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

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning and ending

B Check if applicable:
- [X] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Final return/ termin-ated
- [ ] Amended return
- [ ] Applica-tion pending

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

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
12735 GRAN BAY PARKWAY, SUITE 150

City or town, state or province, country, and ZIP or foreign postal code
JACKSONVILLE, FL 32258

F Name and address of principal officer: ROBIN PETERS
SAME AS C ABOVE

D Employer identification number
20-3588745

E Telephone number
(904)886-8300

G Gross receipts $ 8,693,546.

H(a) Is this a group return for subordinates? [ ] Yes [X] 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: [X] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ WWW.FIREHOUSESUBS.COM/FOUNDATION

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation: 2005 M State of legal domicile: FL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: 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	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	6
	6 Total number of volunteers (estimate if necessary)	6	124
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	7,715,620.	8,442,942.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	70,742.	102,882.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	42,157.	60,277.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,828,519.	8,606,101.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,392,417.	7,441,001.
	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)	448,731.	510,290.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 423,600.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	385,980.	487,216.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,227,128.	8,438,507.
	19 Revenue less expenses. Subtract line 18 from line 12	2,601,391.	167,594.

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	6,074,599.	7,250,947.
	21 Total liabilities (Part X, line 26)	346,616.	1,079,232.
	22 Net assets or fund balances. Subtract line 21 from line 20	5,727,983.	6,171,715.

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

▶ Signature of officer — Date: 5/3/2017

▶ ROBIN PETERS, EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: AMY BIBBY	Preparer's signature: Amy Bibby	Date: 05/03/17	Check [ ] if self-employed	PTIN: 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) [X] 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 X

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 $ 6,938,053. including grants of $ 6,662,383.) (Revenue $ _____)

LIFE SAVING EQUIPMENT DONATIONS:

EQUIPMENT DONATIONS IMPACT MILLIONS OF FAMILIES AND INDIVIDUALS IN COMMUNITIES THROUGHOUT THE COUNTRY. IN 2016 ALONE 340 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 $ 408,715. including grants of $ 374,448.) (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 $ 223,954. including grants of $ 198,550.) (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

4d Other program services (Describe in Schedule O.)
(Expenses $ 210,839. including grants of $ 205,620.) (Revenue $ _____)

4e Total program service expenses ▶ 7,781,561.

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	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*?	2	X	
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		X
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		X
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		X
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
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		X
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	X	
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	X	
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		X
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		X
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		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		X
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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		X
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		X
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		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
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		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	X	
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	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a*	24a		X
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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
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		X
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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
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		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
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	X	

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	9		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	X	
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?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		X
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		X
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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
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		X
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		X
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		X
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		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
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		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	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?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
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		X
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 line 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 X

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 ..... 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.	1a	7		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
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			X
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			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
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		X
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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
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	X	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," 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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 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 - (904)886-8300

12735 GRAN BAY PARKWAY, STE 150, JACKSONVILLE, FL 32258

SEE SCHEDULE O FOR FULL LIST OF STATES

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, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if 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 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/SECRETARY	1.00	X		X				0.	0.	0.
(3) MARYELLEN MECH DIRECTOR	1.00	X						0.	0.	0.
(4) JOE MOORE DIRECTOR	1.00	X						0.	0.	0.
(5) BILL CARR DIRECTOR	1.00	X						0.	0.	0.
(6) JOHN LONG DIRECTOR	1.00	X						0.	0.	0.
(7) MIKE WILLIAMS DIRECTOR	1.00	X						0.	0.	0.
(8) SHERI KOHLER TREASURER	5.00			X				0.	0.	0.
(9) ROBIN PETERS EXECUTIVE DIRECTOR	40.00			X				156,968.	0.	34,510.
(10) MEGHAN VARGAS OFFICER	40.00			X				70,563.	0.	8,732.
(11) JACQUELYN GUBBINS OFFICER	40.00			X				62,402.	0.	8,487.
(12) BRADY RIGDON OFFICER	25.00			X				48,136.	0.	0.
(13) GINA BROWN OFFICER	40.00			X				56,525.	0.	6,615.
(14) NANCY PALMER OFFICER	25.00			X				19,295.	0.	0.

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 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 ▶								413,889.	0.	58,344.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								413,889.	0.	58,344.

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*		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	X	
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*		X

Section B. Independent Contractors

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

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

Part VIII Statement of Revenue

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

				(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	26,144.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	8,416,798.				
	g Noncash contributions included in lines 1a-1f: $						
	h **Total.** Add lines 1a-1f			8,442,942.			
Program Service Revenue		Business Code					
	2a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			102,882.			102,882.
	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 $ 26,144. of contributions reported on line 1c). See Part IV, line 18	a	147,722.				
	b Less: direct expenses	b	87,445.				
	c Net income or (loss) from fundraising events			60,277.			60,277.
	9a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
	Miscellaneous Revenue	Business Code					
	11a						
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d						
	12 **Total revenue.** See instructions.			8,606,101.	0.	0.	163,159.

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	7,204,883.	7,204,883.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	236,118.	236,118.		
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	472,233.	272,855.	88,710.	110,668.
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	38,057.	21,656.	7,070.	9,331.
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	3,862.		3,862.	
c Accounting	31,032.		31,032.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	22,570.		22,570.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	9,310.		9,310.	
12 Advertising and promotion	135,359.	7,783.	165.	127,411.
13 Office expenses	216,100.	7,436.	38,363.	170,301.
14 Information technology				
15 Royalties				
16 Occupancy	5,000.		5,000.	
17 Travel	44,585.	30,830.	7,866.	5,889.
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	15,831.		15,831.	
23 Insurance	2,140.		2,140.	
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 BAD DEBT EXPENSE	1,427.		1,427.	
b				
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	8,438,507.	7,781,561.	233,346.	423,600.
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		3,131,009.	1	2,726,236.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		488,933.	3	642,061.
	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 instr). Complete Part II of Sch L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		13,068.	8	10,719.
	9	Prepaid expenses and deferred charges		5,382.	9	6,382.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 114,769.			
	b	Less: accumulated depreciation	10b 28,656.	8,347.	10c	86,113.
	11	Investments - publicly traded securities		2,427,860.	11	3,779,436.
	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)		6,074,599.	16	7,250,947.
Liabilities	17	Accounts payable and accrued expenses		217,330.	17	143,546.
	18	Grants payable		129,286.	18	935,686.
	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		346,616.	26	1,079,232.
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		5,119,479.	27	5,117,498.
	28	Temporarily restricted net assets		608,504.	28	1,054,217.
	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		5,727,983.	33	6,171,715.
	34	Total liabilities and net assets/fund balances		6,074,599.	34	7,250,947.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,606,101.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,438,507.
3	Revenue less expenses. Subtract line 2 from line 1	3	167,594.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,727,983.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	12,613.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	263,525.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,171,715.

Part XII Financial Statements and Reporting

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

			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		X
	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	X	
	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	X	
	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		X
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		

SCHEDULE A
(Form 990 or 990-EZ)

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

2016

Open to Public Inspection

Name of the organization	Employer identification number
FIREHOUSE SUBS PUBLIC SAFETY FOUNDATION, INC.	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 12, 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____

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

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

12 ☐ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

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 1-10 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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2882308.	4000764.	5339091.	7828519.	8416798.	28467480.
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	2882308.	4000764.	5339091.	7828519.	8416798.	28467480.
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)						896,971.
6 **Public support.** Subtract line 5 from line 4.						27570509.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	2882308.	4000764.	5339091.	7828519.	8416798.	28467480.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			26,497.		102,882.	129,379.
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						28596859.

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 2016 (line 6, column (f) divided by line 11, column (f))	14	96.41 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	95.53 %

16a **33 1/3% support test - 2016.** 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 - 2015.** 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 - 2016.** 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 - 2015.** 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 10 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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2016** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2015** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2016.** 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 - 2015.** 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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 12a or 12b 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	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 I of Schedule L (Form 990 or 990-EZ).*	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 9a) 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 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b 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		

Part IV Supporting Organizations *(continued)*

			Yes	No
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		

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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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 (explain in Part VI.) **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):			
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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7 **Excess distributions carryover to 2017.** Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

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.)

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at *www.irs.gov/form990* .

OMB No. 1545-0047

2016

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

Employer identification number
20-3588745

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[ ] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year ..... ▶ $ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
FIREHOUSE SUBS PUBLIC SAFETY FOUNDATION, INC.

Employer identification number
20-3588745

Part I **Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		$ 177,787.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 177,787.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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

Employer identification number: 20-3588745

Part II **Noncash Property** (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	

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

Employer identification number: 20-3588745

Part III *Exclusively* **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e)** and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this info. once.) ▶ $

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

2016

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)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of a historically important land area
☐ Preservation of a certified historic structure

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,452,149.	1,519,984.	500,000.		
b Contributions	1,000,000.	1,000,000.	1,000,000.	500,000.	
c Net investment earnings, gains, and losses	366,407.	-56,614.	23,604.		
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	20,058.	11,221.	3,620.		
g End of year balance	3,798,498.	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 ▶ 100.00 %
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)		X
(ii) related organizations — 3a(ii)		X
b If "Yes" on line 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" on 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		114,769.	28,656.	86,113.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				86,113.

