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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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013 , 2013, and ending 12-31-2013

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) 3410 KORI ROAD

Room/suite

City or town, state or province, country, and ZIP or foreign postal code
JACKSONVILLE, FL 32257

D Employer identification number
20-3588745

E Telephone number
(904) 886-8300

G Gross receipts $ 4,071,204

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

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates 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**	7
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	7
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	**5**	4
6	Total number of volunteers (estimate if necessary)	**6**	164
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
8	Contributions and grants (Part VIII, line 1h)	2,882,308	4,000,764
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)	-33,395	-5,197
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,848,913	3,995,567
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,838,812	2,261,131
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)	236,861	282,149
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶233,195		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	275,361	284,545
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,351,034	2,827,825
19	Revenue less expenses Subtract line 18 from line 12	497,879	1,167,742

Revenue

Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,035,852	2,272,058
21	Total liabilities (Part X, line 26)	306,344	374,808
22	Net assets or fund balances Subtract line 21 from line 20	729,508	1,897,250

Net Assets or Fund Balances

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

****** 2014-05-15
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
JEREMY NAESS				P01306905

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 or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission

NONE

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 $ 2,188,395 including grants of $ 1,965,843) (Revenue $)

LIFE SAVING EQUIPMENT DONATIONS EQUIPMENT DONATIONS IMPACT MILLIONS OF FAMILIES AND INDIVIDUALS IN COMMUNITIES THROUGHOUT THE COUNTRY IN 2013 ALONE 160 PUBLIC SAFETY ORGANIZATIONS WERE AWARDED FUNDING THE FIREHOUSE SUBS PUBLIC SAFETY FOUNDATION'S REACH CONTINUES TO GROW COVERING 41 STATES AND PUERTO RICO FROM EDUCATION TOOLS, WHICH HELP PREVENT A CRISIS, TO STATE OF THE EQUIPMENT IN EMERGENCY SITUATIONS, THESE TOOLS CAN BE THE DIFFERENCE BETWEEN SUCCESSFUL OR FATAL OUTCOMES

4b (Code) (Expenses $ 231,247 including grants of $ 207,813) (Revenue $)

PREVENTION AND EDUCATION PREVENTION EDUCATION TOOLS ALLOW FIRST RESPONDERS AND PUBLIC SAFETY ORGANIZATIONS TO REACH OUT TO SCHOOLS, CIVIC ORGANIZATIONS AS WELL AS SENIOR CITIZEN FACILITIES RAISING AWARENESS AND OFFERING EDUCATION OPPORTUNITIES HAVE HELPED CITIZENS BETTER UNDERSTAND HOW TO PREVENT THE TRAGEDY OF ACCIDENTAL DEATHS DUE TO CARBON MONOXIDE POISONING, SMOKE DETECTOR MAINTENANCE AND IN-HOME HAZARDS FIRE EXTINGUISHER TRAINING AND SAFETY PROGRAMS EMPOWER MEMBERS OF THE COMMUNITY TO BE BETTER PREPARED IN RECOGNIZING THE POTENTIAL FOR A DANGEROUS SITUATION TO OCCUR AND HAVING THE ABILITY TO MINIMIZE THE HAZARD

4c (Code) (Expenses $ 71,422 including grants of $ 66,819) (Revenue $)

DISASTER RELIEF THE ABILITY TO REACT SWIFTLY TO NATURAL AND/OR MAN-MADE DISASTERS HAS BEEN A KEY AREA OF GROWTH IN FUNDING FOR THE FIREHOUSE SUBS PUBLIC SAFETY FOUNDATION WITH A NETWORK OF FIREHOUSE SUBS RESTAURANTS THROUGHOUT THE COUNTRY, THE FOUNDATION IS ABLE TO SUPPORT IMMEDIATE DISASTER RELIEF BY USING COUNTLESS RESOURCES FOR FOOD PREPARATION AND DELIVERY THE RESTAURANTS OFFER A LOCATION FOR FUNDRAISING WHICH WILL HELP WITH THE PURCHASE OF CRITICAL EQUIPMENT FOR FIRST RESPONDERS, ALLOWING THEM THE RESOURCES TO PROVIDE THE HIGHEST LEVEL OF SEARCH AND RESCUE OPERATIONS AVAILABLE THE DOLLARS DONATED TO DISASTER RELIEF DOESN'T BEGIN TO PAINT THE FULL PICTURE OF HOW MANY LIVES ARE TOUCHED DURING THESE EVENTS FROM VICTIMS, VOLUNTEERS AND OTHER NONPROFIT ORGANIZATIONS, THE FOUNDATION IS ABLE TO POSITIVELY IMPACT LIFE-SAVING CAPABILITIES AND COLLABORATE WITH LIKE ORGANIZATIONS AT THE SCENE

(Code) (Expenses $ 10,553 including grants of $ 8,253) (Revenue $)

SCHOLARSHIPS FIREFIGHTERS AND LAW ENFORCEMENT TO PROVIDE SCHOLARSHIPS FOR FIREFIGHTERS AND LAW ENFORCEMENT OFFICERS FOR CONTINUAL EDUCATION

(Code) (Expenses $ 12,403 including grants of $ 12,403) (Revenue $)

U S MILITARY 2013 SAW THE ESTABLISHMENT AND FACILITATION OF OUR NEW MILITARY GUIDELINE VETERANS FROM WORLD WAR II, ALL THE WAY TO IRAQ AND AFGHANISTAN HAVE HAD THE OPPORTUNITY TO REQUEST AND RECEIVE ITEMS TO INCREASE THEIR QUALITY OF LIFE AFTER CATASTROPHIC INJURY ACTION TRACK CHAIRS AS WELL AS ADAPTIVE TOOLS FOR AMPUTEES HAVE HAD A PROFOUND IMPACT ON THESE HEROES WHO HAVE SACRIFICED TO GUARANTEE OUR FREEDOM ADDITIONAL SUPPORT INCLUDES COLLABORATIONS WITH OTHER MILITARY NONPROFITS, SUCH AS WOUNDED WARRIOR PROJECT, ALLOWING THE FOUNDATION TO PARTNER WITH LIKE ORGANIZATIONS, INCREASING THE SCOPE OF OUR IMPACT

4d Other program services (Describe in Schedule O)

(Expenses $ 22,956 including grants of $ 20,656) (Revenue $)

4e **Total program service expenses** ▶ 2,514,020

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	Yes	
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	Yes	
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 other assistance to or for any foreign organization? *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 other assistance to or for foreign individuals? *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 or other assistance to any domestic organization or government 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 or 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**	Yes	
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 25a*	**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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, 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 or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	5		
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**	4		
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" to line 3b, 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 or note to any line 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**	7		
	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**	7		
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**	Yes	
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 32257 (904) 886-8300

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

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See 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) SHERI KOHLER TREASURER	25 00	X		X				0	0	0
(2) CHRIS SORENSEN SECRETARY	1 00	X		X				0	0	0
(3) JIM BROSCIOUS DIRECTOR	1 00	X						0	0	0
(4) JOE MOORE DIRECTOR	1 00	X						0	0	0
(5) BILL CARR DIRECTOR	1 00	X						0	0	0
(6) JOHN LONG DIRECTOR	1 00	X						0	0	0
(7) MIKE WILLIAMS DIRECTOR	1 00	X						0	0	0
(8) ROBIN SORENSEN PRESIDENT	5 00			X				0	0	0
(9) ROBIN PETERS EXECUTIVE DIRECTOR	40 00			X				137,205	0	27,522
(10) MEGHAN VARGAS OFFICER	39 20			X				47,031	0	7,848
(11) JACQUELYN GUBBINS OFFICER	38 80			X				37,210	0	6,650

