9 UNIT (INCLUDES DOG, ENFORCEMENT TRAINING COURSE, K9 HEAT ALARM & INSERT	OPERATIONAL SUPPORT
BARROW COUNTY EMERGENCY SERVICES222 PLEASANT HILL CHURCH RD WINDER,GA 30680	58-6000783	GOVERNMENT		26,011	FMV	(7) CHAINSAWS, (7) K12 SAWS, (7) PPV FANS & (7) MULTI-GAS AIR MONITORS	OPERATIONAL SUPPORT
BELVEDERE FIRE DEPARTMENT204 HAMPTON AVE BELVEDERE,SC 29841	57-0703565	GOVERNMENT		16,216	FMV	BULL-EX BULLSEYE LASER-DRIVEN FIRE EXTINGUISHER	OPERATIONAL SUPPORT
BRIGHTON AREA FIRE AUTHORITY615 W GRAND RIVER AVE BRIGHTON,MI 48116	38-3538846	GOVERNMENT		26,063	FMV	(5) MSA ALTAIR 5X4-GAS METERS, FIRE EXTINGUISHER TRAINING SYSTEM & (2) AEDS	OPERATIONAL SUPPORT
BUNCOMBE COUNTY SCHOOLS FOUNDATION 175 BINGHAM ROAD ASHEVILLE,NC 28806	58-1685536	501(C)3		18,200	FMV	(20) PHILIPS HEALTHCARE HEARTSTART ON-SITE DEFIBRILLATORS WITH SLIM CASE	OPERATIONAL SUPPORT
CARE ONE EMS LLCPO BOX 1405 ALMA AR VAN BUREN,AR 72956	27-4166302	N/A		6,723	FMV	5 AEDS	OPERATIONAL SUPPORT
CEDAR PARK FIRE DEPARTMENT450 CYPRESS CREEK RD BLDG 1 CEDAR PARK,TX 78613	74-6186008	GOVERNMENT		19,536	FMV	10 SETS OF WILDLAND PERSONAL PROTECTIVE GEAR	OPERATIONAL SUPPORT
CENTRAL BELL COUNTY FIRERESCUEPO BOX 421 NOLANVILLE,TX 76559	74-2349987	GOVERNMENT		22,500	FMV	PERSONAL PROTECTIVE EQUIPMENT (10 SETS)	OPERATIONAL SUPPORT
CHARLOTTE FIRE DEPARTMENT441 BEAUMONT AVE CHARLOTTE,NC 28204	52-1333483	GOVERNMENT		12,628	FMV	BULLEX BULLSEYE FIRE EXTINGUISHER TRAINING SYSTEM	OPERATIONAL SUPPORT
CHICKENBONE VOLUNTEER FIRE DEPARTMENT2B CR 151 BRUCE,MS 38915	37-1428505	501(C)3		16,700	FMV	RADIOS (30) AND PAGERS (24)	OPERATIONAL SUPPORT
CITY OF BRUNSWICK POLICE DEPARTMENT1229 NEWCASTLE ST BRUNSWICK,GA 31520	58-6000525	GOVERNMENT		14,711	FMV	(25) BULLET PROOF VESTS	OPERATIONAL SUPPORT
CITY OF LAKE CITY POLICE & FIRE DEPARTMENT205 NW MARION AVE LAKE CITY,FL 32055	85-8012621	GOVERNMENT		20,000	FMV	FUNDING TOWARDS A FATS MACHINE FOR THE POLICE DEPARTMENT & FUNDING TO PURCHA	OPERATIONAL SUPPORT
CITY OF MACCLENNY FIRE RESCUE118 E MACCLENNY AVE MACLENNY,FL 32063	59-6000365	GOVERNMENT		8,917	FMV	SCBA SCOTT 8030 PORTA COUNT PRO RESPIRATOR FIT TESTER & FIT TEST ADAPTER KIT	OPERATIONAL SUPPORT
CITY OF TAVARES FIRE DEPARTMENT424 EAST ALFREDO STREET TAVARES,FL 34748	59-6000438	GOVERNMENT		9,753	FMV	MSA THERMAL IMAGING CAMERA	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
COLERAIN TOWNSHIP FIRE DEPARTMENT3251 SPRINGDALE ROAD COLERAIN,OH 45251	31-6000567	GOVERNMENT		7,854	FMV	BULLEX FIRE EXTINGUISHER TRAINING SYSTEM	OPERATIONAL SUPPORT