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		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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 [X]

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	8,882,239.
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	12,613.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	263,525.		
e	Add lines 2a through 2d			2e	276,138.
3	Subtract line 2e from line 1			3	8,606,101.
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	8,606,101.

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	8,438,507.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	8,438,507.
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	8,438,507.

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.

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 RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS A NONPROFIT 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.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

Part XIII Supplemental Information *(continued)*

GAIN ON ENDOWMENT INVESTMENT 263,525.

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, line 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

2016

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

2 a 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 10 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	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
Total ▶						

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

Part II Fundraising Events. Complete if the organization answered "Yes" 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 NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	108,439.	65,427.		173,866.
	2 Less: Contributions	20,549.	5,595.		26,144.
	3 Gross income (line 1 minus line 2)	87,890.	59,832.		147,722.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	13,309.	2,402.		15,711.
	8 Entertainment				
	9 Other direct expenses	49,106.	22,628.		71,734.
	10 Direct expense summary. Add lines 4 through 9 in column (d)			▶	87,445.
	11 Net income summary. Subtract line 10 from line 3, column (d)			▶	60,277.

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 to be 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 provide any additional information. See instructions

Part IV **Supplemental Information** *(continued)*

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

2016

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? ..... [X] 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
NORMAN REGIONAL HEALTH FOUNDATION 901 N PORTER AVE NORMAN, OK 73070	73-1203942	PUBLIC CHARITY	0.	62,354.	COST	700/800 MHZ BI-DIRECTIONAL AMPLIFYING SYSTEM	OPPERATIONAL SUPPORT
AMERICAN RED CROSS, NORTHEAST FLORIDA - 751 RIVERSIDE AVENUE - JACKSONVILLE, FL 32204	53-0196605	PUBLIC CHARITY	0.	55,000.	COST	THE AMERICAN RED CROSS, ON BEHALF OF THE STATE OF FLORIDA, IS	OPPERATIONAL SUPPORT
NEVADA PARTNERSHIP FOR HOMELESS YOUTH - 4981 SHIRLEY STREET - LAS VEGAS, NV 89119	88-0476452	PUBLIC CHARITY	0.	50,000.	COST	THIS REQUEST IS FOR FUNDING TO SUPPORT NPHY'S SAFE PLACE	OPPERATIONAL SUPPORT
CARSON CITY FIRE DEPARTMENT 777 S. STEWART ST. CARSON CITY, NV 89701	88-6000189	GOVERNMENT	0.	46,451.	COST	A NEW CHASSIS FOR A TYPE 1 AMBULANCE.	OPPERATIONAL SUPPORT
GLASTONBURY FIRE DEPARTMENT 2155 MAIN STREET GLASTONBURY, CT 06033	06-6002003	GOVERNMENT	0.	39,542.	COST	TWO BATTERY OPERATED JAWS OF LIFE AND TWO EXTRICATION	OPPERATIONAL SUPPORT
CENTRAL TEXAS REGION SWAT / CITY FO LEANDER POLICE DEPARTMENT - 705 LEANDER DR - LEANDER, TX 78641	74-2007646	GOVERNMENT	0.	39,490.	COST	10 HELMET MOUNTED NIGHT VISION OPTICAL ENHANCEMENT	OPPERATIONAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ 340.

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

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

Schedule I (Form 990) (2016)