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)** ▶								221,446	0	42,020

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**	Yes	
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 or note to any line in this Part VIII . . . . . ☑

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	29,459			
	d	Related organizations . . .	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,971,305			
	g	Noncash contributions included in lines 1a-1f $		2,072			
	h	**Total.** Add lines 1a-1f . . . . . ▶		4,000,764			
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 $ 29,459 of contributions reported on line 1c) See Part IV, line 18 . .	a	70,440			
	b	Less direct expenses . . .	b	75,637			
	c	Net income or (loss) from fundraising events . . ▶		-5,197			-5,197
	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 . . . . . ▶		3,995,567	0	0	-5,197

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

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	2,261,131	2,261,131		
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	263,467	197,600	26,347	39,520
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	18,682	10,200	3,263	5,219
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	2,694		2,694	
c Accounting	20,490		20,490	
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)	945		945	
12 Advertising and promotion	99,231	2,313	195	96,723
13 Office expenses	115,229	6,468	19,629	89,132
14 Information technology				
15 Royalties . .				
16 Occupancy				
17 Travel	42,391	36,308	3,482	2,601
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	1,626		1,626	
23 Insurance	1,939		1,939	
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	2,827,825	2,514,020	80,610	233,195
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 or note to any line in this Part X . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		801,299	1	1,974,168
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		223,441	3	267,991
	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		4,201	8	12,293
	9	Prepaid expenses and deferred charges		6,911	9	4,582
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 14,650			
	b	Less accumulated depreciation	10b 1,626	0	10c	13,024
	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)		1,035,852	16	2,272,058
Liabilities	17	Accounts payable and accrued expenses		215,054	17	277,816
	18	Grants payable		91,290	18	96,992
	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		306,344	26	374,808
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		722,405	27	1,642,984
	28	Temporarily restricted net assets		7,103	28	254,266
	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		729,508	33	1,897,250
	34	Total liabilities and net assets/fund balances		1,035,852	34	2,272,058

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,995,567
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,827,825
3	Revenue less expenses Subtract line 2 from line 1	3	1,167,742
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	729,508
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	1,897,250

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ 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.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	747,593	1,109,951	1,695,495	2,882,308	4,000,764	10,436,111
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	747,593	1,109,951	1,695,495	2,882,308	4,000,764	10,436,111
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)						256,577
6 **Public support.** Subtract line 5 from line 4						10,179,534

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	747,593	1,109,951	1,695,495	2,882,308	4,000,764	10,436,111
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	44					44
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)						10,436,155

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 2013 (line 6, column (f) divided by line 11, column (f))	**14**	97 540 %
15	Public support percentage for 2012 Schedule A, Part II, line 14	**15**	97 560 %

16a **33 1/3% support test—2013.** 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—2012.** 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—2013.** 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—2012.** 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2013.** 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—2012.** 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.** 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		
Return Reference	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. ▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

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	(b) (c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance					
b	Contributions	500,000				
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	500,000				

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

- a Board designated or quasi-endowment ▶ 100 000 %
- 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)		No
(ii) related organizations	3a(ii)		No
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. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. 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		14,650	1,626	13,024
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				13,024

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. 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.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(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.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d 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.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. 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. Liability for uncertain tax positions 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 Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	4,002,967
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b	7,400		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	7,400
3	Subtract line **2e** from line **1**			3	3,995,567
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	3,995,567

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	2,835,225
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	7,400		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	7,400
3	Subtract line **2e** from line **1**			3	2,827,825
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	2,827,825

Part XIII Supplemental Information

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

Return Reference	Explanation
PART V, LINE 4	IN 2013 THE BOARD ESTABLISHED A QUASI-ENDOWMENT IT IS THE INTENTION TO HAVE THESE FUNDS TREATED AS AN ENDOWMENT, WITH THE PRINCIPAL REMAINING INTACT AND ONLY THE EARNINGS SPENT ON THE ORGANIZATIONS EXEMPT PURPOSE
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, 2013 OR 2012 FISCAL YEARS ENDING ON OR AFTER DECEMBER 31, 2010, REMAIN SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAX AUTHORITIES

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

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. Form 990-EZ filers are not required to complete this part.

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 contributions 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 GOLF TOURNAMENT (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	52,511	47,388		99,899
	2 Less Contributions	25,046	4,413		29,459
	3 Gross income (line 1 minus line 2)	27,465	42,975		70,440
Direct Expenses	4 Cash prizes	11,894	25		11,919
	5 Noncash prizes				
	6 Rent/facility costs	15,107	9,910		25,017
	7 Food and beverages	11,229	1,152		12,381
	8 Entertainment				
	9 Other direct expenses	20,456	5,864		26,320
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(75,637)
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-5,197

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 Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

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

b If "Yes," explain _____

11

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

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

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

14 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. 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).

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**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

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 . . . . . ▶ 144

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

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.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
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

