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

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final 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 $ 7,914,107

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	8
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	8
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	**5**	6
6	Total number of volunteers (estimate if necessary)	**6**	84
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)	5,339,091	7,715,620
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	26,497	70,742
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	34,377	42,157
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,399,965	7,828,519
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,510,516	4,392,417
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)	380,587	448,731
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶357,824		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	279,523	385,980
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	4,170,626	5,227,128
19	Revenue less expenses Subtract line 18 from line 12	1,229,339	2,601,391

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	3,666,969	6,074,599
21	Total liabilities (Part X, line 26)	540,380	346,616
22	Net assets or fund balances Subtract line 21 from line 20	3,126,589	5,727,983

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

****** 2016-05-12
Signature of officer Date

ROBIN PETERS EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

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

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

Firm's address ▶ 500 RIDGEFIELD COURT, ASHEVILLE, NC 28806 — Phone no (828) 254-2254

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

FIREHOUSE SUBS PUBLIC SAFETY FOUNDATION IS DEDICATED TO IMPROVING THE LIFE-SAVING CAPABILITIES AND THE LIVES OF LOCAL HEROES AND THEIR COMMUNITIES

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 $ 3,885,417 including grants of $ 3,642,656) (Revenue $)

LIFE SAVING EQUIPMENT DONATIONS EQUIPMENT DONATIONS IMPACT MILLIONS OF FAMILIES AND INDIVIDUALS IN COMMUNITIES THROUGHOUT THE COUNTRY IN 2015 ALONE 293 PUBLIC SAFETY ORGANIZATIONS WERE AWARDED FUNDING THE FIREHOUSE SUBS PUBLIC SAFETY FOUNDATION'S REACH CONTINUES TO GROW COVERING 42 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 $ 483,581 including grants of $ 435,204) (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 $ 131,922 including grants of $ 104,264) (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

See Additional Data

4d Other program services (Describe in Schedule O)

(Expenses $ 224,105 including grants of $ 210,293) (Revenue $)

4e **Total program service expenses** ▶ 4,725,025

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 domestic 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 or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
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), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		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 "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response 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**	10		
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**	6		
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**			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.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	**9a**			
b	Did the sponsoring 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	8		
	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	8		
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, address, and telephone number of the person who possesses the organization's books and records ▶ SHERI KOHLER 3400-8 KORI RD 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) ROBIN SORENSEN PRESIDENT	5 00	X		X				0	0	0
(2) CHRIS SORENSEN DIRECTOR	1 00	X		X				0	0	0
(3) JIM BROSCIOUS DIRECTOR	1 00	X						0	0	0
(4) MARYELLEN MECH DIRECTOR	1 00	X						0	0	0
(5) JOE MOORE DIRECTOR	1 00	X						0	0	0
(6) BILL CARR DIRECTOR	1 00	X						0	0	0
(7) JOHN LONG DIRECTOR	1 00	X						0	0	0
(8) MIKE WILLIAMS DIRECTOR	1 00	X						0	0	0
(9) SHERI KOHLER TREASURER	15 00			X				0	0	0
(10) ROBIN PETERS EXECUTIVE DIRECTOR	40 00			X				152,697	0	34,089
(11) MEGHAN VARGAS OFFICER	39 60			X				68,832	0	8,549
(12) JACQUELYN GUBBINS OFFICER	38 00			X				51,520	0	8,172
(13) BRADY RIGDON OFFICER	25 00			X				46,455	0	0
(14) GINA BROWN OFFICER	25 00			X				33,662	0	4,371

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)**								353,166	0	55,181

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*		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*	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*		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 ▶ 1

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 31,978				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 7,683,642				
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f		7,715,620			
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)		70,742			70,742
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory					
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including $ 31,978 of contributions reported on line 1c) See Part IV, line 18	a 127,745				
	b Less direct expenses	b 85,588				
	c Net income or (loss) from fundraising events		42,157			42,157
	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					
Other Revenue	Miscellaneous Revenue	Business Code				
	11a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d					
	12 **Total revenue.** See Instructions		7,828,519	0	0	112,899

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 domestic organizations and domestic governments See Part IV, line 21	4,283,293	4,283,293		
2 Grants and other assistance to domestic individuals See Part IV, line 22	109,124	109,124		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	448,731	275,721	46,318	126,692
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				
c Accounting	34,477		34,477	
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)	1,150	1,150		
12 Advertising and promotion	111,716	14,668	58	96,990
13 Office expenses	185,866	3,490	53,020	129,356
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	50,773	37,579	8,408	4,786
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	1,998		1,998	
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	5,227,128	4,725,025	144,279	357,824
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		1,858,979	1	3,131,009
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		255,404	3	488,933
	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		15,950	8	13,068
	9	Prepaid expenses and deferred charges		6,812	9	5,382
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 21,172			
	b	Less accumulated depreciation	10b 12,825	9,840	10c	8,347
	11	Investments—publicly traded securities		1,519,984	11	2,427,860
	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)		3,666,969	16	6,074,599
Liabilities	17	Accounts payable and accrued expenses		304,297	17	217,330
	18	Grants payable		236,083	18	129,286
	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		540,380	26	346,616
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		2,741,012	27	5,119,479
	28	Temporarily restricted net assets		385,577	28	608,504
	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		3,126,589	33	5,727,983
	34	Total liabilities and net assets/fund balances		3,666,969	34	6,074,599

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	7,828,519
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,227,128
3	Revenue less expenses Subtract line 2 from line 1	3	2,601,391
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,126,589
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	3
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	5,727,983

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		

Additional Data

Software ID:

Software Version:

EIN: 20-3588745

Name: FIREHOUSE SUBS PUBLIC SAFETY FOUNDATION INC

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses $ 224,105 including grants of $ 210,293) (Revenue $)

U S MILITARY 2014 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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493133038386

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.**

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

OMB No 1545-0047

2015

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 (Form 990 or 990-EZ))

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 331/3% 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 331/3% 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . . _____

g 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 (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	1,695,495	2,882,308	4,000,764	5,339,091	7,828,519	21,746,177
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	1,695,495	2,882,308	4,000,764	5,339,091	7,828,519	21,746,177
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)						946,432
6 **Public support.** Subtract line 5 from line 4						20,799,745

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	1,695,495	2,882,308	4,000,764	5,339,091	7,828,519	21,746,177
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				26,497		26,497
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 VI)						
11 **Total support.** Add lines 7 through 10						21,772,674

12 Gross receipts from related activities, etc (see instructions) **12**

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	**14**	95 530 %
15	Public support percentage for 2014 Schedule A, Part II, line 14	**15**	98 190 %

16a **33 1/3% support test—2015.** 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—2014.** 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—2015.** 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2014** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2015.** 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—2014.** 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	11c		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E ☐

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI) _____			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) ☐

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
d From 2013.			
e From 2014.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 $ _____			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2016.** Add lines 3j and 4c			
8 Breakdown of line 7			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI **Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493133038386

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

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" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of 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" on 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, handling of violations, and enforcing conservation easements during the year
▶_____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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) Revenue included on 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 Revenue included on 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" on 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, for escrow or custodial account liability? ☐ 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	1,519,984	500,000			
b Contributions	1,000,000	1,000,000	500,000		
c Net investment earnings, gains, and losses	-56,614	23,604			
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	11,221	3,620			
g End of year balance	2,452,149	1,519,984	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 on 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" on 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		21,172	12,825	8,347
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				8,347

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' on 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		
(3) 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' on 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' on 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' on 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' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	7,835,919
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) 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	7,828,519
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	7,828,519

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	5,234,528
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	5,227,128
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	5,227,128

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, 2015 OR 2014 FISCAL YEARS ENDING ON OR AFTER DECEMBER 31, 2012, 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" on 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.**

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

OMB No 1545-0047

2015

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" on 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
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
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" on 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	103,020	56,703		159,723
	2 Less Contributions	22,043	9,935		31,978
	3 Gross income (line 1 minus line 2)	80,977	46,768		127,745
Direct Expenses	4 Cash prizes		481		481
	5 Noncash prizes	13,557			13,557
	6 Rent/facility costs	12,337	3,118		15,455
	7 Food and beverages	13,772	2,528		16,300
	8 Entertainment				
	9 Other direct expenses	23,882	15,913		39,795
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				85,588
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				42,157

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

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

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

a Is the organization licensed to conduct 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 conduct 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 conducted 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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493133038386

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

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 Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on 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 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 . . . . . ▶ 249

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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
(1) DISABILITY EQUIPMENT	9		109,124		(9)ALL-TERRAIN WHEELCHAIRS