632101 11-01-16

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WALNUT GROVE FIRE PROTECTION DISTRICT - 540 N. WASHINGTON - WALNUT GROVE, MO 65770	01-2621609	GOVERNMENT	0.	35,616.	COST	NEW EXTRICATION EQUIPMENT. PUMP, SPREADERS, CUTTER, SMALL	OPPERATIONAL SUPPORT
ESCAMBIA COUNTY SHERIFF'S OFFICE 1700 WEST LEONARD STREET PENSACOLA, FL 32501	59-6000601	GOVERNMENT	0.	35,366.	COST	30 FIRST RESPONDER SHOOTER SHIELDS	OPPERATIONAL SUPPORT
HOMEWOOD FIRE AND RESCUE 2850 19TH STREET SOUTH HOMEWOOD , AL 35209	63-6001295	GOVERNMENT	0.	34,221.	COST	HURST EDRAULIC RECUE TOOLS- THESE ARE TO INCLUDE: 1.	OPPERATIONAL SUPPORT
HELMET PEAK VOLUNTEER FIRE DEPARTMENT - 15490 SOUTH MISSION ROAD - SAHUARTA, AZ 85629-0758	88-6071970	PUBLIC CHARITY	0.	34,185.	COST	AIR COMPRESSOR & 4 BOTTLE CASCADE SYSTEM	OPPERATIONAL SUPPORT
MCCLAIN COUNTY SHERIFF'S DEPARTMEENT - 121 N. 2ND #121 - PURCELL, OK 73080	73-6006391	GOVERNMENT	0.	34,030.	COST	2016 CHEVROLET TAHOE POLICE 4X4	OPPERATIONAL SUPPORT
CITY OF DEER PARK FIRE DEPARTMENT 2211 EAST X STREET DEER PARK, TX 77536	74-6000660	GOVERNMENT	0.	32,560.	COST	TWO LUCAS 2.2 CHEST COMPRESSION SYSTEMS WITH	OPPERATIONAL SUPPORT
JEFFREY LEE WILLIAMS FOUNDATION PO BOX 36792 ROCK HILL, SC 29732	46-5231435	PUBLIC CHARITY	0.	31,298.	COST	150 ALTAIR SINGLE-GAS DETECTOR CO #10092522 TO	OPPERATIONAL SUPPORT
BLOOMINGTON FIRE DEPARTMENT 10 WEST 95TH ST. BLOOMINGTON , MN 55437	41-1468343	GOVERNMENT	0.	31,190.	COST	15 AUTOMATED EXTERNAL DEFIBRILLATORS	OPPERATIONAL SUPPORT
WEST MILFORD FIRE DEPARTMENT STATION 6 - 605 RIDGE RD - WEST MILFORD, NJ 07480	22-3117585	GOVERNMENT	0.	30,991.	COST	HURST CUTTER, COMBI TOOL, RAM, BATTERIES AND VOLT CHARGER,	OPPERATIONAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEST POINT FIRE PROTECTION DISTRICT - PO BOX 315 - WEST POINT, CA 95255	90-0016025	GOVERNMENT	0.	30,832.	COST	A FIRE ENGINE (1992 TYPE 2) AND EQUIPMENT LOST DURING THE	OPPERATIONAL SUPPORT
WATERVILLE FIRE RESCUE 7 COLLEGE AVE WATERVILLE, ME 04901	01-6000037	GOVERNMENT	0.	30,590.	COST	A SEADOO SAR WATERCRAFT	OPPERATIONAL SUPPORT
UNION COUNTY FIRE DEPARTMENT P O BOX 266 LAKE BUTLER, FL 32054	59-6000882	GOVERNMENT	0.	30,215.	COST	ONE COMPLETE SET OF BATTERY POWERED EXTRICATION	OPPERATIONAL SUPPORT
SOUTH DAYTONA FIRE 1672 S. RIDGEWOOD AVE SOUTH DAYTONA, FL 32119	59-6000430	GOVERNMENT	0.	30,205.	COST	HURST EXTRICATION EQUIPMENT	OPPERATIONAL SUPPORT
ROANOKE POLICE DEPARTMENT 348 CAMPBELL AVE SW ROANOKE, VA 24016	54-6001569	GOVERNMENT	0.	30,180.	COST	7 BALLISTIC SHIELDS AND 250 MEDICAL KITS (QUIK CLOT,	OPPERATIONAL SUPPORT
HAMBURG FIRE DEPARTMENT 16 WALLKILL AVE HAMBURG, NJ 07419	22-2018534	GOVERNMENT	0.	30,000.	COST	HURST E-DRAULIC RESCUE TOOLS	OPPERATIONAL SUPPORT
BOILING SPRINGS FIRE DEPARTMENT 186 RAINBOW LAKE RD BOILING SPRINGS, SC 29316	57-0786269	GOVERNMENT	0.	30,000.	COST	DUAL MOBILE CLASS A TRAINING FACILITY.	OPPERATIONAL SUPPORT
TURNER COUNTY FIRE RESCUE 625 EAST WASHINGTON AVE ASHBURN, GA 31714	58-6000898	GOVERNMENT	0.	29,896.	COST	SET OF HOLMATRO EXTRICATION TOOLS	OPPERATIONAL SUPPORT
CITY OF HIGH SPRINGS FIRE DEPARTMENT - 18586 NW 238 ST - HIGH SPRINGS, FL 32643	59-6000336	GOVERNMENT	0.	29,627.	COST	HURST S700E2 W/EXL LARGEST EDRAULIC CUTTER HURST SP310E2	OPPERATIONAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CEDAR KEY FIRE RESCUE P.O. BOX 128 CEDAR KEY, FL 32625	59-6000028	GOVERNMENT	0.	29,575.	COST	EXTRICATION EQUIPMENT: HURST CUTTER WITH BATTERIES AND	OPPERATIONAL SUPPORT
VALPARAISO FIRE DEPARTMENT 2605 CUMBERLAND DR. VALPARAISO, IN 46383	35-6001217	GOVERNMENT	0.	28,962.	COST	TWO (2) LUCAS 2.2 CHEST COMPRESSION SYSTEMS	OPPERATIONAL SUPPORT
UNIVERSITY PARK FIRE DEPARTMENT 698 BURNHAM DRIVE UNIVERSITY PARK, IL 60901	36-2651341	GOVERNMENT	0.	28,814.	COST	ZOLL X SERIES 12 LEAD MONITOR	OPPERATIONAL SUPPORT
PALOMAR COLLEGE FOUNDATION 1140 W. MISSION RD. SAN MARCOS, CA 92069	95-6094128	PUBLIC CHARITY	0.	28,708.	COST	ONE SIMBABY TRAINING MANIKIN AND LINK BOX, LAERDAL LEARNING	OPPERATIONAL SUPPORT
WESTMINSTER FIRE ENGINE & HOSE CO. NO. 1 INC. - PO BOX 357 - WESTMINSTER, MD 21157	52-0527635	GOVERNMENT	0.	28,429.	COST	POLARIS ALL TERRAIN VEHICLE WITH HYBRID SKID UNIT	OPPERATIONAL SUPPORT
IRONDALE FIRE DEPARTMENT 5308 BEACON DRIVE IRONDALE, AL 35210	63-6001299	GOVERNMENT	0.	28,252.	COST	SET OF HURST EDRAULIC EXTRICATION EQUIPMENT,	OPPERATIONAL SUPPORT
MCMAHAN FIRE PROTECTION DISTRICT 4318 TAYLORSVILLE ROAD LOUISVILLE, KY 40220	61-3010254	GOVERNMENT	0.	28,240.	COST	EXTRICATION TOOLS. SPREADER, CUTTER, RAM, AND POWER SUPPLY.	OPPERATIONAL SUPPORT
CITY OF SANTA FE POLICE DEPARTMENT PO BOX 909 SANTA FE, NM 87507	85-6000168	GOVERNMENT	0.	28,125.	COST	25 LIFEPAK CR PLUS SEMI-AUTOMATIC AEDS	OPPERATIONAL SUPPORT
POLK COUNTY FIRE RESCUE 330 WEST CHURCH STREET BARTOW, FL 33831	59-6000080	GOVERNMENT	0.	28,042.	COST	HURST EXTRICATION EQUIPMENT	OPPERATIONAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF FORT WAYNE, IN - POLICE DEPARTMENT - 200 EAST BERRY ST - FORT WAYNE, IN 46802	35-6001029	GOVERNMENT	0.	27,908.	COST	PHOTOGRAPHIC AND RECORDING TOOLS FOR THE FWPD FORENSIC CRIME	OPPERATIONAL SUPPORT
WBTS-VFSI STATION 3 2020 HWY 64 WEST SHELBYVILLE, TN 37160	62-1543249	GOVERNMENT	0.	27,709.	COST	HURST JAWS OF LIFE EDRAULIC BATTERY POWERED RESCUE	OPPERATIONAL SUPPORT
BLACK CANYON FIRE DISTRICT PO BOX 967 BLACK CANYON CITY, AZ 85324	86-0499768	GOVERNMENT	0.	27,428.	COST	WE ARE REQUESTING TEN SETS OF BUNKER GEAR, TEN	OPPERATIONAL SUPPORT
WEST FARGO POLICE DEPARTMENT 800 4TH AVE E WEST FARGO, ND 58078-2015	45-6002542	GOVERNMENT	0.	27,114.	COST	BALLISTIC VESTS AND BALLISTIC HELMETS TO PROVIDE	OPPERATIONAL SUPPORT
JACKSONVILLE FIRE AND RESCUE DEPARTMENT - 515 NORTH JULIA ST. - JACKSONVILLE, FL 32202	85-8012621	GOVERNMENT	0.	27,029.	COST	*S700E2 CUTTER PACKAGE *SP310E2 SPREADER PACKAGE *R421E2 RAM	OPPERATIONAL SUPPORT
CITY OF BULVERDE POLICE DEPARTMENT 30360 COUGAR BEND BULVERDE, TX 78163	74-2861875	GOVERNMENT	0.	26,908.	COST	FOUR MOTOROLA MOBILE RADIOS THAT ALLOW FOR INTEROPERABLE	OPPERATIONAL SUPPORT
LEEDS FIRE & RESCUE 1051 PARK DRIVE LEEDS, AL 35094	63-6001306	GOVERNMENT	0.	26,894.	COST	HURST EXTRICATION EQUIPMENT	OPPERATIONAL SUPPORT
MORRIS FIRE DEPARTMENT 8304 STOUTS ROAD MORRIS, AL 35116	63-6001997	GOVERNMENT	0.	26,436.	COST	WE ARE REQUESTING THE HURST EDRAULIC EXTRICATION	OPPERATIONAL SUPPORT
ENGLEWOOD FIRE DEPARTMENT 333 W. NATIONAL RD ENGLEWOOD, OH 45322	31-6001043	GOVERNMENT	0.	26,296.	COST	TWO LUCAS 2 CHEST COMPRESSION SYSTEMS WITH	OPPERATIONAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MORGAN COUNTY RESCUE SQUAD PO BOX 1762 DECATUR, AL 35603	57-0887783	GOVERNMENT	0.	26,295.	COST	POLARIS RANGER 6 X 6 CHASSIS - MODIFIED STANDARD COLOR -	OPPERATIONAL SUPPORT
REHOBETH FIRE & RESCUE 235 MALVERN ROAD DOTHAN, AL 36301	63-1036251	GOVERNMENT	0.	26,180.	COST	FIRE FIGHTING PERSONAL PROTECTIVE EQUIPMENT. OUR	OPPERATIONAL SUPPORT
PRINCESS ANNE COURTHOUSE VOLUNTEER RESCUE SQUAD - PO BOX 6344 - VIRGINIA BEACH, VA 23456	54-1139299	PUBLIC CHARITY	0.	26,066.	COST	TWO (2) LUCAS 2.2 CHEST COMPRESSION SYSTEM; WHICH	OPPERATIONAL SUPPORT
REDINGS MILL FIRE PROTECTION DISTRICT - PO BOX 2309 - JOPLIN, MO 64804	43-1209839	GOVERNMENT	0.	25,516.	COST	EXTRICATION AND RESCUE TOOLS. THIS INCLUDES A HIGH PRESSURE	OPPERATIONAL SUPPORT
LONGWOOD POLICE DEPARTMENT 235 W CHURCH AVE LONGWOOD, FL 32750	59-1008196	GOVERNMENT	0.	25,000.	COST	20 PORTABLE AUTOMATED EXTERNAL DEFIBRILLATOR	OPPERATIONAL SUPPORT
BELMORE VOLUNTEER FIRE DEPARTMENT 311 MAIN ST BELMORE , OH 45815	34-1749776	GOVERNMENT	0.	25,000.	COST	4 COMPLETE SETS OF SCBAS TO REPLACE THE ONES ON OUR MAIN	OPPERATIONAL SUPPORT
MANASSAS CITY POLICE DEPARTMENT 9518 FAIRVIEW AVE MANASSAS, VA 20110	54-6001411	GOVERNMENT	0.	24,980.	COST	A TACTICAL ROBOT THAT CAN BE OPERATED REMOTELY THAT	OPPERATIONAL SUPPORT
WASHINGTON STATE DEPARTMENT OF NATURAL RESOURCES - 1000 FERN STREET SW UNIT D202 - OLYMPIA, WA 98502	00-0000000	GOVERNMENT	0.	24,958.	COST	1 PORTABLE REMOTE AUTOMATED WEATHER STATION (RAWS) AND 22	OPPERATIONAL SUPPORT
GUTHRIE FIRE-EMS 209 E. SPRINGER AVE. GUTHRIE, OK 73044	73-6005239	GOVERNMENT	0.	24,910.	COST	OUR DEPARTMENT IS REQUESTING ONE (1) RESCUE ONE CONNECTOR	OPPERATIONAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREENVILLE COUNTY OFFICE OF EMERGENCY MANAGEMENT - 206 S. MAIN STREET - GREENVILLE, SC 29602	57-6000356	GOVERNMENT	0.	24,910.	COST	WE ARE REQUESTING FUNDING FOR A RESCUE BOAT FOR	OPPERATIONAL SUPPORT
STARKVILLE FIRE DEPARTMENT 503 EAST LAMPKIN STREET STARKVILLE, MS 39759	64-6001082	GOVERNMENT	0.	24,894.	COST	RESCUE RESPONSE TRAILER	OPPERATIONAL SUPPORT
PUERTO RICO FIRE DEPARTMENT PO BOX 13325 SAN JUAN, PR 00908-3325	66-0437648	GOVERNMENT	0.	24,865.	COST	EXTRICATION EQUIPMENT INCLUDING SPREADER,	OPPERATIONAL SUPPORT
WEST END FIRE AND RESCUE PO BOX 596 WEST END, NC 27376	56-1410545	GOVERNMENT	0.	24,853.	COST	(1) JAWS OF LIFE - EDRAULIC COMBI TOOL - $9562.67 (1) JAWS OF LIFE	OPPERATIONAL SUPPORT
GROOM CREEK FIRE DISTRICT 1110 E FRIENDLY PINES RD PRESCOTT, AZ 86303	86-0723153	GOVERNMENT	0.	24,781.	COST	WE ARE REQUESTING AN SCBA FILL STATION AND	OPPERATIONAL SUPPORT
STONE PARK FIRE DEPARTMENT 1745 N. 35TH AVENUE STONE PARK, IL 60165	36-6000042	GOVERNMENT	0.	24,770.	COST	RESCUE AIR BAG	OPPERATIONAL SUPPORT
CITY OF COLUMBUS DIVISION OF FIRE 3639 PARSONS AVENUE COLUMBUS, OH 43207	31-6400223	GOVERNMENT	0.	24,639.	COST	ONE DELUXE FIRE SAFETY SMOKE HOUSE AND ONE DIGITAL FIRE	OPPERATIONAL SUPPORT
FLORIDA FISH & WILDLIFE 620 S MERIDIAN STREET TALLAHASSEE , FL 32399	59-3105845	GOVERNMENT	0.	24,562.	COST	(3) FLIR NIGHT VISION -BHM-6XR WITH THE 65MM QUICK CONNECT,	OPPERATIONAL SUPPORT
FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION - 620 S. MERIDIAN STREET - TALLAHASSEE, FL 32399	59-3105845	GOVERNMENT	0.	24,562.	COST	(3) FLIR NIGHT VISION - BHM-6XR WITH THE 65MM QUICK CONNECT,	OPPERATIONAL SUPPORT