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
TRIANGLE FACETORY FIRE PROJECT 2032 SAN MARCO BLVD JACKSONVILLE,FL 32207	59-0718493	GOVERNMENT		5,000		TITLE SPONSOR FOR THE TRIANGLE FACTORY FIRE PROJECT PROVIDING FIRE SAFETY E	OPERATIONAL SUPPORT
GREENVILLE FIRERESCUEEMS DEPARTMENT 500 S GREENE ST GREENVILLE,NC 27835	56-6000229	GOVERNMENT		5,132		200 SMOKE ALARMS TO INSTALL IN RESIDENTIAL HOMES SPECIFICALLY, WE WOULD APP	OPERATIONAL SUPPORT
WARREN COUNTY COMMON PLEAS COURT ADULT PROBATION 500 JUSTICE DR LEBANON,OH 45036	31-6000058	GOVERNMENT		5,136		(4) DEFIBRILLATORS, (4) BACKUP ELECTRODE PADS	OPERATIONAL SUPPORT
MCFARLAND FIREEMS DEPARTMENT 5915 MILWAUKEE STREET MCFARLAND,WI 53558	39-6008211	GOVERNMENT		5,173		(2) SINGLE CHANNEL CARBON MONOXIDE DETECTORS, (2) FOUR CHANNEL GAS MONITORS	OPERATIONAL SUPPORT
TEMPLE TERRACE FIRE DEPARTMENT 124 BULLARD PARKWAY TEMPLE TERRACE,FL 33617	59-6000439	GOVERNMENT		5,370		RESIDENTIAL KNOX BOX (30)	OPERATIONAL SUPPORT
SUMTER COUNTY FIRE DEPARTMENT 210 RUCKER STREET AMERICUS,GA 31719	58-6000888	GOVERNMENT		5,935		1 - VETTER KIT COMPLETE 53 TON 4 AIR BAG SYSTEM FOR LIFTING, 145 PSI, 1 - V2	OPERATIONAL SUPPORT
EL CAJON FIRE DEPARTMENT 100 E LEXINGTON EL CAJON,CA 92020	95-6000703	GOVERNMENT		6,005		(2) MULTIRAE LITE TOXIC GAS DETECTORS AND REQUIRED CALIBRATION EQUIPMENT	(OPERATIONAL SUPPORT
PENNDEL FIRE COMPANY 220 CENTRE STREET PENNDEL,PA 19047	23-1713791	501(C)(3)		6,200		FORCIBLE-ENTRY DOOR SIMULATOR	OPERATIONAL SUPPORT
LEE COUNTY SHERIFF'S OFFICE 14750 SIX MILE CYPRESS PKWY FORT MYERS,FL 33912	59-6000705	GOVERNMENT		6,550		SEGWAY PERSONAL TRANSPORTER	OPERATIONAL SUPPORT
COUNCIL BLUFFS POLICE DEPARTMENT 227 SOUTH 6TH ST COUNCIL BLUFFS,IA 51503	42-6004429	GOVERNMENT		6,631		EDUCATIONAL MATERIALS 300 BICYCLE HELMETS, 300 SPORTS BOTTLES, 1,000 PENCIL	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
SURFSIDE BEACH FIRE DEPARTMENT 810 1ST AVE NORTH SURF SIDE BEACH,SC 29575	57-0445175	GOVERNMENT		6,750		THERMAL IMAGING CAMERA	OPERATIONAL SUPPORT
PORTAGE FIRE DEPARTMENT 3401 SWANSON RD PORTAGE,IN 46368	35-6006948	GOVERNMENT		6,981		WE ARE REQUESTING ASSISTANCE IN PURCHASING A QUALITY FORCIBLE ENTRY TRAINER	OPERATIONAL SUPPORT
LEWISTOWN DISTRICT VOLUNTEER FIRE DEPARTMENT 11101 HESSONG BRIDGE RD FREDERICK,MD 21788	52-1069840	GOVERNMENT		6,990		THERMAL IMAGING CAMERA	OPERATIONAL SUPPORT
ARAPAHOE COUNTY SHERIFF'S OFFICE 13101 E BRONCOS PARKWAY CENTENNIAL,CO 80112	84-6000740	GOVERNMENT		7,000		2012 HONDA ATV	OPERATIONAL SUPPORT
ROEBUCK FIRE DISTRICT 2639 STONE STATION RD ROEBUCK,SC 29376	57-0766732	GOVERNMENT		7,147		REFLECTIVE COLOR HYDRANT MARKERS	OPERATIONAL SUPPORT
OCALA POLICE DEPARTMENT 402 S PINE AVENUE OCALA,FL 34471	59-6000392	GOVERNMENT		7,345		(2) PHILLIPS AED TRAINERS, HEARTSAVER FIRST AID/CPR/AED COURSE FOR 171 STUDE	OPERATIONAL SUPPORT
WILLIAMSON COUNTY SHERIFF'S OFFICE SWIFT WATER RESCUE TEAM 508 S ROCK STREET GEORGETOWN,TX 78626	74-6000978	GOVERNMENT		7,738		(14) HANDHELD GPS/RADIO UNITS, MAPPING SOFTWARE, BACKUP BATTERIES AND MICROS	OPERATIONAL SUPPORT
GRADY COUNTY SHERIFF'S DEPARTMENT 218 N 3RD CHICKASHA,OK 73018	73-6006369	GOVERNMENT		7,789		HEA ALARMS FOR 4 POLICE CARS AND TRAINING AIDES FOR OUR K9 PROGRAM	OPERATIONAL SUPPORT
HILLSBOROUGH COUNTY SHERIFF'S OFFICE 2008 E 8TH AVENUE TAMPA,FL 33605	59-6000665	GOVERNMENT		8,003		1) 24 PERSONAL LOCATOR UNITS (PLUS) PLU INCLUDES LOCATOR BRACELET, BATTERIE	OPERATIONAL SUPPORT
KING GEORGE COUNTY SCHOOL DIVISION 9100 ST ANTHONYS RD KING GEORGE,VA 22485	54-6001372	501(C)(3)		8,040		(5) AEDS, WALL MOUNT AND PEDIATRIC PADS	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
LIVINGSTON FIRE DEPARTMENT 900 NORTH CHURCH ST LIVINGSTON,TN 38570	62-6000343	GOVERNMENT		8,214		THERMAL IMAGING CAMERA	OPERATIONAL SUPPORT
AMERICAN RED CROSS VOLUNTEER LIFE SAVING CORPS 2 OCEANFRONT JACKSONVILLE BEACH,FL 32250	53-0196605	501(C)(3)		8,282		(6) RESCUE PADDLE BOARDS, (4) UMBRELLAS, (15) BUOYS	OPERATIONAL SUPPORT
WAPELLA FIRE DEPT 315 MAIN ST WAPELLA,IL 61777	37-0911204	GOVERNMENT		8,295		MSA 6000 THERMAL IMAGING CAMERA	OPERATIONAL SUPPORT
ORANGE CITY FIRE DEPARTMENT 215 N HOLLY AVE ORANGE CITY,FL 32763	59-0946992	GOVERNMENT		8,536		(4) PARATEC TVS-100 STRUTS WITH 6" AND 12" BASE PLATE, AIR CHISEL KIT WITH I	OPERATIONAL SUPPORT
OAK HILL FIRE DEPARTMENTTRAVIS COUNTY EMERGENCY SERVICES DISTRICT 3 4111 BARTON CREEK BLVD AUSTIN,TX 78735	74-2725719	GOVERNMENT		9,335		(3) AEDS, (4) BATTERY PACKS, (3) CABLES, (1) ELECTRODE CASE WITH 8 PAIRS, (3	OPERATIONAL SUPPORT
LOUISVILLE DIVISION OF FIRE- METRO ARSON BUREAU 501 ASHLAND AVENUE LOUISVILLE,KY 40203	32-0049006	GOVERNMENT		9,609		(8) POINT BLANK BODY ARMOR KITS, (10) GLOCK HANDGUNS	OPERATIONAL SUPPORT
LARUE COUNTY EMS 924 SOUTH LINCOLN BLVD HODGENVILLE,KY 42748	61-6000822	GOVERNMENT		9,611		(4) ZOLL E-SERIES CARDIAC MONITOR BLUETOOTH UPGRADES AND (4) APPLE IPADS WIT	OPERATIONAL SUPPORT
PLEASANT VIEW VOLUNTEER FIRE DEPARTMENT 1119 MAIN STREET PLEASANT VIEW,TN 37146	62-1415221	GOVERNMENT		9,850		THERMAL IMAGE CAMERA, EVOLUTION 5800 TIC, 2X,F, QT, PALETTE AND TWO RECHARGE	OPERATIONAL SUPPORT
AED ALLIANCE INC 124 POINT PETER PLACE ST MARYS,GA 31558	27-4073632	501(C)(3)		9,951		(20) CARDIAC SCIENCE G3 AUTOMATED EXTERNAL DEFIBRILLATORS (AEDS)	OPERATIONAL SUPPORT
CITY OF FAIRFAX FIRE DEPARTMENT 4081 UNIVERSITY DRIVE SUITE 400 FAIRFAX,VA 22030	54-6001266	GOVERNMENT		10,000		(2) TROXFIRE FORCIBLE ENTRY TRAINER	OPERATIONAL SUPPORT