COLORADO SPRINGS FIRE DEPARTMENT375 PRINTERS PARKWAY COLORADO SPRINGS,CO 80917	84-6000573	GOVERNMENT		19,906	FMV	(325) NOMEX BRUSH SHIRTS	OPERATIONAL SUPPORT
COMMUNITY FIRE COMPANY #1 OF SOUTH WHITEHALL (GREENAWALDS FIRE COMPANY)2500 FOCHT AVE ALLENTOWN,PA 18104	23-2532556	GOVERNMENT		18,017	FMV	30- KENWOOD TK 2180 PORTABLE RADIOS WITH CHARGERS AND REMOTE SPEAKER MICROPH	OPERATIONAL SUPPORT
COOKEVILLE FIRE DEPARTMENTPO BOX 996 COOKEVILLE,TN 38501	62-6000271	GOVERNMENT		13,050	FMV	2012 POLARIS 800 RANGER CREW	OPERATIONAL SUPPORT
DECATUR FIRE AND RESCUE4119 OLD HIGHWAY 31 SW DECATUR,AL 35603	63-6001239	GOVERNMENT		21,060	FMV	2 ADVANCED LIFE SUPPORT HEART MONITORS	OPERATIONAL SUPPORT
DEER PARK VOLUNTEER FIRE DEPARTMENTPO BOX 700 DEER PARK,TX 77536	74-6000660	501(C)3		20,000	FMV	(7) SETS OF BUNKER GEAR (NEED 20)	OPERATIONAL SUPPORT
DUBLIN FIRE DEPARTMENT PO BOX 690 DUBLIN,GA 31040	58-6000566	GOVERNMENT		18,960	FMV	(10) SETS OF BUNKER GEAR AND HELMETS	OPERATIONAL SUPPORT
EAST BEND VOLUNTEER FIRE DEPARTMENTPO BOX 212 EAST BEND,NC 27018	56-1680783	501(C)3		7,464	FMV	RES-Q-JACK SPACE SAVER 2 CAR KIT	OPERATIONAL SUPPORT
EULESS FIRE DEPARTMENT 201 N ECTOR DRIVE EULESS,TX 76039	75-6004644	GOVERNMENT		15,867	FMV	BULLEX'S DIGITAL BULLSEYE FIRE EXTINGUISHER TRAINING SYSTEM	OPERATIONAL SUPPORT
FERNANDINA BEACH FIRE-RESCUE DEPARTMENT204 ASH STREET FERNANDINA BEACH,FL 32034	59-6000317	GOVERNMENT		14,695	FMV	(5) AEDS, (1) RAM HYDRAULIC VEHICLE EXTRICATION TOOL	OPERATIONAL SUPPORT
FLAGLER COUNTY FIRE RESCUE1769 E MOODY BLVD 3 BUNNELL,FL 32110	59-6000605	GOVERNMENT		10,302	FMV	BULLEX INTERNATIONAL EXTREME TRAINERS PACKAGE (LIVE FIRE EXTINGUISHER TRAINI	OPERATIONAL SUPPORT
FOUR-C VOLUNTEER FIRE DEPARTMENT245 COBB RD ARAB,AL 35016	63-0900379	501(C)3		14,992	FMV	MINI PUMP, COMBO SPREADER-CUTTER, 4 SETS OF TURNOUT GEAR (INCLUDING HELMETS,	OPERATIONAL SUPPORT
FULTONDALE POLICE DEPARTMENTPO BOX 699 FULTONDALE,AL 35068	17-4400016	GOVERNMENT		10,180	FMV	MINI-CRIME SCOPE 400- ALTERNATE LIGHT SOURCE MCS4008F	OPERATIONAL SUPPORT
GAINESVILLE POLICE DEPARTMENTPO BOX 1250 GAINESVILLE,FL 32627	59-6000325	GOVERNMENT		20,252	FMV	K-9 SEARCH AND RESCUE DOG AND 8 AEDS	OPERATIONAL SUPPORT
GLENWOOD VOLUNTEER FIRE DEPARTMENT120 S WALNUT GLENWOOD,IA 51534	42-6061672	501(C)3		7,968	FMV	INTELLIGENT TRAINING SYSTEM TRAINER'S PACKAGE- BULLEX FIRE EXTINGUISHER TRAI	OPERATIONAL SUPPORT