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QUEEN VALLEY FIRE DISTRICT 1494 E QUEEN VALLEY DR QUEEN VALLEY, AZ 85118	86-0676608	GOVERNMENT	0.	24,418.	COST	2016 RANGER 6X6 ALL TERRAIN VEHICLE EQUIPPED TO PROPERLY	OPPERATIONAL SUPPORT
IDYLLWILD FIRE PROTECTION DISTRICT PO BOX 1394 IDYLLWILD, CA 92549	33-0071827	GOVERNMENT	0.	24,371.	COST	8 COMPLETE SETS OF STRUCTURAL FIREFIGHTING TURNOUTS,	OPPERATIONAL SUPPORT
COVE FIRE AND RESCUE 5735 FM 565 SOUTH COVE , TX 77523	47-2705953	GOVERNMENT	0.	24,351.	COST	10 SETS OF STRUCTURAL INNOTEX BUNKER GEAR; INCLUDING	OPPERATIONAL SUPPORT
PRAIRIE ISLAND INDIAN COMMUNITY TRIBAL POLICE DEPARTMENT - 5636 STURGEON LAKE ROAD - WELCH, MN 55089	41-1231069	GOVERNMENT	0.	24,224.	COST	6 NEW POLICE RADIOS, AND ANCILLARY EQUIPMENT TO	OPPERATIONAL SUPPORT
MONROE COUNTY RESCUE SQUAD P.O. BOX 171 MADISONVILLE, TN 37354	62-0855416	GOVERNMENT	0.	24,072.	COST	12 SETS OF COMPLETE STRUCTURAL FIREFIGHTING	OPPERATIONAL SUPPORT
PLYMOUTH AREA FIRE ASSOCIATION 2064 340TH ST PLYMOUTH, IA 50464	45-5525155	GOVERNMENT	0.	23,995.	COST	ONE REFURBISHED ZOLL CARDIAC MONITOR/DEFIBRIL ATOR	OPPERATIONAL SUPPORT
ETHRIDGE VOLUNTEER FIRE DEPARTMENT 200 DEPOT STREET ETHRIDGE, TN 38456	78-0338592	PUBLIC CHARITY	0.	23,993.	COST	SET OF HURST JAWS OF LIFE HIGH PRESSURE AIR BAGS WITH	OPPERATIONAL SUPPORT
BELL BUCKLE VFD 113 MAIN STREET BELL BUCKLE, TN 37180	62-0858996	PUBLIC CHARITY	0.	23,965.	COST	POLARIS RANGER UTV WITH MEDICAL TRANSPORT SKID UNIT	OPPERATIONAL SUPPORT
CITY OF CRESTVIEW FIRE DEPARTMENT 321 W. WOODRUFF AVE. CRESTVIEW, FL 32536	59-6000295	GOVERNMENT	0.	23,951.	COST	RESCUE CUTTER WITH CHARGER, 2 BATTERIES & A MOUNTING	OPPERATIONAL SUPPORT

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AMBRIDGE FIRE DEPARTMENT 600 11TH ST. AMBRIDGE, PA 15003	25-6000266	GOVERNMENT	0.	23,825.	COST	RESCUE SAW, GAS DETECTOR, 5' HOSE MULE PACKAGE, K12	OPPERATIONAL SUPPORT
GRANBERRY VOLUNTEER FIRE DEPARTMENT - 1701 W. PEARL ST. - GRANBURY, TX 76048	75-6000542	PUBLIC CHARITY	0.	23,500.	COST	FIVE ARGUS MI-TIC THERMAL IMAGERS, ONE TO PLACE ON EACH OF	OPPERATIONAL SUPPORT
NASHVILLE ZOO AT GRASSMERE - FIRE BRIGADE - 3777 NOLANSVILLE DR - NASHVILLE, TN 37211	62-1411210	PUBLIC CHARITY	0.	23,377.	COST	ALL-TERRAIN FIRE SUPPRESSION VEHICLE	OPPERATIONAL SUPPORT
VICTORIA FIRE DEPARTMENT 606 E. GOODWIN VICTORIA, TX 77901	74-6002441	GOVERNMENT	0.	23,359.	COST	HAZARDOUS MATERIALS & TIER II SOFTWARE, EMS TRAINING	OPPERATIONAL SUPPORT
ALABASTER FIRE DEPARTMENT 910 1ST STREET SOUTH ALABASTER, AL 35007	63-0478002	GOVERNMENT	0.	23,230.	COST	A SET OF RESCUE TOOLS: HYDRAULIC POWER UNIT, AMK-22 HYDRAULIC	OPPERATIONAL SUPPORT
GARDNER POLICE DEPARTMENT 440 E. MAIN STREET GARDNER, KS 66030	48-6033380	GOVERNMENT	0.	22,952.	COST	7 PORTABLE MOTOROLA RADIOS- APX 4000 7/800 MHZ MODEL 2 @	OPPERATIONAL SUPPORT
PLEASANT VIEW FIRE DEPARTMENT 955 MOSS ST GOLDEN, CO 80401	84-0737557	GOVERNMENT	0.	22,950.	COST	BATTERY OPERATED VEHICLE EXTRICATION EQUIPMENT	OPPERATIONAL SUPPORT
MOUNT VERNON LADIES' ASSOCIATION P.O. BOX 110 MOUNT VERNON, VA 20124	54-0564701	PUBLIC CHARITY	0.	22,944.	COST	AN ULTRA FOG CONTROLLER.	OPPERATIONAL SUPPORT
KINGSLAND FIRE RESCUE 595 E. KING AVE. KINGSLAND, GA 31548	58-6000601	GOVERNMENT	0.	22,914.	COST	FUNDING TO PURCHASE THREE NEW THERMAL IMAGING CAMERAS	OPPERATIONAL SUPPORT