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 Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WASHINGTON TOWNSHIP VOLUNTEER FIRE DEPT PO BOX 181 BUCKCREEK,IN 47924	35-1722947	GOVERNMENT		25,000		A DEMO SET OF HURST RESCUE TOOLS, 'JAWS OF LIFE', WITH POWER PACK, TOOLS AND	OPERATIONAL SUPPORT
PACOLET FIRE DISTRICT 160 HILLBROOK CIRCLE PACOLET,SC 29372	57-0907235	GOVERNMENT		5,035		10 MOTOROLA XPR-3500 VHF WALKIE-TALKIES WITH LAPEL MICS	OPERATIONAL SUPPORT
JACKSONVILLE SPORTS MEDICINE PROGRAM 3563 PHILIPS HWY JACKSONVILLE,FL 32207	59-2997510	GOVERNMENT		5,170		4 PORTABLE AED UNITS THAT WILL BE PUT INTO SERVICE WITHIN OUR ATHLETIC TRAIN	OPERATIONAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GALLATIN GATEWAY RURAL FIRE DISTRICT 320 WEBB ST GALLATIN GATEWAY, MT 59730	81-0362895	GOVERNMENT		5,338		GENESIS RESCUE AIR BAGS	OPERATIONAL SUPPORT
WESTSIDE BAPTIST CHURCH 7775 HERLONG RD JACKSONVILLE, FL 32210	59-1028789	GOVERNMENT		5,456		SIX ONSITE DEFIBRILLATORS	OPERATIONAL SUPPORT
AUTAUGA COUNTY HEALTH SERVICES 131 SOUTH WASHINGTON ST PRATTVILLE, AL 36066	63-6000743	GOVERNMENT		5,456		3 AED UNITS WHICH ARE NO LONGER SUPPORTED BY THE MANUFACTURER AND 3 AED UNIT	OPERATIONAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BLACKFOOT FIRE DEPARTMENT 225 N ASH BLACKFOOT,ID 83221	82-6000164	GOVERNMENT		5,699		4 GAS DETECTORS SO EACH OF OUR TRUCKS HAS ONE ON BOARD WE WILL PAY ANY SALE	OPERATIONAL SUPPORT
LIFE IS SWEET AEDS INC 4152 WHISPERING FOREST CT SW LILBURN,GA 30047	47-1914378	GOVERNMENT		5,795		EQUIPMENT - $5,352 3 CARDIAC SCIENCE POWERHEART G5 AEDS, 2 WALL MOUNT CAS	OPERATIONAL SUPPORT
RICHMOND AMBULANCE AUTHORITY 2400 HERMITAGE ROAD RICHMOND,VA 23220	54-1533323	GOVERNMENT		5,800		TWO QUIKCLOT WOUND PACKING TRAINER KITS, WHICH PROVIDE VERY REALISTIC WOUND	OPERATIONAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BROOKHAVEN POLICE DEPARTMENT 2665 BUFORD HWY NE BROOKHAVEN,GA 30324	46-1567295	GOVERNMENT		5,948		CAT TOURNIQUETS AND DUTY BELT HOLDERS FOR THE TOURNIQUETS FOR THE OFFICERS O	OPERATIONAL SUPPORT
MEHLVILLE FIRE PROTECTION DISTRICT 11020 MUELLER RD ST LOUIS,MO 63123	43-0645446	GOVERNMENT		5,985		GAS DETECTION EQUIPMENT FOR ALL OF OUR FRONT LINE FIRE APPARATUS SPECIFICAL	OPERATIONAL SUPPORT
SANSOM PARK FD 5500 BUCHANAN ST SANSOM PARK,TX 76114	75-6004200	GOVERNMENT		6,193		MOTOROLA APX6000 UHF R2 MODEL 1 5 PORTABLE RADIOS WITH ACCESSORIES	OPERATIONAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FLAGLER BEACH POLICE DEPARTMENT PO BOX 36 FLAGLER BEACH,FL 32136	62-1867950	GOVERNMENT		6,255		(8) AUTOMATED EXTERNAL DEFIBRILLATORS	OPERATIONAL SUPPORT
REYNOLDSVILLE VFD PO BOX 122 REYNOLDSVILLE,WV 26422	55-0703540	GOVERNMENT		6,407		(25) SURVIVOR FLASHLIGHTS (2) HONDA GENERATORS	OPERATIONAL SUPPORT
SPRING HILL VOLUNTEER FIRE DEPARTMENT 6973 AL HWY 87 TROY,AL 35215	63-1079153	GOVERNMENT		6,410		1 - MSA EVOLUTION SERIES THERMAL IMAGING CAMERA 1 - MSA ALTAIR 4X MULTIGAS D	OPERATIONAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LIBERTY POLICE DEPARTMENT 101 E KANSAS STREET LIBERTY,MO 64068	44-6000213	GOVERNMENT		6,495		RESCUE PHONE QUAD CRISIS RESPONSE MODULE	OPERATIONAL SUPPORT
GLENWOOD CITY FIRE DEPARTMENT 10 MISTY LANE GLENWOOD CITY,WI 54013	39-6005457	GOVERNMENT		7,036		THERMAL IMAGER CAMERA	OPERATIONAL SUPPORT
ELIZABETH FIRE PROTECTION DISTRICT 155 W KIOWA AVE ELIZABETH,CO 80107	84-1090853	GOVERNMENT		7,256		AN ADVANCED LIFE SUPPORT (ALS) MANIKIN	OPERATIONAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CITY OF NEW BRAUNFELS FIRE DEPARTMENT 424 S CASTELL AVE NEW BRAUNFELS,TX 78130	74-6001774	GOVERNMENT		7,588		BULLEX LIVE FIRE EXTINGUISHER TRAINING SYSTEM	OPERATIONAL SUPPORT
DAISY MOUNTAIN FIRE DISTRICT 515 EAST CAREFREE HIGHWAY PHOENIX,AZ 85085	86-0638446	GOVERNMENT		7,642		FIRE HOSE, FIRE HOSE APPLIANCES, FIRE HOSE NOZZLES, HAND TOOLS, TOOL BRACKET	OPERATIONAL SUPPORT
TOWN OF MOORESVILLE MOORESVILLE POLICE DEPARTMENT 750 WEST IREDELL AVENUE MOORESVILLE,NC 28115	56-6001290	GOVERNMENT		7,677		EIGHT (8) HEARTSTART FRX AEDS	OPERATIONAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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LOWELL POLICE DEPARTMENT 216 NORTH LINCOLN STREET LOWELL,AR 72745	71-0418125	GOVERNMENT		7,895		(12) KENWOOD NEXEDGE MOBILE RADIOS FOR PATROL CARS TO REPLACE EXISTING ANALO	OPERATIONAL SUPPORT
GRAY'S CREEK VOLUNTEER FIRE DEPARTMENT #24 2661 SAND HILL RD FAYETTEVILLE,NC 28306	56-1791264	GOVERNMENT		7,995		AMKUS RESCUE TOOLS	OPERATIONAL SUPPORT
NORTH PORT POLICE DEPARTMENT 4980 CITY HALL BLVD NORTH PORT,FL 34286	59-6072227	GOVERNMENT		8,000		THE NORTH PORT POLICE DEPARTMENT'S K-9 UNIT IS REQUESTING ASSISTANCE IN THE	OPERATIONAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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KINGMAN EMS 322 N MAIN KINGMAN,KS 67068	48-6004147	GOVERNMENT		8,220		6-NEW ZOLL AED PLUS 3-AED CABINETS WITH ALARM, 17 5IN X 17 5IN X 7IN	OPERATIONAL SUPPORT
IDAHO URBAN SEARCH AND RESCUE FOUNDATION 11145 N CUL-DE-SAC WAY BOISE,ID 83714	46-0777940	501(C)(3)		8,635		(1(AMKUS ROPE RESCUE SYSTEM MODEL ARRS (2) HONDA GENERATOR	OPERATIONAL SUPPORT
OCEANSIDE FIRE DEPARTMENT 300 N COAST HWY OCEANSIDE,CA 92054	95-1688570	GOVERNMENT		8,706		WIRELESS HEADSETS (1 BASE STATION WITH POWER SUPPLY, 1 ALL IN ONE WIRELESS H	OPERATIONAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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IMPERIAL COUNTY SHERIFF'S OFFICE 328 APPLESTILL ROAD EL CENTRO,CA 92243	95-6000924	GOVERNMENT		8,760		RANGE-R, A HIGHLY SENSITIVE HANDHELD RADAR SYSTEM DESIGNED TO DETECT AND MEA	OPERATIONAL SUPPORT
LAREDO FIRE DEPARTMENT 616 E DEL MAR BLVD LAREDO,TX 78045	74-6001157	GOVERNMENT		8,837		DIVE EQUIPMENT 10 WETSUITS, 4 PONY BOTTLE SCUBA TANKS, 4 DIVING REGULATORS,	OPERATIONAL SUPPORT
TREVILIANS VOLUNTEER FIRE DEPARTMENT 873 FIREHOUSE DRIVE LOUISA,VA 23093	52-1225573	GOVERNMENT		9,208		TREVILIANS VOL FIRE DEPARTMENT (TVFD) IS REQUESTING A HIGHWAY VEHICLE STABI	OPERATIONAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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PARMA RURAL FIRE PORTECTION DISTRICT 29200 HWY 95 PARMA,ID 83660	82-0416769	GOVERNMENT		9,225		LIFTING BAGS RESCUE SAW SCENE LIGHTING RESCUE GLOVES	OPERATIONAL SUPPORT
ALBANY AREA YMCA 1701 GILLIONVILLE ROAD ALBANY,GA 31707	58-0610051	501(C)(3)		9,386		(7) AEDS EACH , (1) TRAINER AED, A 4-PACK RED CROSS ADULT MANIKIN SET, AND A	OPERATIONAL SUPPORT
DIAMOND FIRE COMPANY 209 WASHINGTON STREET WANUTPORT,PA 18088	24-0562490	GOVERNMENT		9,407		TO PURCHASE 4 SETS OF PERSONAL PROTECTIVE EQUIPMENT TO INCLUDE BUNKER COAT A	OPERATIONAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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LINCOLN COUNTY FIRE DEPT 807 LANCASTER ST STANFORD,KY 40484	61-0596353	GOVERNMENT		9,425		FIREFIGHTER PERSONAL PROTECTIVE GEAR(TURNOUT GEAR) (4) HELMETS (4)COATS (4	OPERATIONAL SUPPORT
SHEPHERDSVILLE FIRE DEPARTMENT 634 CONESTOGA PARKWAY SHEPHERDSVILLE,KY 40004	61-6001911	GOVERNMENT		9,450		ADDITIONAL RESCUE EQUIPMENT SO WE MAY HAVE RESCUERS AND SYSTEMS WORKING AT T	OPERATIONAL SUPPORT
CALIFORNIA RESCUE DOG ASSOCIATION 125 REDWOOD WAY AUBURN,CA 95603	94-2476578	501(C)(3)		9,590		CARDA, THE CALIFORNIA RESCUE DOG ASSOCIATION, IS REQUESTING CURRENT, NEW RAD	OPERATIONAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MECHANICSBURG FIRE DEPT 18 NORTH MAIN STREET MECHANICSBURG,OH 43044	34-6400858	GOVERNMENT		9,697		THERMAL IMAGING CAMERA THAT WILL REPLACE 17 YEAR OLD CAMERA CURRENTLY IN SE	OPERATIONAL SUPPORT
OCALA FIRE RESCUE 410 NE 3RD STREET OCALA,FL 34470	59-6000392	GOVERNMENT		9,725		BULLEX XTREME LIVE FIRE INTELLIGENT TRAINING SYSTEM'S TRAINERS PACKAGE	OPERATIONAL SUPPORT
OAKLAND PARK FIRE RESCUE 5399 N DIXIE HWY OKLAND PARK,FL 33334	85-8012621	GOVERNMENT		9,731		A BULLEX LIVE FIRE EXTINGUISHER TRAINING SYSTEM	OPERATIONAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ST LOUIS FIRE DEPARTMENT LIFESAVING FOUNDATION 2634 HAMPTON AVENUE ST LOUIS,MO 63139	20-0512259	501(C)(3)		9,746		9 AEDS TO BEGIN TO REPLACE THE 160 AEDS CURRENTLY IN USE BY THE STLFD WHICH	OPERATIONAL SUPPORT
POPLAR SPRINGS FIRE SERVICE AREA 3400 MOORE-DUNCAN HWY MOORE,SC 29369	57-0721282	GOVERNMENT		9,809		FIRE EXTINGUISHER TRAINING PROP	OPERATIONAL SUPPORT
QUEEN CREEK FIRE AND MEDICAL DEPARTMENT 22358 S ELLSWORTH QUEEN CREEK,AZ 85142	86-0646176	GOVERNMENT		9,897		THERMAL IMAGING CAMERA	OPERATIONAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN RED CROSS - CAROLINA FLOODS 6921 MIDDLEBROOK PIKE KNOXVILLE,TN 37909	53-0196605	GOVERNMENT		10,000		DONATION TO AMERICAN RED CROSS FOR DISASTER RELIEF DUE TO THE FLOODS IN NC/S	OPERATIONAL SUPPORT
ATHENS FIRE AND RESCUE PO BOX 1089 ATHENS,AL 35612	63-6001188	GOVERNMENT		10,040		(9) APPLE I-PAD AIRS 32 GB (9) HAVIS DOCKING STATIONS HP ELITEDESK 800 G1	OPERATIONAL SUPPORT
NEPTUNE BEACH POLICE DEPARTMENT 200 LEMON STREET NEPTUNE BEACH,FL 32266	85-8012621	GOVERNMENT		10,176		10 PHILLIPS HEARTSTART FRX AED UNITS 20 RESCUE ESCAPE TOOLS	OPERATIONAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ST JOHNS COUNTY FIRE RESCUE 3657 GAINES ROAD ST AUGUSTINE,FL 32084	85-8012740	GOVERNMENT		10,212		POLARIS RANGER UTILITY VEHICLE	OPERATIONAL SUPPORT
CHANDLER FIRE HEALTH & MEDICAL DEPARTMENT 151 E BOSTON ST CHANDLER,AZ 85225	86-6000238	GOVERNMENT		10,336		600 FIRST ALERT SMOKE DETECTORS, MODEL 0827B TAMPERPROOF W/ 10 YEAR SEALED	OPERATIONAL SUPPORT
SUN PRAIRIE VOLUNTEER FIRE DEPARTMENT 135 N BRISTOL ST SUN PRAIRIE,WI 53590	30-0118715	GOVERNMENT		10,681		ONE THERMAL IMAGING CAMERA AND TWO (FOUR-GAS) GAS DETECTORS	OPERATIONAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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COTEAU FIRE PROTECTION DISTRICT 2325 COTEAU ROAD HOUMA,LA 70364	72-1411327	GOVERNMENT		10,692		THE COTEAU FIRE PROTECTION DISTRICT IS REQUESTING A GRANT TO PURCHASE TWO (2	OPERATIONAL SUPPORT
ROSENBERG FIRE DEPARTMENT 1012 FIFTH STREET ROSENBERG,TX 77471	74-6002014	GOVERNMENT		10,785		LIVE FIRE EXTINGUISHER TRAINING SYSTEM	OPERATIONAL SUPPORT
SHERIDAN FIRE DISTRICT 230 SW MILL ST SHERIDAN,OR 97378	93-6042543	GOVERNMENT		10,965		MOTOROLA MINITOR 6 PAGERS	OPERATIONAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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BURTON FIRE DISTRICT 36 BURTON HILL ROAD BEAUFORT,SC 29906	57-0654867	GOVERNMENT		11,010		AN ISG X30 THERMAL IMAGING CAMERA	OPERATIONAL SUPPORT
TOWN OF TRAFALGAR 2770 WEST STATE ROAD 252 TRAFALGAR,IN 46181	35-1448973	GOVERNMENT		11,066		THREE IN CAR RADIOS AND FIVE IN CAR COMPUTERS	OPERATIONAL SUPPORT
HAMBURG POLICE DEPARTMENT 9 ORCHARD STREET HAMBURG,NJ 07419	22-2018534	GOVERNMENT		11,111		12 MOTOROLA PORTABLE POLICE RADIOS TO INCLUDE, BATTERY, CHARGER, STUBBY ANTE	OPERATIONAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CITY OF DAYTON FIRE RESCUE 1169 MARKET STREET DAYTON,TN 37321	62-6000278	GOVERNMENT		11,163		THE CITY OF DAYTON FIRE DEPARTMENT IS REQUESTING AN ASSORTMENT OF RESCUE LIF	OPERATIONAL SUPPORT
CRAWFORD COUNTY DISTRICT 4 FIRE DEPARTMENT 8642 HIGHWAY 59 NORTH CEDARVILLE,AR 72932	71-0568499	GOVERNMENT		11,222		NEW NOZZLES AND HELMET LAMPS	OPERATIONAL SUPPORT
NORTH ALABAMA SEARCH DOG ASSOCIATION 25768 HENRY CLAY DR MADISON,AL 35756	56-2344207	501(C)(3)		11,232		NASDA IS REQUESTING A POLARIS RANGER VEHICLE WE ARE A SMALL VOLUNTEER TEAM	OPERATIONAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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LA VERGNE RESCUE UNIT INC 141 GAMBILL LANE LA VERGNE,TN 37086	58-1923661	GOVERNMENT		11,300		A 'RESCUE ONE" INFLATABLE BOAT PACKAGE AND A VICTIM RECOVERY BAG	OPERATIONAL SUPPORT
WEST FLORENCE FIRE DEPARTMENT 3379 PINE NEEDLES RD FLORENCE,SC 29501	23-7356945	GOVERNMENT		11,360		WEST FLORENCE FD IS REQUESTING A MSA NFPA 6000 PLUS WITH RANGE FINDER THERMA	OPERATIONAL SUPPORT
PILGER VOLUNTEER FIRE AND RESCUE INC 250 N MAIN STREET PILGER,NE 68768	47-0743517	GOVERNMENT		11,600		POLARIS UTV	OPERATIONAL SUPPORT