HAMPTON FIRE DEPARTMENT608 FIRST STREET WEST HAMPTON,SC 29924	57-6001043	GOVERNMENT		8,321	FMV	THERMAL IMAGING CAMERA	OPERATIONAL SUPPORT
HOLLAND VOLUNTEER FIRE DEPARTMENTPO BOX 7236 SUFFOLK,VA 23437	90-0474806	501(C)3		29,550	FMV	EXTRICATION TOOLS	OPERATIONAL SUPPORT
HOLLEY-NAVARRE FIRE DISTRICT8618 ESPLANADE ST NAVARRE,FL 32566	59-3343520	GOVERNMENT		19,422	FMV	20 PORTABLE RADIOS	OPERATIONAL SUPPORT
HOLLYWOOD FIRERESCUE DEPARTMENT2741 STIRLING ROAD HOLLYWOOD,FL 33312	59-6000338	GOVERNMENT		20,013	FMV	1-3/4" FIRE HOSE FOR SUPPRESSION, EXPOSURE PROTECTION AND FOAM APPLICATION	OPERATIONAL SUPPORT
IRMO FIRE DISTRICT6017 ST ANDREWS RD COLUMBIA,SC 29212	57-1011306	GOVERNMENT		6,166	FMV	(2) MSA ALTAIR 5 AIR MONITORS, A MSA ALTAIR 5 GALAXY CALIBRATION SYSTEM, A H	OPERATIONAL SUPPORT

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JACKSONVILLE BEACH POLICE DEPARTMENT101 SOUTH PENMAN RD JACKSONVILLE BEACH,FL 32250	59-6000343	GOVERNMENT		19,564	FMV	ATV AND (9) TASER UNITS	OPERATIONAL SUPPORT
JACKSONVILLE FIRE AND RESCUE DEPARTMENT515 NORTH JULIA STREET JACKSONVILLE,FL 32207	59-6000344	GOVERNMENT		43,141	FMV	(53) FDCAM TECHNICAL RESCUE RESPONDER PACKS, WILDFIRE HOSES & NOZZLES	OPERATIONAL SUPPORT
JACKSONVILLE FRATERNAL ORDER OF POLICE5530 BEACH BOULEVARD JACKSONVILLE,FL 32207	20-0821314	GOVERNMENT		5,000	FMV	FUNDING FOR STUD EVENT	OPERATIONAL SUPPORT
JACKSONVILLE SHERIFF'S OFFICE501 E BAY STREET JACKSONVILLE,FL 32202	59-6000344	GOVERNMENT		20,000	FMV	AUTOMATED EXTERNAL DEFIBRILLATOR (16 UNITS)	OPERATIONAL SUPPORT
JEFFERSON VOLUNTEER FIRE DEPARTMENT6313 MACCORKLE AVE SW ST ALBANS,WV 25777	55-0697267	501(C)3		10,850	FMV	T3 MAX BUNDLE THERMAL IMAGING CAMERA	OPERATIONAL SUPPORT
JOHNSON AREA FIRE DEPARTMENT5810 S CARDWELL FAYETTEVILLE,AR 72704	71-0571394	GOVERNMENT		6,053	FMV	BULLARD ECLIPSE THERMAL IMAGING CAMERA AND HIGH VISIBILITY SAFETY VESTS	OPERATIONAL SUPPORT
KLEIN VOLUNTEER FIRE DEPARTMENT16810 SQUYRES RD KLEIN,TX 77379	74-2067757	501(C)3		13,872	FMV	24 HANDHELD RADIOS, ANTENNAS AND BATTERIES IN ORDER TO HAVE A RADIO FOR EVER	OPERATIONAL SUPPORT
LAKE WORTH FIRE DEPARTMENT3805 ADAM GRUBB LAKE WORTH,TX 76135	75-6003803	GOVERNMENT		19,188	FMV	PHILIPSHEARTSTARTMRX ALS MONITOR	OPERATIONAL SUPPORT
LEXINGTON FIRE DEPARTMENT9180 LEXINGTON AVENUE LEXINGTON,MN 55014	41-6007870	GOVERNMENT		15,863	FMV	BULLEX BULLSEYE EXTINGUISHER TRAINING SYSTEM	OPERATIONAL SUPPORT