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DCBE / ACTON VOLUNTEER FIRE DEPARTMENT - 6430 SMOKY HILL CT - GRANBURY, TX 76049	75-1693453	PUBLIC CHARITY	0.	22,867.	COST	4 SETS OF DUI PUBLIC SAFETY TLS DRYSUITS	OPPERATIONAL SUPPORT
TONTITOWN AREA FIRE DEPARTMENT P.O. BOX 42 TONTITOWN, AR 72770	71-0530704	GOVERNMENT	0.	22,824.	COST	FIVE SETS OF PERSONAL PROTECTIVE EQUIPMENT AND 10	OPPERATIONAL SUPPORT
HARMONY VOLUNTEER FIRE DEPARTMENT 11755 S. FOSTER SAN ANTONIO, TX 78223	74-2314981	PUBLIC CHARITY	0.	22,458.	COST	THERMAL IMAGING CAMERA W/TRUCK CHARGER, NOZZLES, WYES,	OPPERATIONAL SUPPORT
LUTHERVILLE VOLUNTEER FIRE COMPANY, INC. - P.O. BOX 232 - LUTHERVILLE, MD 21094-0232	52-6054493	PUBLIC CHARITY	0.	22,134.	COST	FOUR NEW AEDS AND A LUCAS CHEST COMPRESSION	OPPERATIONAL SUPPORT
WESTERVILLE FIRE DEPARTMENT 400 W MAIN STREET WESTERVILLE, OH 43081	31-6401113	GOVERNMENT	0.	22,077.	COST	PARATECH STRUCTURAL SHORING EQUIPMENT	OPPERATIONAL SUPPORT
CITY OF ENTERPRISE, FIRE DEPARTMENT - PO BOX 311000 - ENTERPRISE, AL 36331	63-6001248	GOVERNMENT	0.	22,075.	COST	A TNT EXTRICATION TOOLKIT INCLUDING A	OPPERATIONAL SUPPORT
CITY OF TECUMSEH FIRE DEPARTMENT 109 W WASHINGTON ST. TECUMSEH, OK 74873	73-6005461	GOVERNMENT	0.	21,966.	COST	AN ATV AND SKID UNIT FOR SUPPRESSION OF WILDLAND FIRES.	OPPERATIONAL SUPPORT
ROTARY CLUB OF WEST JACKSONVILLE PO BOX 382055 JACKSONVILLE, FL 32238	59-1298191	GOVERNMENT	0.	21,960.	COST	FUNDING TO SUPPORT AN AFTER SCHOOL WATER AND SWIM SAFETY	OPPERATIONAL SUPPORT
PASQUOTANK NEWLAND VOLUNTEER FIRE DEPARTMENT - 721 US HIGHWAY 158 - ELIZABETH CITY, NC 27909	56-1338356	PUBLIC CHARITY	0.	21,937.	COST	3 SCBA PACKS AND ASSOCIATED VOICE EQUIPMENT WITH EXTRA BOTTLE.	OPPERATIONAL SUPPORT

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CENTER RIDGE FIRE DEPARTMENT PO BOX 90 CENTER RIDGE, AR 72027	46-2753391	GOVERNMENT	0.	21,904.	COST	26 SETS OF WILDLAND PERSONAL PROTECTIVE	OPPERATIONAL SUPPORT
OTISCO FIRE DEPARTMENT 1933 STATE ROUTE 80 TULLY, NY 13159	04-3619581	GOVERNMENT	0.	21,665.	COST	AN EMS SKID UNIT AND ENCLOSED TRAILER TO STORE AND HAUL RTV.	OPPERATIONAL SUPPORT
RAVENNA TOWNSHIP FIRE DEPARTMENT 6115 SOUTH SPRING STREET RAVENNA, OH 44266	34-6002280	GOVERNMENT	0.	21,478.	COST	EXTRICATION EQUIPMENT: BATTERY POWERED SPREADER,	OPPERATIONAL SUPPORT
CITY OF BROKEN ARROW - POLICE DEPARTMENT - P.O. BOX 610 - BROKEN ARROW, OK 74013-0610	73-6005109	GOVERNMENT	0.	21,438.	COST	20 AUTOMATED EXTERNAL DEFIBRILLATORS (AEDS) AND 120	OPPERATIONAL SUPPORT
TALLAHASSEE FIRE DEPARTMENT 911 EASTERWOOD DRIVE TALLAHASSEE, FL 32311	59-6000435	GOVERNMENT	0.	21,436.	COST	VEHICLE AND STRUCTURAL COLLAPSE STABILIZATION	OPPERATIONAL SUPPORT
TWINSBURG FIRE DEPARTMENT 10069 RAVENNA ROAD TWINSBURG, OH 44087	34-6004070	GOVERNMENT	0.	21,404.	COST	WE ARE REQUESTING THE BULLEX ATTACK DIGITAL FIRE	OPPERATIONAL SUPPORT
ST. KATERI CATHOLIC SCHOOLS 3225 PICKLE ROAD OREGON, OH 43616	34-0891884	PUBLIC CHARITY	0.	21,396.	COST	WE ARE REQUESTING SAFETY STROBES AND HORNS FOR	OPPERATIONAL SUPPORT
WATERLOO MORADA FIRE DISTRICT 6925 E FOPPIANO LANE STOCKTON, CA 95212	94-6000531	GOVERNMENT	0.	21,264.	COST	HURST TOOLS INCLUDING POWER UNIT, HOSE REEL, DEFENDER	OPPERATIONAL SUPPORT
PROVO FIRE RESCUE 80 S 300 W PROVO, UT 84601	12-0005250	GOVERNMENT	0.	21,102.	COST	EMERGENCY LIFE SAVING ARMOR VESTS. THESE ARE COMPACT	OPPERATIONAL SUPPORT

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ST. CHARLES COUNTY AMBULANCE DISTRICT - 4169 OLD MILL PARKWAY - ST. PETERS, MO 63376	43-1065833	GOVERNMENT	0.	20,959.	COST	POLARIS RANGER CREW XP WITH STRETCHER INSERT, CONVEX	OPPERATIONAL SUPPORT
CHUBBUCK FIRE DEPARTMENT 4727 N YELLOWSTONE AVE CHUBBUCK, ID 83202	82-6001214	GOVERNMENT	0.	20,661.	COST	TWO THERMAL IMAGERS	OPPERATIONAL SUPPORT
FORT SMITH FIRE DEPARTMENT 200 NORTH 5TH STREET FORT SMITH, AR 72901	71-6003637	GOVERNMENT	0.	20,528.	COST	HOLMATRO HEAVY DUTY ELECTRIC CORE DUO PUMP, SPREADER 5.0	OPPERATIONAL SUPPORT
CITY OF MAPLEWOOD POLICE DEPARTMENT - 1830 COUNTY ROAD B - MAPLEWOOD, MN 55109	41-6008920	GOVERNMENT	0.	20,507.	COST	15 CARDIAC SCIENCE POWERHEART G5 AEDS	OPPERATIONAL SUPPORT
K9 SEARCH AND RESCUE KANSAS 2700 N PARKDALE WICHITA, KS 67205	20-3644934	GOVERNMENT	0.	20,374.	COST	UTV CREW AND TRAILER, SIX PFD LIVE VESTS AND A LEASH; DISASTER	OPPERATIONAL SUPPORT
SOLVAY FIRE DEPARTMENT 1925 MILTON AVE. SOLVAY, NY 13209	16-1218938	GOVERNMENT	0.	20,355.	COST	LUCAS 2.2 CHEST COMPRESSION SYSTEM	OPPERATIONAL SUPPORT
EDINA POLICE DEPARTMENT 4801 W. 50TH STREET EDINA, MN 55424	41-6005118	GOVERNMENT	0.	20,306.	COST	16 POWERHEART G5 AEDS	OPPERATIONAL SUPPORT
NO. 7 TOWNSHIP FIRE & RESCUE 1705 OLD CHERRY POINT NEW BERN, NC 28564	58-1557596	GOVERNMENT	0.	20,257.	COST	8 COMPLETE SETS OF STRUCTURAL FIREFIGHTING GEAR. EACH SET	OPPERATIONAL SUPPORT
CATHEDRAL CITY FIRE DEPARTMENT 32100 DESERT VISTA RD CATHEDRAL CITY, CA 92234	95-3674780	GOVERNMENT	0.	20,243.	COST	HURST SPREADER PACKAGE AND CUTTER STANDARD BATTERY PACKAGE	OPPERATIONAL SUPPORT

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MORGAN COUNTY FIRE DEPARTMENT 41 NORTH STATE STREET MORGAN, UT 84050	87-6000306	GOVERNMENT	0.	20,150.	COST	WE ARE REQUESTING NEW FIREFIGHTER JACKETS AND	OPPERATIONAL SUPPORT
CENTRAL CROSSING FIRE PROTECTION DISTRICT - 23463 STATE HIGHWAY 39 - SHELL KNOB, MO 65747	43-1656074	GOVERNMENT	0.	20,142.	COST	FOR THIS GRANT WE ARE REQUESTING 9 SETS BUNKER	OPPERATIONAL SUPPORT
TUSCALOOSA FIRE AND RESCUE SERVICE 3311 KAULOOSA AVENUE TUSCALOOSA, AL 35401	63-6001379	GOVERNMENT	0.	19,996.	COST	1,200 SMOKE ALARMS TO SUSTAIN OUR 10 YEAR PROGRAM,	OPPERATIONAL SUPPORT
FLAGLER BEACH FIRE DEPARTMENT 320 S FLAGLER AVE FLAGLER BEACH, FL 32136	59-6002308	GOVERNMENT	0.	19,995.	COST	ONE COMPRESSOR ; OPEN VERTICAL AIR SYSTEM WITH PRESSURE SWITCH,	OPPERATIONAL SUPPORT
PLYMOUTH TOWNSHIP FIRE DEPARTMENT 9955 HAGGERTY ROAD PLYMOUTH , MI 48170	38-6007665	GOVERNMENT	0.	19,950.	COST	RESCUE TOOLS INCLUDING CUTTERS AND SPREADERS, AND	OPPERATIONAL SUPPORT
VIOLET TOWNSHIP FIREFIGHTERS 8700 REFUGEE ROAD PICKERINGTON, OH 43147	27-0632419	GOVERNMENT	0.	19,948.	COST	ADULT ADVANCED LIFE SUPPORT SIMULATION MANIKIN AND ALL	OPPERATIONAL SUPPORT
TERREBONNE PARISH FIRE PROTECTION DISTRICT NO. 4A - 6129 GRAND CAILLOU ROAD - HOUMA, LA 70363	72-6001390	GOVERNMENT	0.	19,920.	COST	SELF-CONTAINED BREATHING APPARATUS (SCBA)	OPPERATIONAL SUPPORT
LAFAYETTE FIRE DEPARTMENT 443 NORTH 4TH STREET LAFAYETTE, IN 47901	00-3502341	GOVERNMENT	0.	19,908.	COST	SIX BUOYANCY COMPENSATORS, SIX FULL FACE DIVE MASKS, ONE	OPPERATIONAL SUPPORT
CENTRAL YAVAPAI FIRE DISTRICT 8555 E. YAVAPAI RD. PRESCOTT VALLEY, AZ 86314	86-0225371	GOVERNMENT	0.	19,844.	COST	(3) RKI EAGLE II GAS METERS (3) NIMH BATTERIES AND AC CHARGER	OPPERATIONAL SUPPORT