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GANTT FIRE SEWER AND POLICE DISTRICT 1331 WHITE HORSE ROAD GREENVILLE,SC 29605	57-6005604	GOVERNMENT		10,018		(4) AEDS	OPERATIONAL SUPPORT
TRAFALGAR VOLUNTEER FIRE DEPARTMENT 203 E PEARL STREET TRAFALGAR,IN 46181	35-1386124	GOVERNMENT		10,044		(4) CHAIN SAWS, (1) VENT SAW, (2) CUT-OFF MACHINES, (2) BLOWERS, (1) CORDLES	OPERATIONAL SUPPORT
OAK RIDGE FIRE DEPARTMENT 200 S TULANE AVE OAK RIDGE,TN 37830	62-6018662	GOVERNMENT		10,049		THERMAL IMAGING CAMERA	OPERATIONAL SUPPORT
SCIOTO VALLEY FIRE DISTRICT 100 N FRONT STREET LARUE,OH 43332	31-0945844	GOVERNMENT		10,080		FUNDING FOR THE DEPARTMENT TO RECEIVE EMS TRAINING TO ESTABLISH FIRST RESPON	OPERATIONAL SUPPORT
FAYETTEVILLE FIRE DEPARTMENT 113 W MOUNTAIN FAYETTEVILLE,AR 72701	71-6018462	GOVERNMENT		10,170		FORCIBLE ENTRY SIMULATOR--FEATURES INWARD AND OUTWARD SWINGING, BOLTLESS PIK	OPERATIONAL SUPPORT
NEW WINDSOR FIRE AND HOSE COMPANY #1 101 HIGH STREET NEW WINDSOR,MD 21776	23-7302941	501(C)(3)		10,276		FUNDING FOR (7) PHYSIO CONTROL LIFEPAK EXPRESS AEDS, CPR TRAINING SYSTEM, AN	OPERATIONAL SUPPORT
ROANE COUNTY SHERIFF'S OFFICE 230 N THIRD ST KINGSTON,TN 37763	62-6000806	GOVERNMENT		10,288		WE ARE REQUESTING (50) FIRST AID KITS WE ARE ALSO REQUESTING (6) AED'S TO G	OPERATIONAL SUPPORT
JOHNS CREEK FIRE DEPARTMENT 12000 FINDLEY ROAD SUITE 400 JOHNS CREEK,GA 30022	11-3793535	GOVERNMENT		10,769		BULLEX ITS EXTREME TRAINER'S PACKAGE	OPERATIONAL SUPPORT
FORT BEND COUNTY FIRE MARSHAL'S OFFICE 1521 EUGENE HEIMANN CIRCLE 114 RICHMOND,TX 77469	74-6001969	GOVERNMENT		10,965		BULLEX FIRE EXTINGUISHER TRAINING SYSTEM	OPERATIONAL SUPPORT
HOBART FIRE DEPARTMENT 400 E 10TH ST HOBART,IN 46342	35-6001058	GOVERNMENT		10,995		1) MSA 5600 THERMAL IMAGING CAMERA AND ACCESSORIES 10) MSA 30MIN AIR BOTTLE	OPERATIONAL SUPPORT

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SUMMERTOWN COMMUNITY VOLUNTEER FIRE DEPARTMENT PO BOX 231 SUMMERTOWN,TN 38483	62-1582966	GOVERNMENT		11,141		BULLARD T3MAXBUNDLE WITH TRUCK CHARGER	OPERATIONAL SUPPORT
ADVANCE VOLUNTEER FIRE DEPARTMENT INC 106 EAST WALL STREET ADVANCE,IN 46102	35-2080399	GOVERNMENT		11,261		(3) PORTABLE RADIOS MOTOROLA APX6000 MODEL 800MHZ	OPERATIONAL SUPPORT
SPRINGFIELD FIRE DEPARTMENT 830 N BOONVILLE AVE SPRINGFIELD,MO 65802	44-6000268	GOVERNMENT		11,539		BULLSEYE LASER DRIVEN FIRE EXTINGUISHER TRAINING SYSTEM	OPERATIONAL SUPPORT
ELLIS CROSS COUNTRY FIRE DEPT 3420 OLD MOCKSVILLE RD SALISBURY,NC 28144	56-2079920	GOVERNMENT		11,805		BULLARD ECLIPSE LD BUNDLE	OPERATIONAL SUPPORT
MAURY COUNTY OFFICE OF EMERGENCY MANAGEMENT 302B W 7TH STREET COLUMBIA,TN 38401	62-6000744	501(C)(3)		11,815		(2) COMPLETE PUBLIC SAFETY DIVER'S GEAR SETS	OPERATIONAL SUPPORT
STAFFORD COUNTY FIRE AND RESCUE 1225 COURTHOUSE ROAD STAFFORD,VA 22554	54-6001626	GOVERNMENT		12,070		(1) AMKUS SPREADER, AMK-30CRT, 32' OPENING STD CPLG #300204462000, (1) AMKUS	OPERATIONAL SUPPORT
SUMTER FIRE DEPARTMENT 129 E HAMPTON AVE SUMTER,SC 29153	57-6000246	GOVERNMENT		12,094		(2) 10-TON PARATECH RESCUE LIFTS	OPERATIONAL SUPPORT
CAMPBELL COUNTY RESCUE SQUAD 155 RAINBOW FOREST DRIVE LYNCHBURG,VA 24502	54-6068579	GOVERNMENT		12,208		RESCUE 42 STRUT KIT	OPERATIONAL SUPPORT
ALLENFORCE 23512 W GRINTON DR PLAINFIELD,IL 60586	45-5119173	501(C)(3)		12,403		(1) OR MORE ACTION TRACK CHAIRS (ATC)	OPERATIONAL SUPPORT
VIRGINIA BEACH VOLUNTEER RESCUE SQUAD 740 VIRGINIA BEACH BLVD VIRGINIA BEACH,VA 23451	54-6047133	GOVERNMENT		12,490		(10) KED EXTRICATION DEVICES, (10) PEDI-PACS FOR PEDIATRIC TRANSPORT (30) HE	OPERATIONAL SUPPORT

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ATLANTIC BEACH OCEAN RESCUE 850 SEMINOLE ROAD ATLANTIC BEACH,FL 32233	59-6000267	GOVERNMENT		12,502		SEA DOO GTI JET SKI, TRAILER, 3 YEAR MAINTENANCE SERVICE PLAN AND HIGH SURF	OPERATIONAL SUPPORT
CITY OF WINTER PARK FIRE RESCUE 343 W CANTON AVENUE WINTER PARK,FL 32789	59-6000454	GOVERNMENT		12,650		INFLATABLE FIRE SAFETY HOUSE	OPERATIONAL SUPPORT
CHELSEA FIRE AND RESCUE 160 CHESSER DRIVE CITY OF CHELSEA,AL 35043	63-1150471	GOVERNMENT		12,696		POLARIS RANGER 6 X 6 RESCUE ATV	OPERATIONAL SUPPORT
CRANBERRY TOWNSHIP EMERGENCY MEDICAL SERVICES 802 THOMPSON PARK DRIVE CRANBERRY TOWNSHIP,PA 16066	25-1419588	GOVERNMENT		12,840		(3) LIFEPAK AED TRAINERS, CPR MANIKINS AND EQUIPMENT, STAT MEDICAL MANIKIN	OPERATIONAL SUPPORT
QUEEN VALLEY FIRE DISTRICT 1494 E QUEEN VALLEY DRIVE QUEEN VALLEY,AZ 85118	86-0676778	GOVERNMENT		12,926		(14) SCBA BOTTLES	OPERATIONAL SUPPORT
MURPHY FIRE RESCUE 206 N MURPHY RD MURPHY,TX 75094	75-1410102	GOVERNMENT		13,155		2013 KAWASAKI MULE UTV 4X4 WITH EMERGENCY MEDICAL SETUP	OPERATIONAL SUPPORT
MAYFIELD HEIGHTS FIRE DEPARTMENT 6154 MAYFIELD ROAD MAYFIELD HEIGHTS,OH 44124	34-6001842	GOVERNMENT		13,162		ONE (1) HAZARD HOUSE SIMULATOR AND ONE (1) SPARKY THE FIRE DOG COSTUME	OPERATIONAL SUPPORT
CITY OF MILTON FIRE DEPARTMENT 5321 STEWART ST MILTON,FL 32570	59-6000377	GOVERNMENT		13,270		HURST E-DRAULIC COMBINATION RESCUE TOOL	OPERATIONAL SUPPORT
ASHWAUBENON PUBLIC SAFETY DEPARTMENT 2155 HOLMGREN WAY GREEN BAY,WI 54304	39-6031398	GOVERNMENT		13,272		(2) THERMAL IMAGING CAMERAS	OPERATIONAL SUPPORT
CITY OF ORLANDO FIRE DEPARTMENT 78 W CENTRAL ORLANDO,FL 32801	59-6000396	GOVERNMENT		13,495		(10) CPR MANIKINS, (10) AED TRAINERS, (20) AED PADS, (5) CHOKING TRAINERS	OPERATIONAL SUPPORT