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PENSACOLA FIRE DEPARTMENT 427 EAST STRONG ST PENSACOLA,FL 32501	85-8013857	GOVERNMENT		11,801		(1) POLARIS RANGER CREW 570 VEHICLE	OPERATIONAL SUPPORT
PALM SPRINGS POLICE DEPARTMENT 230 CYPRESS LANE PALM SPRINGS,FL 33461	59-6020405	GOVERNMENT		11,814		OUR DEPARTMENT IS REQUESTING EQUIPMENT AND TRAINING FOR THIS GRANT CYCLE T	OPERATIONAL SUPPORT
UNIVERSITY OF NORTH FLORIDA POLICE DEPARTMENT 1 UNF DRIVE JACKSONVILLE,FL 32256	59-2976169	GOVERNMENT		12,145		(12) PHILLIPS AED PKGS PADS ADAPTER AND WALL UNIT FRX AED TRAINER DATA CABLE	OPERATIONAL SUPPORT

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LOMA LINDA COLTON FIRE 11325 LOMA LINDA DR LOMA LINDA,CA 92354	95-2662323	GOVERNMENT		12,308		(9) AUTOMATIC EXTERNAL DEFIBRILLATORS (AED'S) WITH OPTIONAL PADS FOR CHILDRE	OPERATIONAL SUPPORT
NORTHERN UNION COUNTY JOINT FIRE AND EMS DISTRICT 602 N FRANKLIN ST RICHWOOD,OH 43344	31-1687724	GOVERNMENT		12,416		9 APPLE IPADS WITH CELLULAR CAPABILITY, CASES, & VEHICLE MOUNTING HARDWARE F	OPERATIONAL SUPPORT
CRAWFORD TOWNSHIP VFD 121 SHAWBORO ROAD MOYOCK,NC 27958	58-1540861	GOVERNMENT		12,542		MY DEPARTMENT IS REQUESTING ASSISTANCE WITH THE PURCHASE OF TWO THERMAL IMAG	OPERATIONAL SUPPORT

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EAST LIVERPOOL FIRE DEPARTMENT 626 SAINT CLAIR AVE EAST LIVERPOOL,OH 43920	34-6000900	GOVERNMENT		12,579		(3) BLITZFIRE HIGH ELEVATION FIRE MONITORS AND (3) PROPAK FOAM PROPORTIONING	OPERATIONAL SUPPORT
PHENIX CITY FIRE RESCUE 1111 BROAD STREET PHENIX CITY,AL 36867	63-6001343	GOVERNMENT		12,632		PHENIX CITY FIRE RESCUE IS REQUESTING A T4 MAX THERMAL IMAGER WITH A VEHICLE	OPERATIONAL SUPPORT
THURSTON-WALNUT TOWMSHIP FIRE DEPARTMENT 8474 HIGH STREET THURSTON,OH 43157	31-6401010	GOVERNMENT		12,760		20 SCBA FACE PIECES WITH VOICE AMPLIFIER BRACKETS 20 FACE PIECE VOICE AMPLI	OPERATIONAL SUPPORT

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FAIRFAX COUNTY FIRE AND RESCUE DEPARTMENT 4100 CHAIN BRIDGE ROAD FAIRFAX,VA 22030	54-0787833	GOVERNMENT		12,815		FCFRD IS REQUESTING ONE SET OF HYDRAULIC EXTRICATION RESCUE TOOLS AN AWARD	OPERATIONAL SUPPORT
MESA FIRE & MEDICAL DEPARTMENT 13 W 1ST STREET MESA,AZ 85201	86-6000252	GOVERNMENT		12,966		I-STAT DISTRIBUTION KIT INCLUDING ANALYZER , MANUAL, ELECTRONIC SIMULATOR ,	OPERATIONAL SUPPORT
NEWPORT FIRE AND EMS 998 MONMOUTH STREET NEWPORT,KY 41071	61-6001884	GOVERNMENT		12,971		FIRE HOSE (10) SECTIONS OF LARGE DIAMETER 5 X 100 HOSE, (3) SECTIONS OF LAR	OPERATIONAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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POUDRE FIRE AUTHORITY 102 REMINGTON ST FORT COLLINS,CO 80524	84-0865055	GOVERNMENT		13,020		A BULLEX, DIGITAL FIRE EXTINGUISHER TRAINING SYSTEM, KNOWN AS THE 'BULLSEYE	OPERATIONAL SUPPORT
BREVARD COUNTY FIRE RESCUE 1040 SOUTH FLORIDA AVE ROCKLEDGE,FL 32955	59-6000523	GOVERNMENT		13,050		20 BALLISTIC VESTS AND 20 BALLISTIC HELMETS	OPERATIONAL SUPPORT
FAIRBORN FIRE DEPARTMENT 44 W HEBBLE AVE FAIRBORN,OH 45324	31-6001510	GOVERNMENT		13,148		A LUCAS 2 2 CHEST COMPRESSION SYSTEM WITH THE FOLLOWING ACCESSORIES STAND A	OPERATIONAL SUPPORT

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XENIA TOWNSHIP FIRE DEPARTMENT 8 BRUSH ROW RD XENIA,OH 45385	31-6000624	GOVERNMENT		13,148		LUCAS 2 2 CHEST COMPRESSION SYSTEM	OPERATIONAL SUPPORT
VANCOUVER FIRE DEPARTMENT - FIRE MARSHAL'S OFFICE 7110 NE 63RD STREET VANCOUVER,WA 98661	91-6001288	GOVERNMENT		13,452		(20) ELECTRONIC TABLETS - WE WILL PURCHASE EITHER IPAD OR MICROSOFT SURFACE	OPERATIONAL SUPPORT
BUCKEYE VALLEY RURAL VOLUNTEER FIRE DISTRICT 25206 W MC 85 BUCKEYE,AZ 85326	86-0466622	GOVERNMENT		13,493		1 MULTI-USE TRAILER	OPERATIONAL SUPPORT

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LYNN COUNTY HOSPITAL DISTRICT EMS PO BOX 1310 TAHOKA,TX 79373	75-1328354	GOVERNMENT		13,500		STRYKER ELECTRIC COT	OPERATIONAL SUPPORT
ALPINE TOWNSHIP FIRE DEPARTMENT 841 ALPINE CHURCH RD NW COMSTOCK PARK,MI 49321	38-1812032	GOVERNMENT		13,592		(2) FOUR WHEEL DRIVE ALL TERRAIN VEHICLES AND A TRAILER	OPERATIONAL SUPPORT
WASHINGTON TWP FIRE DEPARTMENT 11300 27 MILE ROAD WASHINGTON TOWNSHIP, MI 48094	38-1710400	GOVERNMENT		13,600		TWO (2) THERMAL IMAGING CAMERAS WITH CHARGING UNITS AND SPARE BATTERIES	OPERATIONAL SUPPORT