LONGBOAT KEY POLICE DEPARTMENT5460 GULF OF MEXICO DRIVE LONGBOAT KEY,FL 34228	85-8012646	GOVERNMENT		13,619	FMV	(11) HEARTSTART FRX DEFIBRILLATORS, (11) READY PACKS, (11) BATTERY PACKS, (1	OPERATIONAL SUPPORT
LYNN HAVEN FIRE & EMERGENCY SERVICES 825 OHIO AVENUE LYNN HAVEN,FL 32444	59-6000364	GOVERNMENT		6,505	FMV	(4) AEDS WITH WALL CABINETS	OPERATIONAL SUPPORT
MAPLEWOOD FIRE DEPARTMENT1955 CLARENCE STREET MAPLEWOOD,MN 55109	41-6008920	GOVERNMENT		20,133	FMV	12 SETS OF TURNOUT GEAR	OPERATIONAL SUPPORT
MARION COUNTY FIRE RESCUE2631 SE THIRD STREET OCALA,FL 34471	59-6000735	GOVERNMENT		5,000	FMV	FUNDING FOR EDUCATIONAL PROGRAMS	OPERATIONAL SUPPORT
MARION COUNTY SHERIFF'S OFFICEPO BOX 1987 OCALA,FL 34475	59-6000739	GOVERNMENT		19,293	FMV	(20) STREAMLIGHT STINGER FLASHLIGHTS AND CHARGERS, (13) GAME CAMERAS AND 32G	OPERATIONAL SUPPORT
MIDWAY FIRE DISTRICT 1322 COLLEGE PARKWAY GULF BREEZE,FL 32563	59-2335549	GOVERNMENT		21,525	FMV	TNT EXTRICATION EQUIPMENT	OPERATIONAL SUPPORT
MOBILE FIRE RESCUE DEPARTMENT860 OWENS STREET MOBILE,AL 36604	63-6001318	GOVERNMENT		6,993	FMV	WILD ABOUT FIRE SAFETY DVDS (965)	OPERATIONAL SUPPORT
MOBILE POLICE DEPARTMENT2460 GOVERNMENT BLVD MOBILE,AL 36606	63-6001318	GOVERNMENT		13,276	FMV	(406) 5LB ABC FIRE EXTINGUISHER	OPERATIONAL SUPPORT
MONARCH FIRE PROTECTION DISTRICT 13725 OLIVE BLVD CHESTERFIELD,MO 63017	43-6016871	GOVERNMENT		27,070	FMV	POLARIS RANGER 6X6 800 ($13,257 97), KIMTEK FIRELITE TRANSPORT DELUXE FDH-12	OPERATIONAL SUPPORT
MONTGOMERY COUNTY FIRE PROTECTION DISTRICT #1 KY805 INDIAN MOUND DRIVE MOUNT STERLING,KY 40353	61-0988811	GOVERNMENT		14,814	FMV	14 FT MERCURY INFLATABLE WITH 4-STROKE EFI ENGINE & TRAILER, RES-Q-JACK CAR/	OPERATIONAL SUPPORT
NEBCO FIRE DEPARTMENT 14639 S WIMPY JONES RD GARFIELD,AR 72732	71-0508918	GOVERNMENT		10,060	FMV	SCOTT EAGLE IMAGER 320 THERMAL IMAGING CAMERA WITH TEMPERATURE READOUT, (1)	OPERATIONAL SUPPORT

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NILES FIRE DEPARTMENT 8360 W DEMPSTER ST NILES,IL 60714	36-6006016	GOVERNMENT		16,806	FMV	3- UPGRADE KITS FROM OLDER MACHI MODEL TO NEWER AND MORE POWERFUL OUTLAW PUM	OPERATIONAL SUPPORT
NORFOLK FIRE RESCUE100 BROOKE AVENUE SUITE 500 NORFOLK,VA 23510	54-6001455	GOVERNMENT		10,840	FMV	LASER DRIVEN FIRE EXTINGUISHER TRAINING SYSTEM	OPERATIONAL SUPPORT
NORTH LITTLE ROCK FIRE DEPARTMENT723 MAPLE STREET NORTH LITTLE ROCK,AR 72114	71-6009176	GOVERNMENT		19,505	FMV	EMS TRAINING MATERIALS	OPERATIONAL SUPPORT