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TOWN OF COLLIERVILLECOLLIERVILLE FIRE & RESCUE 500 POPLAR VIEW PARKWAY COLLIERVILLE,TN 38017	62-6000268	GOVERNMENT		13,681		(68) PPE JACKETS, PERSONAL PROTECTION EQUIPMENT (PPE), AMERICAN NATIONAL STA	OPERATIONAL SUPPORT
NATALBANY VOL FIRE DEPARTMENT PO BOX 337 NATALBANY,LA 70451	72-0881182	GOVERNMENT		13,912		HURST CUTTER (JL-500), HURST TELESCOPIC RAM (T-41), 1 30 FT HYDRAULIC HOSE,	OPERATIONAL SUPPORT
ARUNDEL VOLUNTEER FIRE DEPARTMENT 2380 DAVIDSONVILLE RD GAMBRILLS,MD 21054	52-0904507	GOVERNMENT		13,975		LUCAS 2 CHEST COMPRESSION SYSTEM	OPERATIONAL SUPPORT
BOSSIER PARISH SHERIFF'S OFFICE 204 BURT BLVD BENTON,LA 71006	72-6000187	GOVERNMENT		14,079		(1) CPR KIT, (2) CHOKING ADULT MANIKINS, (325) CPR MASK KITS, (8) AEDS, (9)	OPERATIONAL SUPPORT
ASHBURN VOLUNTEER FIRE RESCUE DEPARTMENT 20688 ASHBURN ROAD ASHBURN,VA 20147	54-0736744	GOVERNMENT		14,097		LUCAS CHEST COMPRESSION SYSTEM	OPERATIONAL SUPPORT
MONROE COUNTY FIRE RESCUE 490 63RD STREET MARATHON,FL 33050	59-6000749	GOVERNMENT		14,246		ONE PHYSIO CONTROL LUCAS 2, 2 1 CHEST COMPRESSION SYSTEM AND ACCESSORIES	OPERATIONAL SUPPORT
NEW HANOVER COUNTY FIRE RESCUE 230 GOVERNMENT CENTER DRIVE SUITE 130 WILMINGTON,NC 28403	56-6000324	GOVERNMENT		14,454		HURST E-DRAULIC VEHICLE EXTRICATION SC 350 E COMBI PACKAGE AND HURST R411E R	OPERATIONAL SUPPORT
LINCOLN FIRE AND RESCUE 1801 Q ST LINCOLN,NE 68508	47-6006256	GOVERNMENT		14,878		(16) APPLE IPAD TABLETS AND ALL NECESSARY SOFTWARE AND ACCESSORIES	OPERATIONAL SUPPORT
CITY OF NORTH MYRTLE BEACH FIRE-RESCUE DEPARTMENT 1018 2ND AVE S NORTH MYRTLE BEACH,SC 29582	57-0509844	GOVERNMENT		15,121		RAD-57 CO2 MONITOR, (10) ADVANCED LIFE SUPPORT RESPONDER BACKPACKS, (10) C	OPERATIONAL SUPPORT
CITY OF HICKORY FIRE DEPARTMENT 19 2ND STREET DRIVE NE HICKORY,NC 28601	56-6001244	GOVERNMENT		15,194		(2) THERMAL IMAGING CAMERAS WITH CHARGERS	OPERATIONAL SUPPORT

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CITY OF MT JULIET FIRE DEPARTMENT 104 BELINDA PARKWAY MT JULIET,TN 37122	62-0909621	GOVERNMENT		15,356		(2) THERMAL IMAGING CAMERAS	OPERATIONAL SUPPORT
SHILOH COMMUNITY VOLUNTEER FIRE DEPARTMENT 2149 JONES CHAPEL-SHILOH RD DANIELSVILLE,GA 30633	58-1833579	GOVERNMENT		15,509		(1) THERMAL IMAGER, 1,200 FT OF 1 75' ATTACK LINE, (4) 1 5' ADJUSTABLE NOZZ	OPERATIONAL SUPPORT
FLAGLER BEACH FIRE DEPARTMENT 320 S FLAGLER AVE FLAGLER BEACH,FL 32136	50-6002308	GOVERNMENT		15,640		BUNKER/TURNOUT GEAR F B F R IS HUMBLY REQUESTING (10) SETS OF GEAR TO OUTFI	OPERATIONAL SUPPORT
CITY OF MAPLE HEIGHTS FIRE DEPARTMENT 5520 WARRENSVILLE CENTER RD MAPLE HEIGHTS,OH 44137	34-6001809	GOVERNMENT		15,680		MAPLE HEIGHTS FIRE DEPARTMENT IS REQUESTING ASSISTANCE TO PURCHASE (16) VARI	OPERATIONAL SUPPORT
WASHINGTON BOTTOM VOLUNTEER FIRE DEPARTMENT 10643 DUPONT RD WASHINGTON,WV 26181	55-6024280	GOVERNMENT		15,717		ROPE RESCUE/CONFINED SPACE RESCUE EQUIPMENT	OPERATIONAL SUPPORT
MIFFLIN TOWNSHIP DIVISION OF FIRE 485 ROCKY FORK BLVD GAHANNA,OH 43230	31-6400736	GOVERNMENT		15,789		FORCIBLE ENTRY DOOR SIMULATOR & TRAINING PROPS	OPERATIONAL SUPPORT
HOLT COMMUNITY FIRE PROTECTION DISTRICT 260 STATE ROUTE 33 HWY HOLT,MO 64048	43-1080498	GOVERNMENT		15,841		ZOLL AUTOPULSE & ACCESSORIES	OPERATIONAL SUPPORT
SURPRISE FIRE DEPARTMENT 14250 STATLER PLAZE STE 101 SURPRISE,AZ 85374	86-6007796	GOVERNMENT		15,998		STAIR CHAIR, STRYKER GURNEY, FIRST AID TENTS, A WHEELCHAIR, O2 CYLINDERS, AN	OPERATIONAL SUPPORT
MT PENN FIRE COMPANY #1 2711 GRANT STREET READING,PA 19606	23-0895740	501(C)(3)		16,208		8 SETS OF PERSONAL PROTECTIVE EQUIPMENT (PANTS AND COATS)	OPERATIONAL SUPPORT
STRATMOOR HILLS FIRE DEPARTMENT 2160 B STREET COLORADO SPRINGS,CO 80906	84-0535270	GOVERNMENT		16,493		(1) TIF 8800 GAS MONITOR, (1) QRAE GAS MONITOR, (1) MULTI-RAE GAS MONITOR, (	OPERATIONAL SUPPORT