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BEECH GROVE FIRE DEPARTMENT 330 E CHURCHMAN AVE BEECH GROVE, IN 46107	35-6000949	GOVERNMENT	0.	19,722.	COST	ATV WITH SPECIAL BED INSERT, FUNDS TO PURCHASE AND	OPPERATIONAL SUPPORT
SHENANDOAH SHORES VOLUNTEER FIRE DEPARTMENT - 533 MOUNTAIN VIEW DRIVE - FRONT ROYAL, VA 22630	23-7187113	PUBLIC CHARITY	0.	19,720.	COST	HURST BATTERY OPERATED CUTTER AND SPREADER WITH BATTERIES	OPPERATIONAL SUPPORT
CHARLOTTE FIRE DEPARTMENT 500 DALTON AVE. CHARLOTTE, NC 28206	07-4498353	GOVERNMENT	0.	19,711.	COST	MEDICAL AND OXYGEN BACKPACKS	OPPERATIONAL SUPPORT
OWASSO FIRE DEPARTMENT 8901 N. GARNETT ROAD OWASSO, OK 74055	73-3606961	GOVERNMENT	0.	19,704.	COST	WE ARE REQUESTING FUNDING FOR A POLARIS RANGER	OPPERATIONAL SUPPORT
FLOWOOD FIRE DEPARTMENT 511 VINE DR. FLOWOOD, MS 39232	64-0479236	GOVERNMENT	0.	19,662.	COST	(6) PARATECH TWIST LOCK VEHICLE STABILIZER STRUT	OPPERATIONAL SUPPORT
TOWN OF ORANGE PARK 2042 PARK AVE ORANGE PARK, FL 32073	85-8012621	GOVERNMENT	0.	19,581.	COST	WE ARE REQUESTING TWO SCOTT THERMAL IMAGING CAMERAS	OPPERATIONAL SUPPORT
BOSSIER SHERRIF'S OFFICE P.O. BOX 850 BENTON, LA 71006	72-6000187	GOVERNMENT	0.	19,501.	COST	TWO (2) 14'1' MERCURY HEAVY DUTY XD INFLATABLE	OPPERATIONAL SUPPORT
SODDY DAISY FIRE DEPARTMENT 9835 DAYTON PIKE SODDY DAISY, TN 37379	62-0809654	GOVERNMENT	0.	19,452.	COST	6 AEDS	OPPERATIONAL SUPPORT
GRAND BLANC FIRE DEPARTMENT 117 HIGH STREET GRAND BLANC, MI 48439	38-2946110	GOVERNMENT	0.	19,451.	COST	8 SETS OF BUNKER GEAR COATS AND PANTS, HELMET, HOOD, GLOVES,	OPPERATIONAL SUPPORT

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ST. JOHNS COUNTY SHERIFF'S OFFICE 4015 LEWIS SPEEDWAY ST. AUGUSTINE, FL 32084	59-6000829	GOVERNMENT	0.	19,425.	COST	15 AEDS	OPPERATIONAL SUPPORT
EASTERN PIKE REGIONAL POLICE DEPARTMENT - 10 AVE. I - MATAMORAS, PA 18336	26-1354288	GOVERNMENT	0.	19,383.	COST	EPRPD IS APPLYING FOR 7 MOBILE DATA TERMINALS (MDT)	OPPERATIONAL SUPPORT
SNOHOMISH COUNTY FIRE DISTRICT NO. 22 - 8424 99TH AVE NE - ARLINGTON, WA 98223	91-1696245	GOVERNMENT	0.	19,300.	COST	WILDLAND SLIDE WITH 200 GALLON WATER TANK, 120 GPM PUMP,	OPPERATIONAL SUPPORT
WARR ACRES POLICE DEPARTMENT WARR ACRES POLICE DEPARTMENT WARR ACRES, OK 73122	73-6060688	GOVERNMENT	0.	19,190.	COST	ENDEAVOR ROBOTICS IROBOT 110 FIRSTLOOK ROBOTIC SYSTEM	OPPERATIONAL SUPPORT
HASLET FIRE DEPARTMENT 1701 HWY 156 SOUTH HASLET, TX 76052	75-1447477	GOVERNMENT	0.	19,060.	COST	HURST EDRAULIC EXTRICATION SPREADER SP310E2 W/EXL BATTERY &	OPPERATIONAL SUPPORT
DEXTER RFPD 82781 BARBRE RD DEXTER, OR 97431	93-0750161	GOVERNMENT	0.	18,982.	COST	158.152.178 HOLMATRO SR 20 TWO TOOL PUMP, 50LBS W/HONDA	OPPERATIONAL SUPPORT
VIRGINIA BEACH VOLUNTEER RESCUE SQUAD - 740 VIRGINIA BEACH BLVD. - VIRGINIA BEACH, VA 23451	54-6047133	PUBLIC CHARITY	0.	18,973.	COST	MEGACODE KELLY ADVANCED, MEGACODE KID ADVANCED, &	OPPERATIONAL SUPPORT
CITY OF BALDWIN FIRE DEPARTMENT 165 WILLINGHAM AVE BALDWIN, GA 30511	58-1033976	GOVERNMENT	0.	18,964.	COST	WE ARE REQUESTING A NEW SET OF EXTRICATION	OPPERATIONAL SUPPORT
CHERAW RESCUE SQUAD PO BOX 28 CHERAW, SC 29520	57-0889638	GOVERNMENT	0.	18,873.	COST	1 TNT E-HYDRAULIC CUTTER W/ATTACHMENTS.	OPPERATIONAL SUPPORT

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HUNTSVILLE SEARCH DOG UNIT PO BOX 841 BOAZ, AL 35957	30-0894378	GOVERNMENT	0.	18,859.	COST	HANDHELD RADIOS, RESCUE HELMETS AND HEADLAMPS, DELL LAPTOP	OPPERATIONAL SUPPORT
OAK GROVE FIRE PROTECTION DISTRICT 25 - 18122 MACARTHUR DR - NORTH LITTLE ROCK, AR 72118	71-0826513	GOVERNMENT	0.	18,818.	COST	TNT EXTRICATION EQUIPMENT CONSISTING OF: TNT SLC-28-NEX	OPPERATIONAL SUPPORT
MANATEE COUNTY SEARCH AND RESCUE 7006 122ND AVE EAST PARRISH, FL 34219	27-3429372	GOVERNMENT	0.	18,791.	COST	2 BULLARD ECLIPSE THERMAL IMAGING CAMERAS WITH TWO	OPPERATIONAL SUPPORT
OCOEE FIRE DEPARTMENT 563 S. BLUFORD AVE OCOEE, FL 34761	59-6019764	GOVERNMENT	0.	18,771.	COST	BULLEX- ATTACK DIGITAL FIRE TRAINING SYSTEM: DIGITAL NOZZLE	OPPERATIONAL SUPPORT
WEST COLUMBIA FIRE DEPARTMENT 640 12TH STREET WEST COLUMBIA , SC 29169	57-6001121	GOVERNMENT	0.	18,735.	COST	BULLEX - ATTACK DIGITAL FIRE TRAINERS PACKAGE AND DIGITAL	OPPERATIONAL SUPPORT
MIRAMAR FIRE RESCUE DEPARTMENT 14801 NW 27TH ST MIRAMAR , FL 33027	59-6019762	GOVERNMENT	0.	18,671.	COST	BULLEX - ATTACK DIGITAL FIRE TRAINERS PACKAGE AND DIGITAL	OPPERATIONAL SUPPORT
PINE RIDGE FIRE DEPARTMENT PO BOX 1674 SUMMERVILLE, SC 29484	23-7346332	GOVERNMENT	0.	18,646.	COST	FIVE RUGGED PORTABLE RADIOS WITH BATTERIES, CHARGERS,	OPPERATIONAL SUPPORT
EAST NICEVILLE FIRE DISTRICT 1709 27TH STREET NICEVILLE , FL 32578	57-1190295	GOVERNMENT	0.	18,640.	COST	HURST EXTRICATION TOOLS	OPPERATIONAL SUPPORT
WEST ORANGE FIRE DPEARTMENT 415 VALLEY ROAD WEST ORANGE, NJ 07052-5054	22-6002396	GOVERNMENT	0.	18,150.	COST	SUPPORT FOR THE PURCHASE OF A BAILOUT TRAINING PROGRAM	OPPERATIONAL SUPPORT