NORTH RICHLAND HILLS FIRE DEPARTMENT7202 DICK FISHER DRIVE NORTH RICHLAND HILLS, TX 76180	75-6005194	GOVERNMENT		20,696	FMV	(2) BULLARD T3 MAX THERMAL IMAGERS,TRUCK CHARGERS AND RETRACTABLE STRAPS	OPERATIONAL SUPPORT
NORTHWEST CONSOLIDATED FIRE DISTRICT9745 KILL CREEK RD DE SOTO,KS 66018	27-1078110	GOVERNMENT		20,621	FMV	POLARIS RANGER 6X6 UTILITY VEHICLE AND A KIMTEK FIRELITE TRANSPORT DELUXE SK	OPERATIONAL SUPPORT
NORTHWEST FIRE DISTRICT5225 W MASSINGALE RD TUSCON,AZ 85743	86-0472471	GOVERNMENT		23,821	FMV	EQUIPMENT FOR THE DISTRICT'S NEW TACTICAL SIMULATION LAB (1-SMART HDTV, 6-DE	OPERATIONAL SUPPORT
OCEAN CITY-WRIGHT FIRE CONTROL DISTRICT2 RACETRACK ROAD NE FORT WALTON BEACH,FL 32547	59-1153011	GOVERNMENT		7,615	FMV	33 PAIRS OF WILDLAND FIRE BOOTS, 12 WILDLAND RESPIRATOR MASKS AND WILDLAND R	OPERATIONAL SUPPORT
OCEANSIDE FIRE DEPARTMENT300 NORTH COAST HIGHWAY OCEANSIDE,CA 92504	95-1688570	GOVERNMENT		9,194	FMV	WIRELESS HEADSETS THAT CAN BE UTILIZED IN OUR SOON TO BE OPEN COMMAND TRAINI	OPERATIONAL SUPPORT
OWINGS MILLS VOLUNTEER FIRE COMPANY10401 OWINGS MILLS BLVD OWINGS MILLS,MD 21117	52-0915635	501(C)3		14,604	FMV	(2) THERMAL IMAGING CAMERAS WITH BATTERIES AND TRUCK MOUNTING KITS	OPERATIONAL SUPPORT
PALM COAST FIRE RESCUE 1250 BELLE TERRE PKWY PALM COAST,FL 32137	59-3614294	GOVERNMENT		16,000	FMV	FIRELITE TRANSPORT FDHP-12-200 (2 SKID PACKAGES)	OPERATIONAL SUPPORT
PARROTT'S CHAPEL VOLUNTEER FIRE DEPARTMENT1211 PARROTTS CHAPEL RD SEVIERVILLE,TN 37876	27-3537998	501(C)3		19,671	FMV	TURNOUT GEAR (APPROX 10 SETS)	OPERATIONAL SUPPORT
PELION POLICE DEPARTMENTPO BOX 7 PELION,SC 29123	57-0424440	GOVERNMENT		19,928	FMV	(4) PORTABLE RADIOS (INCLUDES ACCESSORIES, PROGRAMMING AND SOFTWARE)	OPERATIONAL SUPPORT
PETERS TOWNSHIP POLICE DEPARTMENT200 MUNICIPAL DRIVE MCMURRAY,PA 15317	25-6002462	GOVERNMENT		9,591	FMV	BALLISTIC FACE SHIELDS FOR 25 BALLISTIC HELMETS	OPERATIONAL SUPPORT
PHENIX CITY FIRE RESCUE 1111 BROAD STREET PHENIX CITY,GA 368675921	63-6001343	GOVERNMENT		6,215	FMV	(4) SENSIT GOLD G2 DETECTORS, CASES, AND A SENSIT G2 CALIBRATION KIT WITH TE	OPERATIONAL SUPPORT
PINELLAS SUNCOAST FIRE & RESCUE DISTRICT304 FIRST STREET INDIAN ROCKS BEACH,FL 33785	59-6015306	GOVERNMENT		16,765	FMV	JOHN DEERE GATOR MODEL 825 WITH MEDILITE TRANSPORT DELUXE SYSTEM MODEL MTD-1	OPERATIONAL SUPPORT
PINEVILLE POLICE DEPARTMENTPO BOX 249 PINEVILLE,NC 28134	56-6001310	GOVERNMENT		8,735	FMV	(30) TACTICAL VESTS- PLATE CARRIER REST WITH ARMOR PLATES	OPERATIONAL SUPPORT