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BELLS FIRE DEPARTMENT 1022 EAST MARTIN LANE SHERMAN,TX 75090	75-2747080	GOVERNMENT		16,650		TECGEN WILD LAND/EXTRICATION PPE	OPERATIONAL SUPPORT
CLAYTON COUNTY POLICE DEPARTMENT 7911 N MCDONOUGH JONESBORO,GA 30236	58-6000802	GOVERNMENT		16,713		A POLE CAMERA	OPERATIONAL SUPPORT
CITY OF SOUTHSIDE PLACE FIRE DEPARTMENT 6309 EDLOE AVE HOUSTON,TX 77005	74-6001166	GOVERNMENT		16,820		BULLARD T4 MAX THERMAL IMAGING CAMERA AND REMOTE IMAGE RECEIVER	OPERATIONAL SUPPORT
COATES BEND VOLUNTEER FIRE AND RESCUE 1140 PULLTIGHT RD GADSDEN,AL 35901	63-0755296	GOVERNMENT		16,830		TURNOUT GEAR (11 SETS)	OPERATIONAL SUPPORT
FORT WAYNE FIRE DEPARTMENT 1 MAIN ST SUITE 901 FORT WAYNE,IN 46802	35-6001029	GOVERNMENT		17,022		(500) SMOKE ALARMS AND RADIATION MONITORS	OPERATIONAL SUPPORT
HURLEY FIRE DEPARTMENT 311 MAIN HURLEY,SD 57036	46-0355708	GOVERNMENT		17,229		(4) POSITIVE PRESSURE SCBA UNITS WITH SPARE CYLINDERS	OPERATIONAL SUPPORT
NORTH COUNTY FIRE PROTECTION DISTRICT 330 SOUTH MAIN AVE FALLBROOK,CA 92028	95-6005429	GOVERNMENT		17,417		(1) ZOLL AUTOPULSE AUTOMATED CHEST COMPRESSION DEVICE AND, (1) AUTOPULSE LI-	OPERATIONAL SUPPORT
STONE BLUFF VOLUNTEER FIRE DEPARTMENT 19265 US HIGHWAY 64 HASKELL,OK 74436	73-1333688	GOVERNMENT		18,116		CASCADE SYSTEM, 1 SINGLE FILL STATION	OPERATIONAL SUPPORT
MURFREESBORO FIRE AND RESCUE DEPARTMENT 220 NW BROAD ST MURFREESBORO,TN 37130	62-6000374	GOVERNMENT		18,134		(1) POLARIS RANGER, (1) EMERGENCY MEDICAL RESCUE SLIDEIN SKID UNIT	OPERATIONAL SUPPORT
CLAY COUNTY FIRE RESCUE 4003 EVERETT AVE MIDDLEBURG,FL 32068	59-3158203	GOVERNMENT		18,198		ALL-TERRAIN VEHICLE (ATV) EQUIPPED WITH SKID UNIT	OPERATIONAL SUPPORT

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SYLVANIA TOWNSHIP FIRE DEPARTMENT 8210 SYLVANIA SYLVANIA,OH 43560	34-6401390	GOVERNMENT		18,395		GATOR MOTO UTILITY VEHICLE ELECTRO EMS/RESCUE BUBBLE BUDDY LS VEHICLE	OPERATIONAL SUPPORT
GRAND RAPIDS FIRE DEPARTMENT 38 LAGRAVE AVE SE GRAND RAPIDS,MI 49503	38-6004689	GOVERNMENT		18,550		MATERIALS INCLUDING- 1,000 SMOKE DETECTORS, COLORING BOOKS, PENCILS PRINTED	OPERATIONAL SUPPORT
ELIZABETH CITY FIRE DEPARTMENT 304 E COLONIAL AVENUE ELIZABETH CITY,NC 27909	56-6000226	GOVERNMENT		18,556		WATER RESCUE BOAT, MOTOR, TRAILER AND APPROVED COAST GUARD KIT	OPERATIONAL SUPPORT
TUCSON FIRE DEPARTMENT 300 S FIRE CENTRAL PL TUCSON,AZ 85701	86-6000266	GOVERNMENT		18,637		(5) LIGHT WEIGHT INDUSTRIAL POSITIVE PRESSURE RESPIRATOR PROTECTION AIR PACK	OPERATIONAL SUPPORT
ST AUGUSTINE BEACH POLICE DEPARTMENT 2300 A1A SOUTH ST AUGUSTINE,FL 32080	59-0560946	GOVERNMENT		19,099		(20) TRAUMA KITS, (12) AEDS	OPERATIONAL SUPPORT
NORTH FAYETTE TOWNSHIP VFD 7678 STEUBENVILLE PIKE OAKDALE,PA 15071	23-7378029	501(C)(3)		19,118		WE ARE REQUESTING A COMPLETE SET OF RESCUE AIR BAGS FOR OUR RESCUE TRUCK AND	OPERATIONAL SUPPORT
FAIRCHILD VOLUNTEER FIRE DEPARTMENT 8715 FAIRCHILDS RD RICHMOND,TX 77469	76-0133487	GOVERNMENT		19,250		RESCUE EQUIPMENT- JAWS OF LIFE HURST TOOLS	OPERATIONAL SUPPORT
CASCADE VOLUNTEER FIRE DEPARTMENT 9 FRONT STREET CASCADE,MT 59421	81-6001242	GOVERNMENT		19,251		(8) SETS OF TURNOUT GEAR (BOOTS, COAT, PANTS, HELMET, GLOVES AND BAG), THERM	OPERATIONAL SUPPORT
CITY OF FALLS CHURCH POLICE DEPARTMENT 300 PARK AVE FALLS CHURCH,VA 22046	54-6001271	GOVERNMENT		19,330		AVATAR 2 SEARCH AND RESCUE ROBOT	OPERATIONAL SUPPORT
WARRENTON VOLUNTEER FIRE COMPANY 167 W SHIRLEY AVE WARRENTON,VA 20186	54-1415798	GOVERNMENT		19,496		(5) HELMETS, (5) GOGGLES, (6) GLOVES, (5) HOODS, (5) BOOTS, (5) TURNOUT JAC	OPERATIONAL SUPPORT

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WILLIAMSBURG FIRE DEPARTMENT 444 NORTH BOUNDARY ST WILLIAMSBURG,VA 23185	54-6001680	GOVERNMENT		19,501		EMS ALL-TERRAIN RESPONSE VEHICLE	OPERATIONAL SUPPORT
DIXMOOR FIRE DEPARTMENT 166 WEST 145TH STREET DIXMOOR,IL 60426	36-2704808	GOVERNMENT		19,520		HURST E-DRAULIC COMBINATION RESCUE TOOL AND HURST EDRAULIC SPREADERS	OPERATIONAL SUPPORT
MULBERRY FIRE DEPARTMENT 207 N MAIN STREET MULBERRY,AR 72947	71-0401368	GOVERNMENT		19,544		JAWS OF LIFE AND VEHICLE STABILIZATION EQUIPMENT	OPERATIONAL SUPPORT
DELAWARE COUNTY EMS 10 COURT STREET DELAWARE,OH 43015	31-6400065	GOVERNMENT		19,667		KUBOTA RTV 900 ALL-TERRAIN UTILITY VEHICLE, ACCESSORIES, SKID UNIT, ALL EMER	OPERATIONAL SUPPORT
BLUFFTON TOWNSHIP FIRE DISTRICT 357 FORDING ISLAND RD BLUFFTON,SC 29909	57-0788462	501(C)(3)		19,996		(2) BULLARD T-3 THERMAL IMAGING CAMERAS AND ACCESSORIES	OPERATIONAL SUPPORT
BOSTON FIRE DEPARTMENT 115 SOUTHAMPTON ST BOSTON,MA 21180	40-6001380	GOVERNMENT		19,999		E-DRAULIC TOOLS AND ACCESSORIES	OPERATIONAL SUPPORT
ORLAND FIRE PROTECTION DISTRICT 9790 151ST STREET ORLAND PARK,IL 60462	36-2798043	GOVERNMENT		20,000		PARTIAL FUNDING OF A TRAILER TO PROVIDE FIRE SAFETY, HOME/OFFICE SAFETY, AND	OPERATIONAL SUPPORT
INDEPENDENCE POLICE DEPARTMENT 223 MEMORIAL DR INDEPENDENCE,MO 64050	44-6000190	GOVERNMENT		20,000		AEGIS LAW ENFORCEMENT MOBILE UNIT SOFTWARE- MOBILE MESSAGING & IN-CAR MAPPIN	OPERATIONAL SUPPORT
CITY OF SEMINOLE FIRE RESCUE 9199 113TH ST SEMINOLE,FL 33772	59-1319441	GOVERNMENT		20,000		FIRE PREVENTION/FIRE SAFETY CURRICULUM SUPPLEMENT	OPERATIONAL SUPPORT
PEACHTREE CITY FIRE AND RESCUE 105 N PEACHTREE PKWY PEACHTREE CITY,GA 30269	58-1079955	GOVERNMENT		20,004		(13) MUSTANG SURVIVAL WATER RESCUE DRY SUITS	OPERATIONAL SUPPORT