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GLYNN COUNTY BOARD OF COMMISSIONERS / FIRE DEPARTMENT - 121 PUBLIC SAFETY BLVD. - BRUNSWICK , GA 31525	58-6000430	GOVERNMENT	0.	18,115.	COST	GLYNN COUNTY IS RESPECTFULLY REQUESTING FUNDING FOR 10	OPPERATIONAL SUPPORT
WEST VALLEY CITY FIRE DEPARTMENT 3600 SOUTH CONSTITUTION BLVD WEST VALLEY CITY, UT 84118	87-0362454	GOVERNMENT	0.	18,065.	COST	#10- KNG-P150S - BENDIX KING DIGITAL, P25,512 CH, 6 WATT, VHF	OPPERATIONAL SUPPORT
CHATTANOOGA FIRE DEPARTMENT 910 WISDOM STREET CHATTANOOGA, TN 37406	62-6000259	GOVERNMENT	0.	18,022.	COST	THE HYDRA RAM 1 IS A MANUALLY OPERATED HYDRAULIC RESCUE	OPPERATIONAL SUPPORT
PLAIN TOWNSHIP FIRE DEPARTMENT 9500 JOHNSTOWN ROAD NEW ALBANY, OH 43054	31-6400867	GOVERNMENT	0.	18,009.	COST	ATV, 570 RANGER CREW, GLASS WINDSHIELD, ROOF, WINCH &	OPPERATIONAL SUPPORT
LOUISVILLE METRO EMS - IRONMAN LOUISVILLE - 834 EAST BROADWAY 5TH FLOOR - LOUISVILLE, KY 40204	32-0049006	GOVERNMENT	0.	18,004.	COST	7 - FERNO TRACK STAIR CHAIRS	OPPERATIONAL SUPPORT
ORADELL VOLUNTEER FIRE DEPARTMENT 335 KINDERKAMACK ROAD ORADELL, NJ 07649	22-3804821	PUBLIC CHARITY	0.	17,952.	COST	A 16 FOOT INFLATABLE RESCUE BOAT WITH A 50 HORSEPOWER	OPPERATIONAL SUPPORT
DACONO POLICE DEPARTMENT 512 CHERRY AVE. DACONO, CO 80514	84-0624420	GOVERNMENT	0.	17,926.	COST	FLIR NIGHT VISION EQUIPMENT.	OPPERATIONAL SUPPORT
MAPLETON FIRE DEPARTMENT PO BOX 100 MAPLETON, ND 58059	45-0356179	GOVERNMENT	0.	17,850.	COST	20 AIR CYLINDERS FOR UTILIZATION WITH ITS SELF-CONTAINED	OPPERATIONAL SUPPORT
DISTRICT BLOUNT COUNTY FIRE PROTECTION DISTRICT - 2549 E BROADWAY - MARYVILLE, TN 37804	62-1139319	GOVERNMENT	0.	17,768.	COST	4 IMAGING IMAGING CAMERAS	OPPERATIONAL SUPPORT

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CITY OF YUMA FIRE DEPARTMENT ONE CITY PLAZA YUMA, AZ 85364	86-6000273	GOVERNMENT	0.	17,746.	COST	2016 POLARIS RGR 570 CREW (UTV), CUSTOMIZABLE PARTS TO PLACE	OPPERATIONAL SUPPORT
WESTERN RESERVE FIRE MESEUM & EDUCATIONAL CENTER - 310 CARNEGIE AVE - CLEVELAND, OH 44115	34-1590214	PUBLIC CHARITY	0.	17,525.	COST	BULLSEYE DIGITAL FIRE EXTINGUISHER TRAINING SYSTEM	OPPERATIONAL SUPPORT
CHATTAHOOCHEE FIRE DEPARTMENT 115 LINCOLN DRIVE CHATTAHOOCHEE , FL 32324	59-6000298	GOVERNMENT	0.	17,389.	COST	HOLMATRO HYDRAULIC RESCUE EQUIPMENT INCLUDING: 1	OPPERATIONAL SUPPORT
PANAMA CITY BEACH POLICE DEPARTMENT - 17115 PANAMA CITY BAEACH PARKWAY - PANAMA CITY BEACH, FL 32413	85-8012646	GOVERNMENT	0.	17,303.	COST	2 ATVS	OPPERATIONAL SUPPORT
ORCHARD BEACH VOLUNTEER FIRE DEPARTMENT - 7549 SOLLEY RD - GLEN BURNIE, MD 21060	52-6009540	PUBLIC CHARITY	0.	17,255.	COST	PARATECH LIFT BAG KIT	OPPERATIONAL SUPPORT
BIRMINGHAM FIRE AND RESCUE SERVICE 1808 7TH AVE NORTH BIRMINGHAM, AL 35203	63-6001201	GOVERNMENT	0.	17,100.	COST	10 MEDIUM STRUT SETS AND 10 STRUT MOUNTING BRACKET SETS	OPPERATIONAL SUPPORT
HOLLEY-NAVARRE FIRE DISTRICT 8618 ESPLANADE STREET NAVARRE, FL 32566	59-3343520	GOVERNMENT	0.	17,081.	COST	K12 RESCUE SAW 14' WITH BLADES, THERMAL IMAGING CAMERA, ALTAIR	OPPERATIONAL SUPPORT
OKALOOSA ISLAND FIRE DISTRICT 104 SANTA ROSA BLVD. FORT WALTON BEACH, FL 32548	59-1733376	GOVERNMENT	0.	17,062.	COST	TWO THERMAL IMAGING CAMERAS. EACH CAMERA WILL INCLUDE TWO	OPPERATIONAL SUPPORT
CITY OF MOORE EMERGENCY MANAGEMENT 109 E. MAIN STREET MOORE, OK 73160	00-0000000	GOVERNMENT	0.	17,009.	COST	BULLSEYE DIGITAL FIRE EXTINGUISHER TRAINING SYSTEM	OPPERATIONAL SUPPORT

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PLEASANT GROVE POLICE DEPARTMENT 87 EAST 100 SOUTH PLEASANT GROVE, UT 84062	87-6000264	GOVERNMENT	0.	16,995.	COST	WE ARE REQUESTING A 2016 HARLEY DAVIDSON FLHTP	OPPERATIONAL SUPPORT
PLAIN CITY FIRE 1963 N 3450 W PLAIN CITY, UT 84404	12-2209230	GOVERNMENT	0.	16,850.	COST	10 SETS OF TURNOUTS (PERSON PROTECTIVE EQUIPMENT)	OPPERATIONAL SUPPORT
NORTH COLLIER FIRE CONTROL & RESCUE DISTRICT - 1885 VETERAN'S PARK DRIVE - NAPLES , FL 34109	59-1096726	GOVERNMENT	0.	16,832.	COST	FOUR HANDHELD CO2 MONITORS	OPPERATIONAL SUPPORT
INDEPENDENCE VOLUNTEER FIRE DEPARTMENT - P. O. BOX 612 - INDEPENDENCE , LA 70443	72-1250883	PUBLIC CHARITY	0.	16,798.	COST	1 HURST POWER UNIT, CONVERT ALL EXISTING HOSES AND TOOLS	OPPERATIONAL SUPPORT
HOWLETT HILL FIRE DEPARTMENT 3384 HOWLETT HILL RD. SYRACUSE, NY 13215	16-1044418	GOVERNMENT	0.	16,745.	COST	ATV AND AN ENCLOSED TRAILER	OPPERATIONAL SUPPORT
NEW BERN POLICE DEPARTMENT 601 GEORGE STREET NEW BERN, NC 28563-1129	56-6000235	GOVERNMENT	0.	16,582.	COST	A NEW CANINE WITH TRAINING OF HANDLER AND EQUIPMENT NEEDED	OPPERATIONAL SUPPORT
CAPE CORAL POLICE DEPARTMENT 1100 CULTURAL PARK BLVD CAPE CORAL, FL 33990	59-1312996	GOVERNMENT	0.	16,526.	COST	180 INDIVIDUAL TRAUMA KITS THAT WILL BE WORN ON THE OFFICER'S	OPPERATIONAL SUPPORT
EVERTON VOLUNTEER FIRE DEPARTMENT 5495 SOUTH STATE ROAD ONE CONNERSVILLE, IN 47331	20-0509562	PUBLIC CHARITY	0.	16,468.	COST	WE ARE REQUESTING ASSISTANCE IN PROPERLY	OPPERATIONAL SUPPORT
BAYONNE FIRE DEPARTMENT 630 AVENUE C BAYONNE, NJ 07066	22-6001642	GOVERNMENT	0.	16,440.	COST	THE BAYONNE FIRE DEPARTMENT IS REQUESTING SEVEN (7) SETS OF	OPPERATIONAL SUPPORT