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HALTOM CITY FIRE RESCUE 5525 BROADWAY AVENUE HALTOM CITY,TX 76117	75-6003105	GOVERNMENT		13,627		A BULLEX BULLSEYE FIRE EXTINGUISHER TRAINER SYSTEM FOR USE IN TEACHING FIRE	OPERATIONAL SUPPORT
AMERICAN RED CROSS 6921 MIDDLEBROOK PIKE KNOXVILLE,TN 37909	53-0196605	GOVERNMENT		13,693		TRAINING AND SUPPLIES FOR THE HOME FIRE CAMPAIGN - 4 YEAR INITIATIVE 1 VOL	OPERATIONAL SUPPORT
CITY OF MANASSAS PARK FIRE & RESCUE 9080 MANASSAS DR MANASSAS PARL,VA 20111	54-6022048	GOVERNMENT		13,751		TWO O2 E600 VENTILATORS AND VENT CIRCUITS TO GO WITH THEM	OPERATIONAL SUPPORT

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BAKERS VOLUNTEER FIRE AND RESCUE DEPARTMENT 4425 OLD CHARLOTTE HWY MONROW,NC 28110	56-1240856	GOVERNMENT		13,754		TWO SCOTT EAGLE ATTACK THERMAL IMAGING CAMERAS	OPERATIONAL SUPPORT
COLUMBUS FIRE AND EMERGENCY MEDICAL SERVICES 510 10TH STREET COLUMBUS,GA 31901	58-1097948	GOVERNMENT		13,763		THE BULLSEYE DIGITAL FIRE EXTINGUISHER TRAINING SYSTEM, EXTINGUISHER UPGRADE	OPERATIONAL SUPPORT
MONTGOMERY COUNTY VOLUNTEER FIRE SERVICE 130 S FIRST STREET CLARKVILLE,TN 37040	62-6000764	GOVERNMENT		13,891		DEFENDER 14' FIBERGLASS HULL INFLATABLE BOAT 2015 MODEL WITH EVINRUDE E-TEC	OPERATIONAL SUPPORT

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HAVEN COMMUNITY AMBULANCE SERVICE 120 SOUTH KANSAS AVE HAVEN,KS 67543	26-3891064	GOVERNMENT		13,993		EXTRICATION GEAR, COATS, PANTS, GLOVES AND HELMETS ALSO STAB PROOF BODY ARM	OPERATIONAL SUPPORT
PINELLAS PARK FIRE DEPARTMENT 11350 43RD STREET NORTH CLEARWATER,FL 337624900	59-6000409	GOVERNMENT		13,994		THIS REQUEST IS FOR 14 HEARTSTART FRX DEFIBRILLATOR WITH ONE SET OF SMART P	OPERATIONAL SUPPORT
WOODHAVEN POLICE DEPARTMENT 21869 WEST ROAD WOODHAVEN,MI 48183	38-1683220	GOVERNMENT		14,020		TWO(2) ALL TERRAIN PATROL VEHICLES	OPERATIONAL SUPPORT

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NORTH BENTON AMBULANCE 704 W 4TH ST VINTON,IA 52349	42-0951300	GOVERNMENT		14,173		2 AHP300 PORTABLE VENTILATORS WITH BIPAP CAPABILITIES 2 CPAP STARTER KITS WI	OPERATIONAL SUPPORT
ESCONDIDO FIRE DEPARTMENT 1163 NORTH CENTRE CITY PARKWAY ESCONDIDO,CA 92026	95-6000708	GOVERNMENT		14,175		"BATTERY OPERATED HYDRAULIC RESCUE SPREADING TOOL THE RESCUE SPREADING TOO	BATTERY OPERATED HYDRAULIC RESCUE SPREADING TOOL 2
EXCELSIOR SPRINGS FIRE DEPARTMENT 1120 TRACY AVE EXCELSIOR SPRINGS,MO 64024	44-6000176	GOVERNMENT		14,206		THE EXCELSIOR SPRINGS FIRE DEPARTMENT IS REQUESTING A ZOLL AUTOPULSE WITH TH	OPERATIONAL SUPPORT

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NORTH EASTERN ALAMANCE VFD 3847 N HWY 49 BURLINGTON,NC 27217	56-1153803	GOVERNMENT		14,226		HOLMATRO PUMP, SPREADER AND ACESSORIES	OPERATIONAL SUPPORT
EAST GASTON VOLUNTEER FIRE DEPARTMENT 108 ARROCHEM WAY MOUNT HOLLEY,NC 28120	56-1751869	GOVERNMENT		14,272		3 - INDUSTRIAL SCIENTIFIC 5 GAS METERS IT IS TO REPLACE OUR EXISTING 2 GAS	OPERATIONAL SUPPORT
SOUTHEAST COMMUNITY FIRE DEPARTMENT PO BOX 2155 CASTALIAN SPRINGS,TN 37031	01-0604790	GOVERNMENT		14,388		6 FIREFIGHTING COATS, 6 FIREFIGHTING PANTS W/ SUSPENDERS, 6 PAIRS OF FIREFIG	OPERATIONAL SUPPORT

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COLUMBIA FIRE DEPARTMENT 201 ORR STREET COLUMBIA,MO 65201	01-2487708	GOVERNMENT		14,462		PARATECH TECHNICAL RESCUE EQUIPMENT (MONOPOD/PULLEY KIT, BIPOD KIT, TRIPOD K	OPERATIONAL SUPPORT
CHATTANOOGA POLICE DEPARTMENT 3410 AMNICOLA HIGHWAY CHATTANOOGA,TN 37406	62-6000259	GOVERNMENT		14,508		2015 POLARIS RANGER & TRAILER	OPERATIONAL SUPPORT
BRUNDIDGE VOLUNTEER FIRE DEPARTMENT 107 E TROT ST AL HWY 10 BRUNDIDGE,AL 36010	63-6001212	GOVERNMENT		14,535		KUBOTA RTV1140CPX-A	OPERATIONAL SUPPORT

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DAVIE FIRE RESCUE 6901 ORANGE DRIVE DAVIE,FL 33314	59-6046527	GOVERNMENT		14,552		A DIGITAL FIRE EXTINGUISHER TRAINING SYSTEM THE PACKAGE COMES WITH 2 LASER	OPERATIONAL SUPPORT
AUGUSTA FIRE DEPARTMENT 3117 DEANS BRIDGE RD AUGUSTA,GA 30906	58-2204274	GOVERNMENT		14,599		YAMAHA JET SKI	OPERATIONAL SUPPORT
PINELLAS PARK FIRE DEPARTMENT 11350 43RD STREET NORTH CLEARWATER,FL 337624900	59-6000409	GOVERNMENT		14,600		PPFD IN PARTNERSHIP WITH THE LARGO FIRE RESCUE IS SEEKING A GRANT TO PURCHAS	OPERATIONAL SUPPORT

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PERRYSBURG TOWNSHIP FIRE DEPARTMENT 26711 LIME CITY ROAD PERRYSBURG,OH 43551	34-6401070	GOVERNMENT		14,629		BULLSEYE BASE UNIT, 2 BULLSEYE LASER EXTINGUISHERS, STANDARD REMOTE, POWER S	OPERATIONAL SUPPORT
GONZALES FIRE DEPARTMENT 724 W ORICE ROTH GONZALES,LA 70737	72-6000483	GOVERNMENT		14,727		MOBILE COMPUTERS FOR OUR FIRE ENGINES ALONG WITH EQUIPMENT THAT WILL ALLOW T	OPERATIONAL SUPPORT
CITY OF SWEETWATER POLICE DEPARTMENT 500 SW 109TH AVENUE SWEETWATER,FL 331741398	59-6002299	GOVERNMENT		14,827		7 AED'S, MOUTHGUARDS FOR CPR, MEDICAL GLOVES, TOURNIQUETS, EYE PROTECTORS, T	OPERATIONAL SUPPORT

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TRUSSVILLE FIRE & RESCUE 421 CHEROKEE DRIVE TRUSSVILLE,AL 351730159	63-0001378	GOVERNMENT		14,970		A UTILITY VEHICLE THAT CAN BE USED FOR RESCUE AS WELL AS TRANSPORT PATIENTS	OPERATIONAL SUPPORT
FIRE MUSEUM OF MEMPHIS 118 ADAMS AVENUE MEMPHIS,TN 38103	62-1557551	GOVERNMENT		15,000		FUNDS TO HELP OFFSET THE COSTS OF OUR FREE FIRE SAFETY EDUCATION FIELD TRIPS	OPERATIONAL SUPPORT
FREDERICKTOWN COMMUNITY JOINT EMERGENCY AMBULANCE DISTRICT 139 COLUMBUS RD FREDERICKTOWN,OH 43019	31-1080846	GOVERNMENT		15,012		LAERDAL ALS SIMULATOR MANIKIN WITH THE OPERATING SIMPAD, TRAINING SOFTWARE,	OPERATIONAL SUPPORT

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ROCKY MOUNTAIN RESCUE GROUP 3720 WALNUT STREET BOULDER,CO 80301	84-6036199	GOVERNMENT		15,150		50 PORTABLE RADIOS	OPERATIONAL SUPPORT
THE MASTER'S COLLEGE 21726 PLACERITA CANYON RD SANTA CLARITA,CA 91321	95-6001907	GOVERNMENT		15,279		AUTOMATED EXTERNAL DEFIBRILLATORS (AEDS)	OPERATIONAL SUPPORT
WINDSOR VOLUNTEER FIRE DEPARTMENT 1401 SOUTH EAST COUNTY ROAD 234 GAINESVILLE,FL 32641	59-6560024	GOVERNMENT		15,290		SIX (6) COMPLETE SETS OF NATIONAL FIRE PROTECTION ASSOCIATION (NFPA) COMPLIA	OPERATIONAL SUPPORT

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LACROSSE FIRE DEPARTMENT 20421 NORTH SR 121 LACROSSE,FL 32658	59-1426943	GOVERNMENT		15,390		(10) SETS OF VIKING HAINSWORTH TITAN DUO TURNOUT GEAR (COAT AND PANT),	OPERATIONAL SUPPORT
MURFREESBORO FIRE & RESCUE DEPARTMENT 220 NW BROAD STREET MURFREESBORO,TN 37130	62-6000374	GOVERNMENT		15,500		A BRUSH SKID UNIT CONTAINING AN ULTRA-HIGH PRESSURE SUPPRESSION SYSTEM, A HO	OPERATIONAL SUPPORT
FORTMORROW FIRE DISTRICT 306 N MARION ST WALDO,OH 43356	31-0898587	GOVERNMENT		15,557		NEW SR20 PC CORE PUMP POWER UNIT TWO (2) 32 FOOT CORE HYDRAULIC HOSES, 4055	OPERATIONAL SUPPORT