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COLLEGE OF COASTAL GEORGIA DEPARTMENT OF PUBLIC SAFETY 1 COLLEGE DR BRUNSWICK,GA 31520	58-0939565	501(C)(3)		20,257		20 FOOT TRAILER FULLY EQUIPPED WITH GENERATOR AND RESCUE GEAR	OPERATIONAL SUPPORT
SOUTHEAST VOLUNTEER FIRE DEPARTMENT 6012 LIBERTY RD CLIMAX,NC 27233	23-7228442	GOVERNMENT		20,969		HOLMATRO HYDRAULIC EXTRICATION TOOLS PUMP, CUTTER AND SPREADER	OPERATIONAL SUPPORT
NORMAN FIRE DEPARTMENT 415 E MAIN STREET NORMAN,OK 73069	73-6005350	GOVERNMENT		21,544		ATV- SPECIAL EVENTS EMS RESPONSE UNIT	OPERATIONAL SUPPORT
ROCKY RIDGE FIRE DISTRICT 2911 METROPOLITAN WAY BIRMINGHAM,AL 35243	63-0483770	GOVERNMENT		21,957		PORTABLE RADIOS WITH LAPEL MICROPHONES	OPERATIONAL SUPPORT
SPRINGDALE FIRE DEPARTMENT 12147 LAWNVIEW AVE SPRINGDALE,OH 45246	31-6010111	GOVERNMENT		22,058		(10) SETS OF BUNKER PANTS AND TURNOUT COATS, (2) CPR MANNEQUINS, (4) AED TRA	OPERATIONAL SUPPORT
UNIFIED FIRE AUTHORITY OF GREATER SALT LAKE 3380 SOUTH 900 WEST SALT LAKE CITY,UT 84119	75-3134967	501(C)(3)		22,150		(10) SETS OF STRUCTURAL FIREFIGHTING PROTECTIVE ENSEMBLES (PPE/TURNOUTS) (20	OPERATIONAL SUPPORT
LEHI CITY FIRE DEPARTMENT 176 N CENTER ST LEHI,UT 84043	87-6000240	GOVERNMENT		22,240		(2) BULLARD ECLIPSE THERMAL IMAGERS, BATTERIES, ECLIPSE CONTROL PANEL SOFTWA	OPERATIONAL SUPPORT
OHIO TOWNSHIP FIRE DEPARTMENT 2400 OLD PLANK ROAD NEWBURGH,IN 47630	36-1965647	GOVERNMENT		22,369		TRAINING MEDIA AND SUPPORTING RESOURCES FROM ACTION TRAINING SYSTEMS	OPERATIONAL SUPPORT
PHOENIX CHILDREN'S HOSPITAL FOUNDATION 2929 EAST CAMELBACK ROAD SUITE 122 PHOENIX,AZ 85032	74-2421549	501(C)(3)		22,414		GLIDESCOPE AVL REUSABLE, AVL PRETERMS/SMALL CHILD VIDEO LARYNGOSCOPE	OPERATIONAL SUPPORT
SAINT PAUL FIRE DEPARTMENT 1683 ENERGY PARK DRIVE SAINT PAUL,MN 55108	41-6005521	GOVERNMENT		22,871		18 ALPHA EAGLE 903SV/901DV FLIGHT HELMETS THESE HELMETS ARE PROTECTIVE EQUI	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
WATERFORD REGIONAL FIRE DEPARTMENT 2495 CRESCENT LAKE RD WATERFORD,MI 48329	38-6007299	GOVERNMENT		22,973		(3) SCBAS WITH MASKS AND (3) SPARE AIR CYLINDERS	OPERATIONAL SUPPORT
SAN DIEGO FIRE RESCUE FOUNDATION 330 ENCINITAS BLVD SUITE 101 ENCINITAS,CA 92024	20-3461105	501(C)(3)		23,412		(280) MOTOROLA REMOTE SPEAKER MICROPHONES	OPERATIONAL SUPPORT
PIKE TOWNSHIP FIRE DEPARTMENT 4881 W 71ST STREET INDIANAPOLIS,IN 46268	35-1311688	GOVERNMENT		24,300		RESCUE ONE CONNECTOR BOAT	OPERATIONAL SUPPORT
NORMAN REGIONAL HEALTH FOUNDATION EMSSTAT DEPARTMENT 901 N PORTER AVE NORMAN,OK 73070	73-1203942	GOVERNMENT		24,999		2013 TRAVEL TRAILER KZ MXT	OPERATIONAL SUPPORT
VIBORG POLICE DEPARTMENT 110 N MAIN STREET VIBORG,SD 57070	46-6000503	GOVERNMENT		25,085		2014 DODGE RAM 1500 4X4 SPECIAL SERVICE POLICE PATROL VEHICLE	OPERATIONAL SUPPORT
NETWORK OF TRUST SCHOOL HEALTH PROGRAM 800 N JEFFERSON ST ALBANY,GA 31701	58-1928247	501(C)(3)		25,517		(17) AEDS WITH PEDIATRIC ELECTRODE PADS AND WALL CABINETS	OPERATIONAL SUPPORT
CITY OF HUBER HEIGHTS DIVISION OF FIRE 7008 BRANDT PIKE HUBER HEIGHTS,OH 45424	31-6000621	GOVERNMENT		26,467		LUCAS CHEST COMPRESSION SYSTEM	OPERATIONAL SUPPORT
YMCA OF FLORIDA'S FIRST COAST- 25 LOCATIONS 12735 GRAN BAY PARKWAY SUITE 250 JACKSONVILLE,FL 32258	59-0638514	501(C)(3)		26,991		(7) EMERGENCY O2 BOTTLES, (3) CARDIAC SCIENCE AEDS, (3) PEDIATRIC AED DEFIBR	OPERATIONAL SUPPORT
LEFTHAND FIRE PROTECTION DISTRICT 900 LEFTHAND CANYON DRIVE BOULDER,CO 80302	84-0892162	GOVERNMENT		27,667		ZOLL X SERIES 12-LEAD CARDIAC MONITOR WITH TRANSCOTANEOUS PACING, PULSE OXIM	OPERATIONAL SUPPORT
PANAMA CITY BEACH POLICE DEPARTMENT 17110 FIRENZO AVENUE PANAMA CITY BEACH FL, FL 32413	59-6045116	GOVERNMENT		28,947		SURF RESCUE EQUIPMENT FOR THE SURF RESCUE AND MARINE PATROL	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
UNIVERSITY OF SOUTH FLORIDA POLICE DEPARTMENT 4202 EAST FOWLER AVE TAMPA,FL 33620	59-3102112	GOVERNMENT		29,440		15 AUTOMATED EXTERNAL DEFIBRILLATORS (AEDS)	OPERATIONAL SUPPORT
MED FLIGHT OF OHIO 2827 WEST DUBLIN COLUMBUS,OH 43205	31-1428613	501(C)(3)		29,604		PEDIATRIC SIMULATION MANNEQUIN (SIMJUNIOR), SIMPAD SYSTEM, PATIENT MONITOR-	OPERATIONAL SUPPORT
LACEY'S SPRING VOLUNTEER FIRE DEPARTMENT 10299 HWY 36 EAST LACEYS SPRING,AL 35754	63-0728451	GOVERNMENT		31,245		15 SETS OF HEAD TO TOE TURNOUT GEAR, INCLUDING HELMETS, HOODS, COATS, GLOVES	OPERATIONAL SUPPORT
UNIVERSITY OF SOUTH ALABAMA SAFETY AND ENVIRONMENTAL COMPLIANCE 5795 USA DRIVE NORTH ROOM 332 MOBILE,AL 36688	63-0477348	GOVERNMENT		31,315		(22) POWERHEART AEDS AND (2) WALL MOUNT CABINETS WITH ALARMS	OPERATIONAL SUPPORT
ATLANTIC BEACH POLICE DEPARTMENT 850 SEMINOLE ROAD ATLANTIC BEACH,FL 32233	59-6000267	GOVERNMENT		31,680		(23) CARDIAC SCIENCE POWERHEART AED G3 PLUS MOBILE RESPONDER VALUE PACKAGES	OPERATIONAL SUPPORT
CLARK COUNTY FIRE DEPARTMENT 4425 W TROPICANA LAS VEGAS,NV 89103	88-6000028	GOVERNMENT		33,334		(5) MULTI-FORCE DOORS/SIMULATORS AND TRAINING DVD	OPERATIONAL SUPPORT
SPARTANBURG PUBLIC SAFETY DEPARTMENT 145 WEST BROAD STREET SPARTANBURG,SC 29304	57-6000245	GOVERNMENT		10,600		A SKID UNIT	OPERATIONAL SUPPORT
HOUSTON FIRE DEPARTMENT 600 JEFFERSON HOUSTON,TX 77002	01-7460011	GOVERNMENT		12,100		IN EFFORTS TO PROMOTE FIRE SAFETY, THE HOUSTON FIRE DEPARTMENT HAS CREATED T	OPERATIONAL SUPPORT
ST CHARLES COUNTY AMBULANCE DISTRICT 4169 OLD MILL PKWY ST PETERS,MO 63376	43-1065830	GOVERNMENT		12,837		(17) RESCUE PACKS, (1) OTC DRUG CACHE, (2) MISTING FANS, (1) ICE MACHINE, (3	OPERATIONAL SUPPORT
CITY OF CARROLLTON TX FIRE RESCUE 1945 E JACKSON RD CARROLTON,TX 75006	75-6000478	GOVERNMENT		14,783		27 CUT-OFF VALVES AND 8 NOZZLES	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
HERNANDO COUNTY FIRE RESCUE 60 VETERANS AVE BROOKSVILLE,FL 34601	59-1155275	GOVERNMENT		16,921		POLARIS UTV	OPERATIONAL SUPPORT
NEPTUNE BEACH POLICE DEPARTMENT 200 LEMON STREET NEPTUNE BEACH,FL 32266	80-1262164	GOVERNMENT		17,194		(10) AED UNITS WITH RELATED SOFTWARE, ACCESSORIES INCLUDING BATTERIES, TRAIN	OPERATIONAL SUPPORT
O'FALLON FIRE PROTECTION DISTRICT 119 E ELM STREET OFALLON,MO 63366	03-0000766	GOVERNMENT		17,806		STRUCTURAL FIREFIGHTING HELMETS (30) AND A THERMAL IMAGING CAMERA	OPERATIONAL SUPPORT
MURFREESBORO FIRE AND RESCUE DEPARTMENT 304 E COLONIAL AVENUE ELIZABETH CITY,NC 27909	56-6000226	GOVERNMENT		18,556		WATER RESCUE BOAT, MOTOR, TRAILER AND APPROVED COAST GUARD KIT	OPERATIONAL SUPPORT
CITY OF SEMINOLE FIRE RESCUE 9199 113TH ST SEMINOLE,FL 33772	59-1319441	GOVERNMENT		20,000		FIRE PREVENTION/FIRE SAFETY CURRICULUM SUPPLEMENT	OPERATIONAL SUPPORT