PLEASANT VALLEY FIRE DISTRICT650 WEST MAIN STREET PLAIN CITY,OH 43064	31-1349865	GOVERNMENT		17,566	FMV	WATER ROPE AND RESCUE EQUIPMENT	OPERATIONAL SUPPORT
POWHATAN VOLUNTEER RESCUE SQUAD INCPO BOX 247 POWHATAN,VA 23139	23-7318067	501(C)3		9,793	FMV	MINITOR V2 CHANNEL VICE PAGERS (7), MOTOROLA HT-1250 PORTABLE RADIOS (6)/500	OPERATIONAL SUPPORT
RAYTOWN EMS10020 E 66TH TERRACE RAYTOWN,MO 64133	44-6005511	GOVERNMENT		33,547	FMV	(2) ZOLL AUTOPULSE SYSTEMS (RECOMMENDING WE DONATE 1)	OPERATIONAL SUPPORT
REIDVILLE FIRE DEPARTMENTPO BOX 115 REIDVILLE,SC 29375	57-0640699	GOVERNMENT		8,926	FMV	(7) AUTOMATED EXTERNAL DEFIBRILLATORS	OPERATIONAL SUPPORT

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RENDON FIRE DEPARTMENTPO BOX 40919 BURLESON,TX 76028	23-7112065	GOVERNMENT		12,152	FMV	BULLARD T3XTBUNDLE (TIC)	OPERATIONAL SUPPORT
RICHMOND COUNTY SHERRIF'S OFFICE401 WALTON WAY AUGUSTA,GA 30901	58-2204274	GOVERNMENT		19,992	FMV	BULLET-PROOF BALISTIC VESTS	OPERATIONAL SUPPORT
ROANOKE FIRE-EMS713 THIRD STREET SW ROANOKE,VA 24016	54-6001569	GOVERNMENT		9,000	FMV	(2) THERMAL IMAGING CAMERAS	OPERATIONAL SUPPORT
SALEM FIRE- EMS DEPARTMENT216 SOUTH BROAD STREET SALEM,VA 24153	54-6001593	GOVERNMENT		6,250	FMV	THERMAL IMAGING CAMERA	OPERATIONAL SUPPORT
SANDY SPRINGS FIRE RESCUE DEPARTMENT7840 ROSWELL RD BUILDING 500 SANDY SPRINGS,GA 30350	20-3767748	GOVERNMENT		13,852	FMV	WATER RESCUE EQUIPMENT (10) DRY SUITS, (1) WOMEN'S TROPOS, (13) PAIRS OF BO	OPERATIONAL SUPPORT
SHEPHERDSTOWN FIRE DEPARTMENTPO BOX F SHEPERDSTOWN,WV 25443	55-6022120	GOVERNMENT		19,969	FMV	PERSONAL PROTECTIVE EQUIPMENT (10 SETS OF COATS AND PANTS)	OPERATIONAL SUPPORT
SHREVEPORT FIRE DEPARTMENT (EMS DIVISION)263 NORTH COMMON SHREVEPORT,LA 71101	72-6001326	GOVERNMENT		7,242	FMV	INTUBRITE LARYNGOSCOPE HANDLES AND BLADES	OPERATIONAL SUPPORT
SOUTH METRO SWAT TEAM 2207 WASHINGTON STREET BELLEVUE,NE 68005	47-6006099	GOVERNMENT		21,357	FMV	(12) INVISIO DIGITAL S10 HEADSETS, (12) PUSH-TO-TALK KITS FOR S10 HEADSETS,	OPERATIONAL SUPPORT
SOUTHWEST RANKIN VOLUNTEER FIRE DEPARTMENT110 BYNUM LANE FLORENCE,MS 39073	80-0593117	501(C)3		5,695	FMV	MSA 5600 THERMAL CAMERA	OPERATIONAL SUPPORT
SPARTANBURG COUNTY GOVERNMENTPO BOX 5666 SPARTANBURG,SC 29303	57-6000401	GOVERNMENT		7,738	FMV	(4) CARDIAC SCIENCE AEDS WITH SPARE BATTERIES AND SPARE PADS	OPERATIONAL SUPPORT
ST AUGUSTINE- ST JOHNS COUNTY AIRPORT AUTHORITY4796 US 1 N ST AUGUSTINE,FL 32095	59-1163738	GOVERNMENT		20,234	FMV	SCBAS & ACCESSORIES	OPERATIONAL SUPPORT