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COUNTY OF AUGUSTA FIRE-RESCUE PO BOX 590 VERONA,VA 24482	54-6001131	GOVERNMENT		15,574		BULLEX BULLSEYE TRAINER'S PACKAGE WITH THE OPTIONAL WATER PACKAGE THAT INCLU	OPERATIONAL SUPPORT
HARRISON HUGS INC PO BOX 941767 SIMI VALLEY,CA 930941767	47-1279207	GOVERNMENT		15,610		10 ZOLL AUTOMATED EXTERNAL DEFIBRILLATORS	OPERATIONAL SUPPORT
PEACH COUNTY EMS 205 WEST CHURCH ST FORT VALLEY,GA 310303732	58-6000873	GOVERNMENT		15,762		A UTV TO REPLACE A NON-FUNCTIONING UTV USED TO TRANSPORT INJURED PATIENTS AT	OPERATIONAL SUPPORT

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UNION TOWNSHIP POLICE DEPARTMENT 4312 GLENESTE WITHAMSVILLE RD CINCINNATI,OH 45245	31-0977580	GOVERNMENT		15,796		4 APX 6000 700/800 MODEL 2 5 PORTABLE, DIGITAL RADIOS	OPERATIONAL SUPPORT
ENGLEWOOD AREA FIRE CONTROL DISTRICT 516 PAUL MORRIS DR ENGLEWOOD,FL 34223	59-2252928	GOVERNMENT		15,840		THE BULLEX 'ATTACK DIGITAL FIRE TRAINING SYSTEM'	OPERATIONAL SUPPORT
OCEAN CITY WRIGHT FIRE CONTROL DISTRICT 2 NE RACETRACK ROAD FORT WALTON BEACH,FL 32547	59-1153011	GOVERNMENT		15,942		A NEW SET OF EXTRICATION EQUIPMENT	OPERATIONAL SUPPORT

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COLONIAL HEIGHTS FIRE & EMS 100-B HIGHLAND AVENUE COLONIAL HEIGHTS,VA 23834	54-1450734	GOVERNMENT		16,031		THE DEPARTMENT IS REQUESTING SUPERVAC 718B BATTERY POWERED VENTILATION FANS	OPERATIONAL SUPPORT
LAKE HAMILTON FIRE PROTECTIVE ASSOCIATION 1111 HWY 290 HOT SPRINGS,AR 71913	71-0542168	501(C)(3)		16,101		AXES, ROPE, CONES, HOSE COUPLERS, STOKES BASKET, NOZZLES, HOSES OTHER MISC	OPERATIONAL SUPPORT
FORT MYERS FIRE DEPARTMENT 2404 DR MLK JR BLVD FORT MEYERS,FL 33901	59-6000321	GOVERNMENT		16,155		(2) COMMERCIAL WASHER/EXTRACTORS TO CLEAN OUR STRUCTURAL FIREFIGHTING PERSON	OPERATIONAL SUPPORT

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MERIDIAN FIRE DEPARTMENT 33 E BROADWAY MERIDIAN,ID 83642	82-6000225	GOVERNMENT		16,217		4 FELT NINE 50 BIKES WITH THE NECESSARY MODIFICATION TO MEET CITY POLICY AND	OPERATIONAL SUPPORT
TROY FIRE DEPARTMENT 200 SOUTH GEORGE WALLACE DRIVE TROY,AL 36081	63-6001377	GOVERNMENT		16,367		OUR FIRE DEPARTMENT IS REQUESTING FUNDING TO PURCHASE 4 THERMAL IMAGING CAME	OPERATIONAL SUPPORT
WALES GENESEE FIRE DEPARTMENT 600 S WALES ROAD WALES,WI 53183	39-1948759	GOVERNMENT		16,615		(1) BULLEX BULLSEYE DIGITAL FIRE EXTINGUISHER TRAINER PACKAGE PLUS (1) SMOKE	OPERATIONAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
APACHE JUNCTION POLICE DEPARTMENT 300 EAST SUPERSTITION BLVD APACHE JUNCTION,AZ 85119	86-0358590	GOVERNMENT		16,648		THIRTY (30) FIRST AID KITS FOR PATROL VEHICLES, THREE (3) BALLISTIC VESTS IN	OPERATIONAL SUPPORT
LIBERTY 10150 SAWMILL PARKWAY POWELL,OH 43065	31-0792401	GOVERNMENT		16,727		1 - AUTOMATIC / MECHANICAL CARDIO PULMONARY RESUCITATION DEVICE ($14,574) 2	OPERATIONAL SUPPORT
LOCKPORT TWP FIRE DEPT 19623 RENWICK ROAD LOCKPORT,IL 60441	36-6008947	GOVERNMENT		16,767		AKRON FIRE FOX, ELECTRIC MONITOR FOR FIRE BOAT 1 SCORPION EXM MONITOR FOR OS	OPERATIONAL SUPPORT

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CITY OF FAYETTEVILLE FIRE DEPARTMENT 95 JOHNSON AVE FAYETTEVILLE,GA 30214	58-0970729	GOVERNMENT		16,846		EXTRICATION EQUIPMENT (2) HOLMATRO 4350 CORE TELESCOPIC RAM MAX SPREAD FORC	OPERATIONAL SUPPORT
NORTHWEST HOMER FIRE DISTRICT 16152 W 143RD STREET LOCKPORT,IL 60491	36-3243177	GOVERNMENT		16,877		A STRYKER POWER COT, STRYKER STAIR CHAIR, 5 ALS JUMP BAGS	OPERATIONAL SUPPORT
FRANKLIN VOL FIRE & RESCUE 1670 AL HWY 49 FRANKLIN,AL 36083	46-1459171	GOVERNMENT		16,882		TURN OUT COAT, TURN OUT PANTS WITH SUSPENDERS, HELMET WITH LEATHER, GLOVES,	OPERATIONAL SUPPORT

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COVINGTON FIRE DEPARTMENT 2101 PACE ST COVINGTON,GA 30014	58-6000551	GOVERNMENT		16,902		THE COVINGTON FIRE DEPARTMENT IS REQUESTING A FULL COMPLEMENT OF KEY COMBAT	OPERATIONAL SUPPORT
MID-COUNTY FIRE DEPARTMENT RT 3 BOX 2235 STILWELL,OK 74960	73-1389357	GOVERNMENT		16,950		29 5' SPREADER, 7' HIGH STRENGTH CUTTER, FULL SIZE POWER UNIT, 33' RESCUE HY	OPERATIONAL SUPPORT
CITY OF BOWLING GREEN FIRE DEPT PO BOX 430 BOWLING GREEN,KY 421020430	61-6001789	GOVERNMENT		17,145		ATTACK DIGITAL FIRE TRAINING SYSTEM - THE EQUIPMENT CREATES REALISTIC FIRE C	OPERATIONAL SUPPORT

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WINDER FIRE DEPARTMENT 25 EAST MIDLAND AVENUE WINDER,GA 30680	00-7004163	GOVERNMENT		17,165		THE CITY OF WINDER FIRE DEPARTMENT IS REQUESTING A FIRE SAFETY HOUSE OUR D	OPERATIONAL SUPPORT
NORTHWEST HARNETT VOLUNTEER FIRE DEPARTMENT INC 6015 CHRISTIAN LIGHT ROAD FUQUAY VARINA,NC 27526	56-1710211	GOVERNMENT		17,285		5 COMPLETE PPE ENSEMBLES - (TO MEET CURRENT NFPA STANDARDS) AND 10 STRUCTURA	OPERATIONAL SUPPORT
KIOWA FIRE PROTECTION DISTRICT PO BOX 321 KIOWA,CO 80117	84-0979756	GOVERNMENT		17,350		EQUIPMENT TO OUTFIT OUR BRUSH TRUCKS TO THE FOREST SERVICE 'TYPE 6 ENGINE' S	OPERATIONAL SUPPORT

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OMAHA FIRE DEPARTMENT 1516 JACKSON STREET OMAHA,NE 68102	47-6006304	GOVERNMENT		17,562		KING VISION VIDEO LARYNGOSCOPES KVL ARE A TOOL FOR PARAMEDICS TO USE TO ACC	OPERATIONAL SUPPORT
RIVERSIDE FIRE AND RESCUE PCFD #14 4114 56TH AVE E PUYALLUP,WA 98371	91-1674389	GOVERNMENT		17,734		A GRANT FOR NEW TURNOUT GEAR APPROX HALF OF OUR TURNOUT GEAR IS EITHER PAS	OPERATIONAL SUPPORT
MADISON POLICE DEPARTMENT 211 W CAROLL ST STE GR-21 MADISON,WI 53703	39-6005507	GOVERNMENT		17,762		13 POWERED AIR-PURIFYING RESPIRATORS	OPERATIONAL SUPPORT

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CYPRESS CREEK EMERGENCY MEDICAL SERVICES 7111 FIVE FORKS DRIVE SORING,TX 77379	74-1912510	GOVERNMENT		17,777		CUSTOMIZED UTV AND BIKE TEAM EQUIPMENT TRAILER	OPERATIONAL SUPPORT
PINELLAS COUNTY SHERIFF'S OFFICE (PCSO) 10750 ULMERTON ROAD LARGO,FL 33778	59-6000804	GOVERNMENT		17,873		PCSO IS REQUESTING 423 COMBAT APPLICATION TOURNIQUET (C-A-T) WITH KYDEX HARD	OPERATIONAL SUPPORT
BOLINGBROKE VOLUNTEER FIRE DEPT INC PO BOX 455 BOLINGBROKE,GA 31004	58-2087888	GOVERNMENT		17,947		POWER HOSE ROLLER, FIRE HOSE	OPERATIONAL SUPPORT

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PALATINE (IL) FIRE DEPARTMENT 39 E COLFAX ST PALATINE,IL 60067	36-6006038	GOVERNMENT		18,077		A 2016 POLARIS 6X6 UTILITY TERRAIN VEHICLE (UTV), A RKO MED1 SLIDE-IN RESCUE	OPERATIONAL SUPPORT
LEONARDTOWN VOLUNTEER FIRE DEPARTMENT 22733 LAWRENCE AV LEONARDTOWN,MD 20650	52-6037021	GOVERNMENT		18,106		BULLSEYE DIGITAL FIRE EXTINGUISHER TRAINING SYSTEM	OPERATIONAL SUPPORT
MADISON COUNTY SHERIFF'S OFFICE 546 E COLLEGE STREET JACKSON,TN 38301	62-6000729	GOVERNMENT		18,118		AED +, ZOLL AED PLUS PACKAGE WITH AED COVER FOR MEDICAL PROFESSIONALS,	OPERATIONAL SUPPORT

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AVANT VOLUNTEER FIRE DEPARTMENT 419 GRAND AVANT,OK 74001	73-1217037	GOVERNMENT		18,282		TRUCK RADIOS, HANDHELD RADIOS, REPEATER, COAX, ANTENNAS	OPERATIONAL SUPPORT
CAMPBELLTON VOLUNTEER FIRE DEPARTMENT PO BOX 38 CAMPBELLTON,FL 32426	85-8012739	GOVERNMENT		18,283		10 STRUCTURAL FIREFIGHTING COATS, 10 STRUCTURAL FIREFIGHTING PANTS WITH SUSP	OPERATIONAL SUPPORT
BERKELEY EMERGENCY RESPONSE TEAM PO BOX 194 BAYVILLE,NJ 08721	22-1032860	GOVERNMENT		18,322		DRAGER THERMAL IMAGERS - (2)	OPERATIONAL SUPPORT