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
FIREHOUSE SUBS PUBLIC SAFETY FOUNDATION INC

Employer identification number
20-3588745

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)ROBIN PETERS EXECUTIVE DIRECTOR	(i) (ii)	137,205 0	0 0	0 0	10,105 0	17,417 0	164,727 0	0 0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135008094

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.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
FIREHOUSE SUBS PUBLIC SAFETY FOUNDATION INC

Employer identification number
20-3588745

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III LINE 4	OVERVIEW THE AVERAGE PUBLIC SAFETY ENTITIES OPERATES IN COMMUNITIES WITH A POPULATION OF 30,000 MANY OF THESE DEPARTMENTS ARE STRAPPED FOR CASH AND RESOURCES THEY NEED ESSENTIAL TOOLS FOR EMERGENCIES, INCLUDING FIRES, VEHICULAR ACCIDENTS AND SEARCH AND RESCUE OPERATIONS THESE BASIC PIECES OF EQUIPMENT CAN MEAN THE DIFFERENCE BETWEEN LIFE AND DEATH FOR MEMBERS OF THE COMMUNITY AND EVEN THE FIRST RESPONDERS THE IMPACT OF DONATIONS MADE TO FIRST RESPONDERS AND PUBLIC SAFETY ORGANIZATIONS HAS A REACH FAR BEYOND THE DOLLAR AMOUNTS AND THE NUMBER OF AWARDED DEPARTMENTS
FORM 990, PART VI, SECTION A, LINE 2	ROBIN SORENSEN AND CHRIS SORENSEN HAVE A FAMILY RELATIONSHIP
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
FORM 990 PART VIII LN 8	WHILE THE TOTAL REVENUE FROM THE TWO FUNDRAISING EVENTS FELL BELOW THE EXPENSES FOR THOSE EVENTS, THE FOUNDATION WAS ABLE TO OBTAIN AN ADDITIONAL $29,459 IN GENERAL CONTRIBUTIONS BY HOSTING OF THESE EVENTS, BRINGING THE NET RECEIPTS FROM THE EVENTS TO $24,262 AN ADDITIONAL BENEFIT WAS THE OPPORTUNITY TO RAISE AWARENESS OF THE MISSION TO A NEW MARKET, INCREASING THE POTENTIAL FOR LONG TERM DONATIONS AND FUTURE REVENUE GROWTH SEE THE COMPLETE RECONCILIATION BELOW POND GOLF TOURNAMENT / FIREHOUSE SUBS MEN'S DOUBLES TENNIS TOURNAMENT FUNDRAISER PROCEEDS $70,440 GENERAL CONTRIBUTIONS RECEIVED AT EVENT $29,459 TOTAL RECEIPTS $99,899 DIRECT EXPENSES ($75,637) NET RECEIPTS FROM FUNDRAISING EVENTS $24,262