ST JOHNS COUNTY SHERIFF'S OFFICE4015 LEWIS SPEEDWAY ST AUGUSTINE,FL 32084	59-6000829	GOVERNMENT		15,847	FMV	7- AR 15 RIFLES WITH SADDLEBAG MOUNTING SYSTEMS WITH LOCKING MECHANISMS FOR	OPERATIONAL SUPPORT
ST TAMMANY FIRE DISTRICT 13PO BOX 2109 COVINGTON LA 70434 COVINGTON,LA 70433	72-1135309	GOVERNMENT		8,100	FMV	VEHICLE STABILIZATION STRUTS	OPERATIONAL SUPPORT
STERLING VOLUNTEER RESCUE SQUAD46700 MIDDLEFIELD DR STERLING,VA 20165	51-0139426	501(C)3		12,092	FMV	(1) BULLARD THERMAL IMAGER, TRUCK CHARGER AND RETRACTABLE CORD	OPERATIONAL SUPPORT
TEXAS ENGINEERING EXTENSION SERVICE (TEEX)200 TECHNOLOGY WAY COLLEGE STATION,TX 77845	74-2270626	GOVERNMENT		25,000	FMV	FINANCIAL SPONSORSHIP TO SUPPORT THE TRAINING ACTIVITIES OF ITS FIRE & EMERG	OPERATIONAL SUPPORT
THE YMCA OF MIDDLE TENNESSEE1000 CHURCH STREET NASHVILLE,TN 37203	62-0476243	501(C)3		12,758	FMV	(9) PHILLIPS HEARTSTART AED, (9) DEFIBTECH LIFELINE AED ELECTRODE PADS-PEDI	OPERATIONAL SUPPORT
UNION TOWNSHIP FIRE DEPARTMENT860 CLOUGH PIKE CINCINNATI,OH 45245	31-0977580	GOVERNMENT		15,093	FMV	(204) CO2 DETECTORS & (416) SMOKE DETECTORS	OPERATIONAL SUPPORT
UTAH COUNTY SHERIFF'S OFFICE3075 N MAIN STREET SPARNISH FORK,UT 84660	87-6000312	GOVERNMENT		10,344	FMV	FUNDING FOR A K-9	OPERATIONAL SUPPORT
VILLAGE OF CRETE FIRE DEPARTMENT524 W EXCHANGE STREET CRETE,IL 60417	36-6005838	GOVERNMENT		12,995	FMV	BULLARD T4MAX THERMAL IMAGER-TECHNOLOGY OPTIMIZATION PACKAGE (INCLUDES TRUC	OPERATIONAL SUPPORT
WAKE VILLAGE FIRE DEPARTMENT501 REDWATER RD WAKE VILLAGE,TX 75501	75-6000703	GOVERNMENT		24,218	FMV	(1) BATTERY POWERED HURST EXTRICATION TOOLS	OPERATIONAL SUPPORT

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WEST LAFAYETTE FIRE DEPARTMENT300 NORTH STREET WEST LAFAYETTE,IN 47906	35-6001233	GOVERNMENT		19,307	FMV	POLARIS RANGER CREW 800	OPERATIONAL SUPPORT
WEST MANATEE FIRE AND RESCUE6417 3RD AVE WEST BRADENTON,FL 34209	65-1012321	GOVERNMENT		9,177	FMV	(5) 1" TUBULAR WEBBING, (60) NYLON DROP BAGS, (1) TRAVERSE RESCUE BELAY, (15	OPERATIONAL SUPPORT
WHITE SPRINGS VOLUNTEER FIRE DEPARTMENTPO DRAWER D WHITE SPRINGS,FL 32096	59-6002640	501(C)3		23,491	FMV	POLARIS RANGER 6X6 RKO UTILITY FIRE RESCUE SLIP IN	OPERATIONAL SUPPORT
WILSON COUNTY EMERGENCY MANAGEMENT AGENCY 110 OAK ST LEBANON,TN 37087	62-1566628	GOVERNMENT		13,410	FMV	(3) RAD-57 HANDHELD PULSE CO-OXIMETERS, (3) CARBOXYHEMOGLOBIN PARAMETERS, (3	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

2012

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