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CITY OF MCALLEN 1300 HOUSTON AVENUE MCALLEN,TX 785050220	74-6001650	GOVERNMENT		18,367		MCALLEN FIRE DEPARTMENT IS REQUESTING ONE BULLEX INTELLIGENT TRAINING SYSTEM	OPERATIONAL SUPPORT
DOUGLAS COUNTY FIRE EMS DEPARTMENT 8700 HOSPITAL DRIVE DOUGLASVILLE,GA 30134	58-6000818	GOVERNMENT		18,480		TO PURCHASE TWENTY (20) DELL TABLET COMPUTERS WITH MOBILE KEYBOARDS AND PROT	OPERATIONAL SUPPORT
CORINTH VFD 187 CORINTH RD GAFFNEY,SC 29340	57-0670566	GOVERNMENT		18,514		STRUCTURAL PERSONAL PROTECTIVE EQUIPMENT AND REPLACEMENT SELF CONTAINED BREA	OPERATIONAL SUPPORT

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LUMBERTON FIRE DEPARTMENT 600 N CEDAR STREET LUMBERTON,OK 28359	56-6001274	GOVERNMENT		18,584		10 SETS OF TURNOUT GEAR TO INCLUDE TURNOUT COAT, TURNOUT PANTS, SUSPENDERS,	OPERATIONAL SUPPORT
COMMUNITY AMBULANCE 252 HOLT AVE MACON,GA 31201	45-5012031	GOVERNMENT		18,600		8 AUTO VENT 3000	OPERATIONAL SUPPORT
NUECES COUNTY EMERGENCY SERVICE DISTRICT #2 337 YORKTOWN BLVD CORPUS CHRISTI,TX 78418	74-1492431	GOVERNMENT		18,724		8 SET OF BUNKER GEAR TO REPLACE AGEING EQUIPMENT	OPERATIONAL SUPPORT

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UNIFIED POLICE DEPARTMENT 3365 S 900 W SALT LAKE CITY,UT 84119	27-1229763	GOVERNMENT		18,760		(7) P25 DIGITAL HANDHELD RADIOS FOR POLICE OFFICERS	OPERATIONAL SUPPORT
WEST POINT FIRE DEPARTMENT PO BOX 1117 WEST POINT,MS 39773	64-6001222	GOVERNMENT		18,816		ZODIAC INFLATABLE BOAT, E-TEC PUMPJET ENGINE, CARRYING HANDLES FOR ENGINE, P	OPERATIONAL SUPPORT
NICEVILLE FIRE DEPT 216 N PARTIN DRIVE NICEVILLE,FL 32578	59-6002665	GOVERNMENT		18,896		THE CITY OF NICEVILLE FIRE DEPARTMENT WOULD LIKE TO REQUEST A RAYMARINE T453	OPERATIONAL SUPPORT

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FULTON COUNTY SHERIFF'S OFFICE 185 CENTRAL AVENUE ATLANTA,GA 30303	58-6001729	GOVERNMENT		18,959		FLIR LS32 THERMAL CAMERA	OPERATIONAL SUPPORT
ANDOVER FIRE RESCUE 911 N ANDOVER RD ANDOVER,KS 67002	48-0768791	GOVERNMENT		18,992		(2) PORTABLE RADIOS, (1) THERMAL IMAGING CAMERA 1 APX6000 700/800 MODEL 2	OPERATIONAL SUPPORT
MOKENA FIRE PROTECTION DISTRICT 19853 S WOLF ROAD MOKENA,IL 60448	36-3073540	GOVERNMENT		19,060		POLARIS RANGER ATV	OPERATIONAL SUPPORT

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FALLS TOWNSHIP VOLUNTEER FIRE DEPARTMENT 3095 DILLION FALLS ROAD ZANESVILLE,OH 43702	31-1336083	GOVERNMENT		19,146		AUTOMATED CPR MACHINE - 1 MULTI AGENCY RADIO COMMUNICATIONS SYSTEM UNITS -	OPERATIONAL SUPPORT
CEDAR FORT FIRE DEPARTMENT 155 N CHURCH STREET CEDAR FORT,UT 84013	98-2367866	GOVERNMENT		19,174		CAN-AM COMMANDER MAX	OPERATIONAL SUPPORT
TIFTON-TIFT COUNTY FIRE DEPARTMENT 403 FORREST AVENUE TIFTON,GA 31793	58-6000683	GOVERNMENT		19,175		PERSONAL PROTECTIVE EQUIPMENT, STRUCTURAL FIREFIGHTING APPAREL, 'BUNKER' GEA	OPERATIONAL SUPPORT

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ROCKDALE COUNTY FIRE AND RESCUE 1496 ROCKBRIDGE RD NW CONYERS,GA 30012	58-6000882	GOVERNMENT		19,223		A THERMAL IMAGER WITH ACCESSORIES, VENTILATION SAW, K-12 SAW, PARA-TECH HITC	OPERATIONAL SUPPORT
ABILENE FIRE DEPARTMENT 250 GRAPE ST ABILENE,TX 79601	75-6000440	GOVERNMENT		19,245		PANASONIC TOUGHBOOK X 5 @ $4,085 EACH CF-19CF-19ZA517CM WIN7(WIN8 1 PRO COA)	OPERATIONAL SUPPORT
SHELBY FIRE DEPARTMENT 419 EAST AVE SHELBY,IA 51570	42-6005193	GOVERNMENT		19,304		10 FULL SETS OF STRUCTURAL FIREFIGHTER TURNOUTS	OPERATIONAL SUPPORT

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FAIRMOUNT FIRE DEPARTMENT 4611 WEST GENESEE ST SYRACUSE,NY 13219	16-1307882	GOVERNMENT		19,358		10 - AUTOMATED EXTERNAL DEFIBRILLATORS 9 - AIRWAY MEDICAL BAGS 9 - BASIC LI	OPERATIONAL SUPPORT
LONGVIEW FIRE DEPARTMENT 740 COMMERCE AVE LONGVIEW,WA 98632	91-6001367	GOVERNMENT		19,375		10 SETS OF GLOBE GXTREME FIREFIGHTER STRUCTURAL TURNOUTS OUR DEPARTMENT HAS	OPERATIONAL SUPPORT
TAMPA POLICE DEPARTMENT 306 E JACKSON STREET TAMPA,FL 33901	59-1101138	GOVERNMENT		19,450		(18) AUTOMATIC EXTERNAL DEFIBRILLATORS (AEDS)	OPERATIONAL SUPPORT

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BRADLEY COUNTY FIRE AND RESCUE 260 INMAN STREET CLEVELAND,TN 37311	62-6000501	GOVERNMENT		19,578		13 LIFEPAK CR PLUS FULLY AUTOMATIC AEDS (INCLUDES REPLACEMENT KIT FOR CHARG	OPERATIONAL SUPPORT
CHICAGO POLICE MEMORIAL FOUNDATION 1407 W WASHINGTON BOULEVARD CHCIAGO,IL 60607	56-2450501	501(C)(3)		19,598		41 BULLETPROOF VESTS	OPERATIONAL SUPPORT
CLARK COUNTY FIRE DISTRICT 3 17718 NE 159TH STREET BRUSH PRAIRIE,WA 98606	91-6001299	GOVERNMENT		19,648		FIRE DISTRICT 3 IS REQUESTING TO PURCHASE A PHYSIO CONTROL LIFEPAK 15 DEFIBR	OPERATIONAL SUPPORT

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CLAY COUNTY SHERIFF'S OFFICE 901 N ORANGE AVENUE GREEN COVE SPRINGS,FL 32043	59-6000555	GOVERNMENT		19,655		15 AEDS AND 28 TACTICAL MEDICAL KITS FOR DEPUTIES IN THE PATROL DIVISION	OPERATIONAL SUPPORT
CENTER POINT FIRE DISTRICT 2229 CENTER POINT PKWY BIRMINGHAM,AL 35215	63-0574273	GOVERNMENT		19,750		HURST EDRAULIC SPREADER WITH UNIVERSAL ARMS SP310E WITH CHARGER HURST EDRAUL	OPERATIONAL SUPPORT
CITY OF BESSEMER FIRE DEPARTMENT 1111 2ND AVE NORTH BESSEMER,AL 35020	63-6001200	GOVERNMENT		19,840		10 SETS OF PPE (PERSONAL PROTECTIVE EQUIPMENT) STRUCTURAL FIREFIGHTING GEAR	OPERATIONAL SUPPORT

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COUNCIL BLUFFS FIRE DEPARTMENT 200 S 4TH STREET COUNCILBLUFFS,IA 51503	42-6004428	GOVERNMENT		19,878		FUNDING FOR THE PURCHASE OF 430 SMOKE DETECTORS THIS INCLUDES 200 SEALED B	OPERATIONAL SUPPORT
PANAMA CITY BEACH FIRE RESCUE 17121 PANAMA CITY BEACH PARKWAY PANAMA CITY BEACH,FL 32413	59-6045116	GOVERNMENT		19,880		EXTRICATION EQUIPMENT	OPERATIONAL SUPPORT
BEDFORD COUNTY FIRE DEPARTMENT 104 PRINCE STREET SHELBYVILLE,TN 37160	62-6000483	GOVERNMENT		19,900		HURST EDRAULIC BATTERY POWERED CUTTER, SPREADER, AND CHAIN PACKAGE	OPERATIONAL SUPPORT

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MCADORY AREA FIRE DISTRICT 5944 POCAHONTAS RD BESSEMER,AL 35022	20-1165836	GOVERNMENT		19,900		PORTABLE EXTRICATION RESCUE TOOLS - INCLUDES CUTTER, SPREADER, CHAINS, AND C	OPERATIONAL SUPPORT
SEARCY FIRE DEPARTMENT 501 W BEEBE CAPPS SEARCY,AR 72143	71-6012800	GOVERNMENT		19,919		7 SETS OF PERSONAL PROTECTIVE CLOTHING INCLUDING 7 TURNOUT COATS, 7 TURNOUT	OPERATIONAL SUPPORT
ARIZONA STATE UNIVERSITYFIRE MARSHAL 1551 S RURAL ROAD TEMPE,AZ 852876412	86-0196696	GOVERNMENT		19,922		A SPECIAL ELECTRIC CART FOR STUDENT EMTS THE ADDITIONAL EQUIPMENT WITH THE	OPERATIONAL SUPPORT

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MADISON HEIGHTS FIRE DEPARTMENT 31313 BRUSH MADISON HEIGHTS,MI 48701	38-6025685	GOVERNMENT		19,946		(4) ACMETHREAD STRUTS 25-36' (6) STRUTS 37-58' (2) EXTENSIONS 6' (2) EXTENSI	OPERATIONAL SUPPORT
CARROLL COUNTY FIRE RESCUE 501 OLD NEWMAN ROAD CARROLLTON,GA 30117	58-6000794	GOVERNMENT		19,976		THERMAL IMAGE CAMERAS - 4 EACH	OPERATIONAL SUPPORT
TARRANT FIRE AND RESCUE 2593 COMMERCE CIRCLE TARRANT,AL 35217	63-6001373	GOVERNMENT		19,979		NEW GAS POWERED HYDRAULIC RESCUE TOOL WE ALSO ARE IN NEED OF HAND TOOLS AND	OPERATIONAL SUPPORT

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COAL CITY FIRE PROTECTION DISTRICT 35 S DEWITT PLACE PO BOX,IL 60416	36-2796981	GOVERNMENT		19,999		FUNDING FOR AN UTILITY TERRAIN VEHICLE ALONG WITH A SKEETER PACK SLIDE IN UN	OPERATIONAL SUPPORT
NUMBER ONE VOLUNTEER FIRE DEPT 1314 DOUGLAS BEND ROAD GALLATIN,TN 37066	62-1155704	GOVERNMENT		20,000		FOUR MSA AIRPACKS THESE ARE THE BREATHING AIR UNITS THAT FIREFIGHTERS WEAR	OPERATIONAL SUPPORT
RUSSELLVILLE VOLUNTEER FIRE DEPARTMENT 203 E MAIN ST RUSSELVILLE,OH 45168	31-0790733	GOVERNMENT		20,000		THERMAL IMAGING CAMERA, PPE/TURNOUT GEAR, HOSE FITTINGS/ADAPTERS/TOOLS	OPERATIONAL SUPPORT

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COBB COUNTY SAFETY VILLAGE FOUNDATION 1220 AL BISHOP DR MARIETTA,GA 30008	26-0280286	501(C)(3)		20,000		THE REQUEST IS NOT INSTRUMENT SPECIFIC, BUT IS FOR THE LAST $20,000 OF THE $	OPERATIONAL SUPPORT
CITY OF SANTEE FIRE DEPARTMENT 10601 MAGNOLIA AVE SANTEE,CA 92071	95-3559473	GOVERNMENT		20,016		1 MSA 6000 THERMAL IMAGING CAMERA AND ACCESSORIES 2 PARATECH VEHICLE STA	OPERATIONAL SUPPORT
LAWTON FIRE DEPARTMENT 104 WEST MAPLE LAWTON,IA 51030	42-6004868	GOVERNMENT		20,042		14 SETS OF PPE BUNKER GEAR (FIRE SUPPRESSION CLOTHING) MANUFACTURED BY QUA	OPERATIONAL SUPPORT

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CITY OF KENNEDALE 405 MUNICIPAL DR KENNEDALE,TX 76060	75-6003070	GOVERNMENT		20,095		(10) SETS OF CUSTOM MEASURED TURNOUT GEAR COATS AND PANTS	OPERATIONAL SUPPORT
COBB COUNTY FIRE & EMERGENCY SERVICES 1595 COUNTY SERVICES PARKWAY MARIETTA,GA 30008	58-0600804	GOVERNMENT		20,229		11 SETS OF HYDRA-RAM TOOLS, OPERATED BY 1 FIREFIGHTER TO EFFECT FORCED ENTRY	OPERATIONAL SUPPORT
POCATELLO POLICE DEPARTMENT 911 N 7TH POCATELLO,ID 83201	82-6000244	GOVERNMENT		20,300		35 ACCUSHAPE RIFLE RATED ARMOR PLATES FOR INDIVIDUAL PATROL OFFICERS THEY	OPERATIONAL SUPPORT

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HILLIARD VOLUNTEER FIRE DEPARTMENT 3794 PECAN STREET HILLARD,FL 32046	59-6018372	GOVERNMENT		20,572		7 PORTABLE RADIOS	OPERATIONAL SUPPORT
CASS COUNTY SHERIFF'S OFFICE 211 9TH ST S FARGO,ND 58103	45-6002205	GOVERNMENT		20,613		26 LEVEL III BALLISTIC PLATE, 26 VICTORY CHASE TACTICAL BALLISTIC PLATE CARR	OPERATIONAL SUPPORT
DANBY FIRE DISTRICT 1780 DANBY ROAD ITHACA,NY 148509418	16-1195451	GOVERNMENT		20,687		(6) SETS OF TURN OUT GEAR, (1) THERMAL IMAGING CAMERA, (1) VEHICLE MOUNTED C	OPERATIONAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PHOENIX CHILDREN'S HOSPITAL FOUNDATION 2929 E CAMELBACK ROAD PHOENIX,AZ 85016	74-2421549	501(C)(3)		20,788		BELMONT RAPID INFUSER- FMS 2000-120 V THIS DEVICE INFUSES BLOOD AND FLUID I	OPERATIONAL SUPPORT
WAUWATOSA POLICE DEPARTMENT 1700 N 116TH STREET WAUWATISA,WI 53226	39-6005650	GOVERNMENT		20,795		A 2015 POLARIS RANGER 570 FULL-SIZE EPS UTILITY VEHICLE ACCESSORIES LX CAB	OPERATIONAL SUPPORT
EDINBURG VOLUNTEER FIRE DEPARTMENT 6727 TALLMADGE RD ROOTSTOWN,OH 44272	20-5655778	GOVERNMENT		20,850		EXTRICATION / RESCUE TOOLS	OPERATIONAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FOUNDATION FOR SEMINOLE STATE COLLEGE OF FL 1055 AAA DRIVE HEATHROW,FL 32746	23-7033822	501(C)(3)		20,979		FUNDING IS BEING REQUESTED FOR BREATHING APPARATUS REPLACEMENT OF SOON-TO-BE	OPERATIONAL SUPPORT
DURHAM TECHNICAL COMMUNITY COLLEGE FOUNDATIONDURHAM TECH FIRE ACADEMY 1637 LAWSON STREET DURHAM,NC 27703	56-1423848	501(C)(3)		21,122		(1) MULTI-FORCE DOOR - FORCIBLE ENTRY DOOR SIMULATOR - (20) CAIRNS FACE SHI	OPERATIONAL SUPPORT
MYRTLE BEACH FIRE DEPARTMENT 921-B OAK STREET MYRTLE BEACH,SC 29577	57-6001084	GOVERNMENT		21,162		BULLEX ATTACK DIGITAL FIRE TRAINING SYSTEM TRAINERS PACKAGE ATTACK EXTENSIO	OPERATIONAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WASHINGTON COUNTY SHERIFF'S OFFICE 15015 62ND STREET NORTH STILLWATER,MN 55016	41-6005919	GOVERNMENT		22,472		THE WASHINGTON COUNTY SWAT TST IS REQUESTING FUNDS TO ACQUIRE A 2016 FORD TR	OPERATIONAL SUPPORT
CARTERSVILLE FIRE DEPARTMENT PO BOX 1390 CARTERSVILLE,GA 30120	58-6000534	GOVERNMENT		22,478		68 SCOTT AV 3000 HT FACE PIECES AND 2 SCOTT RIT PACK III	OPERATIONAL SUPPORT
LINCOLNVILLE FIRE DEPARTMENT 143 W PINE ST LINCOLNVILLE,SC 29485	57-0542223	GOVERNMENT		22,908		ICOM F5021 VHF MOBILE RADIO (6) ICOM F1000 VHF HANDHELD RADIO (15) VHF MAGN	OPERATIONAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PINELLAS SUNCOAST FIRE & RESCUE DISTRICT 304 1ST STREET INDIAN ROCKS BEACH,FL 33785	59-6015306	GOVERNMENT		23,558		THE PINELLAS SUNCOAST FIRE & RESCUE DISTRICT WOULD LIKE TO PURCHASE TWO HURS	OPERATIONAL SUPPORT
BOSSIER CITY POLICE DEPARTMENT PO BOX 6216 BOSSIER CITY,LA 71171	72-6000179	GOVERNMENT		23,984		A ROBOTEX AVATAR II WITH TILT-ZOOM CAMERA, CONTROLLER CHARGER AND SPARE BATT	OPERATIONAL SUPPORT
UNIFIED FIRE AUTHORITY 3380 SOUTH 900 WEST SALT LAKE CITY,UT 84119	75-3134967	GOVERNMENT		23,984		THE EQUIPMENT REQUESTED IS FOR A MINI-ROBOT FOR THE UFA BOMB SQUAD THE ROBO	OPERATIONAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
RICHFIELD FIRE DEPARTMENT 6700 PORTLAND AVE RICHFIELD,MN 55423	41-6005490	GOVERNMENT		24,068		BULLEX ATTACK DIGITAL FIRE TRAINING PACKAGE, INCLUDING THE TRAINERS PACKAGE,	OPERATIONAL SUPPORT
RIVER OAKS FIRE DEPARTMENT 4900 RIVER OAKS BLVD RIVER OAKS,TX 76114	75-6000649	GOVERNMENT		24,094		PHILLIPS MRX DEFIBRILLATOR/MONITOR	OPERATIONAL SUPPORT
HENDERSON COUNTY RESCUE SQUAD INC 90 RICHARD CROOK DRIVE LEXINGTON,TN 38351	58-1548461	GOVERNMENT		24,157		VEHICLE EXTRICATION EQUIPMENT CURRENTLY WE HAVE HYDRAULIC EQUIPMENT AND WE	OPERATIONAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DESTIN FIRE CONTROL DISTRICT 848 AIRPORT ROAD DESTIN,FL 32541	59-1510380	GOVERNMENT		24,241		HURST EDRAULIC SP 310E2 SPREADER PACKAGE HURST EDRAULIC S 700E2 CUTTER PACKA	OPERATIONAL SUPPORT
MUNSON FIRE DEPARTMENT 12200 AUBURN RD CHARDON,OH 44024	23-7072100	GOVERNMENT		24,340		A NEW SET OF GENESIS VEHICLE EXTRICATION TOOLS A COMPLETE SET, PUMP, CUTTER	OPERATIONAL SUPPORT
LIBERTY FIRE DEPARTMENT 200 WEST MISSISSIPPI LIBERTY,MO 64068	44-6000213	GOVERNMENT		24,451		SUPPORT VEHICLE JOHN DEERE GATOR WITH MEDLITE TRANSPORT COT UNIT	OPERATIONAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LARGO POLICE DEPARTMENT 201 HIGHLAND AVE N LARGO,FL 33770	59-6000360	GOVERNMENT		24,574		ROBOTEX INC AVATAR III TACTICAL ROBOT WITH TACTICAL PACKAGE INCLUDING PAN-TI	OPERATIONAL SUPPORT
ALLENFORCE PO BOX 481 PLAINFIELD,IL 60544	45-5119173	GOVERNMENT		24,671		A TRAILER TO HAUL OUR ALL-TERRAIN CHAIRS AND AN ACTION TRACKSTANDER	OPERATIONAL SUPPORT
SPRINGFIELD FIRE DEPARTMENT 3726 E 3RD ST PANAMACITY,FL 32401	59-6002787	GOVERNMENT		24,885		A FULL SET OF HURST E-DRAULIC EXTRICATION EQUIPMENT	OPERATIONAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
QUINCY FIRE DEPARTMENT 20 N STEWART ST QUINCY,FL 32351	59-6000416	GOVERNMENT		24,885		HURST EDRAULIC RESCUE TOOLS TO INCLUDE A HURST SP 310E2 SPREADER PACKAGE WIT	OPERATIONAL SUPPORT
OKTIBBEHA COUNTY DISTRICT NO 5 VFD 1375 POOR HOUSE ROAD WEST STARKVILLE,MS 39759	64-0838914	GOVERNMENT		24,956		EXTRICATION TOOLS, HURST E-DRAULIC CUTTER, SPREADER, AND RAM	OPERATIONAL SUPPORT
SMYRNA POLICE DEPARTMENT 2646 ATLANTA ROAD SMYRNA,GA 30080	58-6000664	GOVERNMENT		24,980		AVATAR III TACTICAL SERIES ROBOT	OPERATIONAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WOUNDED WARRIOR PROJECT INC 4899 BELFORT RD STE 300 JACKSONVILLE,FL 32256	20-2370934	GOVERNMENT		25,000		FUNDING	OPERATIONAL SUPPORT
CEDAR COUNTRY FIRE PROTECTION DISTRICT PO BOX 1701 NOBLE,OK 73068	73-1445529	GOVERNMENT		25,075		10 SETS OF BUNKER GEAR INCLUDING BUNKER COATS, BUNKER PANTS, HELMETS, BOOTS,	OPERATIONAL SUPPORT
SPANISH FORT FIRE RESCUE 7580 SPANISH FORT BLVD SPANISH FORT,AL 36527	23-7034368	GOVERNMENT		25,368		HYDRAULIC SPREADER, CUTTER, AND RAMS ALL POWERED BY A GASOLINE POWER UNIT T	OPERATIONAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CITY OF HUNTINGTON FIRE DEPARTMENT 839 7TH AVENUE HUNTINGTON,WV 25701	55-6000187	GOVERNMENT		25,518		THE CITY OF HUNTINGTON FIRE DEPARTMENT IS REQUESTING ASSISTANCE IN THE PURCH	OPERATIONAL SUPPORT
FORT LEWIS FIRE & EMS 3915 W MAIN ST SALEM,VA 24482	54-1702225	GOVERNMENT		26,165		UTV AND A TRAILER 2015 KAWASAKI MULE PRO FXT EPS LE - GREEN ($19,476 76)	OPERATIONAL SUPPORT
KETTERING FIRE DEPARTMENT 2329 WILMINGTON PIKE KETTERING,OH 45420	31-6000617	GOVERNMENT		26,296		(2) LUCAS 2 CHEST COMPRESSION SYSTEM	OPERATIONAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
RADY CHILDREN'S HOSPITAL FOUNDATION 3020 CHILDRENS WAY MC 5005 SAN DIEGO,CA 921234282	33-0170626	501(C)(3)		26,448		1 ZOLL X SERIES MONITOR & DEFIBRILLATOR	OPERATIONAL SUPPORT
CLAY COUNTY FIRE RESCUE PO BOX 1366 GREEN COVE SPRINGS,FL 32043	59-6000553	GOVERNMENT		26,474		7 COMPLETE SETS OF TURNOUT GEAR	OPERATIONAL SUPPORT
IRMO FIRE DISTRICT 6017 ST ANDREWS RD COLUMBIA,SC 29212	30-0567541	GOVERNMENT		26,896		FUNDING FOR A POLARIS RANGER UTILITY TASK VEHICLE THE RANGER SIDE BY SIDE U	OPERATIONAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PRINCESS ANN COURTHOUSE PO BOX 6344 VIRGINIA BEACH,VA 23456	54-1139299	GOVERNMENT		27,015		TWO (2) LUCAS 2 2 CHEST COMPRESSION SYSTEM, WHICH INCLUDES BASE UNIT W/BACK	OPERATIONAL SUPPORT
LAS VEGAS FIRE & RESCUE 500 NORTH CASINO CENTER BLVD LAS VEGAS,NV 89101	88-6000198	GOVERNMENT		27,490		4 FORCIBLE ENTRY DOORS	OPERATIONAL SUPPORT
BAYSHORE FIRE RESCUE 17350 NALLE ROAD NORTH FORT MYERS,FL 33917	59-1660778	GOVERNMENT		28,014		HURST E-HYDRAULIC RESCUE TOOL SYSTEM BAYSHORE FIRE RESCUE IS RESPECTFULLY R	OPERATIONAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FOUR COMMUNITIES FIRE DEPARTMENT 4870 NORTH US 1 COCOA,FL 32927	59-1802506	GOVERNMENT		28,384		OUR DEPARTMENT IS REQUESTING FUNDING FOR A SET OF HURST "JAWS OF LIFE" POWER	OPERATIONAL SUPPORT
DUNKERTON EMS ASSOCIATION INC PO BOX 423 DUNKERTON,IA 50626	26-2536349	501(C)(3)		28,444		ZOLL X SERIES DEFIBRILLATOR	OPERATIONAL SUPPORT
MARICOPA FIRE DEPARTMENT 39700 W CIVIC CENTER PLAZA MARICOPA,AZ 85138	43-2035823	GOVERNMENT		28,938		MEDCART/UTILITY 6 WHEELER	OPERATIONAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ST AUGUSTINE FIRE DEPARTMENT 101 MALAGA ST ST AUGUSTINE,FL 32084	59-6000420	GOVERNMENT		29,153		HURST EDRAULIC HYDRAULIC TOOLS (JAWS OF LIFE) WITH FREIGHT CHARGES THIS SET	OPERATIONAL SUPPORT
GREATER SPRINGFIELD VOLUNTEER FIRE DEPARTMENT 7011 BACKLICK RD SPRINGFIELD,VA 22150	51-0243222	GOVERNMENT		29,263		(2) LUCAS-2 CHEST COMPRESSION SYSTEMS (AUTOMATED CPR SYSTEM)	OPERATIONAL SUPPORT
RAYTOWN FIRE PROTECTION DISTRICT 6020 RAYTOWN TRAFFICWAY RAYTOWN,MO 64133	44-6000527	GOVERNMENT		29,379		PHYSIO CONTROL LIFEPAK 15 MONITOR/DEFIBRILLATOR AND ACCESSORIES	OPERATIONAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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LISBON EMERGENCY 42 VILLAGE STREET LISBON,ME 04250	51-0160349	GOVERNMENT		29,685		ONE LIFEPAK 15'S	OPERATIONAL SUPPORT
THE JEFFREY LEE WILLIAMS FOUNDATION PO BOX 36792 ROCK HILL,SC 297320512	46-5231435	501(C)(3)		29,743		(1000) KIDDE CO DETECTORS, MODEL KN-COPP-B-LPM 20 ALTAIR SINGLE GAS CO MONI	OPERATIONAL SUPPORT
SYKESVILLE-FREEDOM DISTRICT FIRE DEPARTMENT INC 6680 SYKESVILLE ROAD SYKESVILLE,MD 217840275	52-1233455	GOVERNMENT		33,296		THREE (3) LUCAS 2 CHEST COMPRESSION SYSTEMS REQUESTING ONE FOR EACH AMBULA	OPERATIONAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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UNF POLICE DEPARTMENT 1 UNF DRIVE JACKSONVILLE,FL 32224	59-2976169	GOVERNMENT		33,624		ONE POLICE VEHICLE	OPERATIONAL SUPPORT
BOZEMAN FIRE DEPARTMENT 34 NORTH ROUSE AVENUE BOZEMAN,MT 59771	81-6001238	GOVERNMENT		34,060		HIGHWAY VEHICLE STABILIZATION KIT, INTERSTATE/MOTORWAY VEHICLE STABILIZATION	OPERATIONAL SUPPORT
METRO WEST FIRE PROTECTION DISTRICT PO BOX 310 WILDWOOD,MO 63040	43-6014662	GOVERNMENT		42,027		DIVE RESCUE PERSONAL PROTECTIVE EQUIPMENT FOR FIRE PROTECTION DISTRICT DIVER	OPERATIONAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
INDEPENDENCE FUND 6538 COLLINS AVE 187 MIAMI BEACH,FL 33141	26-0322088	GOVERNMENT		50,000		FUNDING TO SUPPORT THEIR ALL-TERRAIN WHEELCHAIR INITIATIVE	OPERATIONAL SUPPORT
CHICAGO FIRE DEPARTMENT 3510 S MICHIGAN AVENUE CHICAGO,IL 60653	36-6005820	GOVERNMENT		55,865		(2) POLARIS 6X6 UTVS OUTFITTED WITH A COT TO SERVE AS A MINI AMBULANCE AT EV	OPERATIONAL SUPPORT
PUERTO RICO FIRE DEPARTMENT PO BOX 13325 SAN JUAN 00908-3325 RQ	66-0437648	GOVERNMENT		6,094		(2) 70 INCH MONITORS WITH SELF-PORTABLE STANDS TO PRESENT MASS PUBLIC EDUCAT	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" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

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 on 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 on 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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on 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," on line 5a or 5b, describe in Part III			
6	For persons listed on 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," on line 6a or 6b, describe in Part III			
7	For persons listed on 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 on 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" on 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 on 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 in column(B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ROBIN PETERS EXECUTIVE DIRECTOR	(i)	125,000	27,697	0	12,000	22,089	186,786	0
	(ii)	0	0	0	0	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: 93493133038386

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 990-EZ 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

2015

Open to Public Inspection

Name of the organization	Employer identification number
FIREHOUSE SUBS PUBLIC SAFETY FOUNDATION INC	20-3588745

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III LINE 4	OVERVIEW 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 RELATIONSHIF
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 T O WHETHER CONFLICTS CURRENTLY EXIST
FORM 990, PART VI, SECTION B, LINE 15A	THE BOARD REVIEWS AND APPROVES COMPENSATION PAID TO THE FOUNDATION DIRECTOR COMPARABLE SA LARY 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 A T WWW GUIDESTAR ORG
FORM 990, PART VI, SECTION C, LINE 19	PHOTOCOPIES OF THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FI NANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST AT THE ORGANIZATION'S ADMINISTRATIVE OFFICE
FORM 990 PART VIII LN 8	THE FOUNDATION WAS ABLE TO OBTAIN AN ADDITIONAL $31,978 IN GENERAL CONTRIBUTIONS BY HOSTIN G OF THE TWO FUNDRAISING EVENTS, BRINGING THE NET RECEIPTS FROM THE EVENTS TO $74,135 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 COMPLE TE RECONCILIATION BELOW POND GOLF TOURNAMENT / FIREHOUSE SUBS MEN'S DOUBLES TENNIS TOURNA MENT FUNDRAISER PROCEEDS $127,745 GENERAL CONTRIBUTIONS RECEIVED AT EVENT $31,978 TOTAL RECEIPTS $159,723 DIRECT EXPENSES ($85,588) NET RECEIPTS FROM FUNDRAISING EVENTS $74,13 5
PART XII, LINE 2C	THIS PROCESS HAS NOT CHANGED FROM PRIOR YEARS