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HARQUAHALA VALLEY FIRE DISTRICT 51501 WEST TONTO STREET TONOPAH, AZ 85354	86-0725100	GOVERNMENT	0.	16,403.	COST	WILDLAND FIREFIGHTING BACKPACKS, 1 SET OF WILDLAND	OPPERATIONAL SUPPORT
BIDDEFORD FIRE DEPARTMENT 152 ALFRED STREET BIDDEFORD, ME 04005	01-6032302	GOVERNMENT	0.	16,321.	COST	EMS TRAINING EQUIPMENT FOR HANDS-ON PRACTICE AND	OPPERATIONAL SUPPORT
GREENLAWN FIRE DISTRICT 23 BOULEVARD AVE. GREENLAWN, NY 11740	11-1834777	GOVERNMENT	0.	16,304.	COST	WE ARE REQUESTING NINE (9) LP-1000 MEDTRONIC PHYSIO	OPPERATIONAL SUPPORT
HAMBURG TOWNSHIP FIRE DEPARTMENT 10100 VETERANS MEMORIAL DRIVE HAMBURG, MI 48139	38-1855320	GOVERNMENT	0.	16,227.	COST	WE ARE REQUESTING THE BULLEX BULLSEYE FIRE	OPPERATIONAL SUPPORT
SNOHOMISH COUNTY FIRE DISTRICT 24 1115 SEEMAN STREET DARRINGTON, WA 98241	30-0403680	GOVERNMENT	0.	16,187.	COST	WE ARE REQUESTING A JOHN DEERE XUV 825I POWER	OPPERATIONAL SUPPORT
THE STERLING PARK RESCUE SQUAD, INC. - 46700 MIDDLEFIELD DRIVE - STERLING, VA 20165	51-0139462	PUBLIC CHARITY	0.	16,160.	COST	ONE HURST CUTTER AND ONE HURST SPREADER FOR USE WITH OUR	OPPERATIONAL SUPPORT
TAYLOR COUNTY B.O.C.C. - FIRE RESCUE - 501 INDUSTRIAL PARK DRIVE - PERRY, FL 32348	59-6000879	GOVERNMENT	0.	16,070.	COST	BULLEX - ATTACK DIGITAL FIRE TRAINING: TRAINERS PACKAGE	OPPERATIONAL SUPPORT
THE CHERRYDALE VOLUNTEER FIRE DEPARTMENT - 3900 LEE HIGHWAY - ARLINGTON, VA 22207	54-0166760	PUBLIC CHARITY	0.	16,042.	COST	REHAB TENT KIT, COOLING VESTS, STANDARD TRAUMA KIT, OXYGEN KIT	OPPERATIONAL SUPPORT
HUDSON VALLEY COMMUNITY COLLEGE FOUNDATION - 80 VANDENBURGH AVENUE - TROY, NY 12180	22-2427015	PUBLIC CHARITY	0.	16,010.	COST	HUDSON VALLEY COMMUNITY COLLEGE'S EMERGENCY	OPPERATIONAL SUPPORT

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GREENWOOD POLICE DEPARTMENT 186 SURINA WAY GREENWOOD, IN 46143	35-6001050	GOVERNMENT	0.	16,000.	COST	TWO PRE-TRAINED DUAL PURPOSE K-9 POLICE DOGS	OPPERATIONAL SUPPORT
CITY OF RAVENNA FIRE DEPARTMENT 214 PARK WAY RAVENNA, OH 44266	34-6002276	GOVERNMENT	0.	15,930.	COST	BATTERY OPERATED PORTABLE HURST EXTRICATION TOOLS. A COMBI	OPPERATIONAL SUPPORT
ROCK HILL FIRE DEPARTMENT 214 ELIZABETH LANE ROCK HILL, SC 29730	57-6000244	GOVERNMENT	0.	15,808.	COST	TRAUMA CASUALTY MANAGEMENT EQUIPMENT FOR ACTIVE VIOLENCE	OPPERATIONAL SUPPORT
EAST ORANGE DEPARTMENT OF EMERGENCY SERVICES - 44 CITY HALL PLAZA - EAST ORANGE, NJ 07017	22-6011769	GOVERNMENT	0.	15,714.	COST	DEFIBRILLATORS, PADS, RESPONDER KIT, AED STORAGE CASE, RADIOS,	OPPERATIONAL SUPPORT
CITY OF SCOTTSDALE FIRE DEPARTMENT 8401 E. INDIAN SCHOOL RD SCOTTSDALE, AZ 85251	86-6000735	GOVERNMENT	0.	15,614.	COST	THREE SCOTT ACSI SCBAS. ACS WITH STANDARD FRAME WITH HARNESS. EZ	OPPERATIONAL SUPPORT
PARENT HEART WATCH 7047 GERMANTOWN AVE. PHILADELPHIA, PA 19119	11-3761392	PUBLIC CHARITY	0.	15,590.	COST	16 AED PACKAGES AND ACCESSORIES	OPPERATIONAL SUPPORT
MINNETONKA FIRE DEPARTMENT 14550 MINNETONKA BL. MINNETONKA, MN 55345	47-6005379	GOVERNMENT	0.	15,540.	COST	TEN AUTOMATIC EXTERNAL DEFIBRILLATORS (AEDS) AND TWO	OPPERATIONAL SUPPORT
CITY OF SPARTANBURG FIRE DIVISION 151 SOUTH SPRING STREET SPARTANBURG, SC 29306	57-6000245	GOVERNMENT	0.	15,525.	COST	UTV	OPPERATIONAL SUPPORT
CITY OF MADISON FIRE DEPARTMENT - IRONMAN WISCONSIN - 314 W. DAYTON ST. - MADISON, WI 53703	39-6005507	GOVERNMENT	0.	15,510.	COST	HURST EDRAULICS PACKAGE	OPPERATIONAL SUPPORT

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DES MOINES POLICE DEPARTMENT 25 EAST 1ST STREET DES MOINES, IA 50309	42-6004514	GOVERNMENT	0.	15,465.	COST	DIVE GEAR: FIVE HAZMAT DRY SUITS WITH HOOD/NECK COMBINATION, DRY	OPPERATIONAL SUPPORT
UPPER BUCKS REGIONAL EMS, INC. 8716 EASTON RD. REVERE, PA 18953	23-2032910	PUBLIC CHARITY	0.	15,437.	COST	LUCAS 2.2 CHEST COMPRESSION SYSTEM	OPPERATIONAL SUPPORT
SPACE COAST REGIONAL AIRPORT FIRE & EMERGENCY SERVICES - 355 GOLDEN KNIGHTS BLVD. - TITUSVILLE, FL 32780	59-1061002	GOVERNMENT	0.	15,399.	COST	SIX (6) SETS OF BUNKER GEAR TO INCLUDE: (A) BUNKER COAT AND	OPPERATIONAL SUPPORT
FREDERICKTOWN COMMUNITY FIRE DISTRICT - 139 COLUMBUS ROAD - FREDERICKTOWN, OH 43019	31-0840153	GOVERNMENT	0.	15,380.	COST	A FORCIBLE ENTRY SIMULATOR THAT IS A TURN KEY SOLUTION FOR OUR	OPPERATIONAL SUPPORT
PARK RIDGE FIRE DEPARTMENT 55 PARK AVENUE PARK RIDGE, NJ 07656	22-6002188	GOVERNMENT	0.	15,319.	COST	FIVE (5) SETS OF FIREFIGHTER TURNOUT GEAR. EACH SET OF GEAR	OPPERATIONAL SUPPORT
OMAHA HOME FOR BOYS 4343 NORTH 52ND STREET OMAHA, NE 68104	47-0376529	PUBLIC CHARITY	0.	15,255.	COST	SIX AEDS, FIRE EXTINGUISHER AND AED SIGNS, TWO FLAMMABLE LIQUID	OPPERATIONAL SUPPORT
ORONOGO FIRE DISTRICT 890 N GRANT ST ORONOGO, MO 64855	83-0421345	GOVERNMENT	0.	15,200.	COST	WATER RESCUE PERSONAL PROTECTIVE EQUIPMENT AND	OPPERATIONAL SUPPORT
JOHNSON COUNTY SHERIFF'S OFFICE 1091 HOSPITAL ROAD FRANKLIN, IN 46131	00-3118622	GOVERNMENT	0.	15,115.	COST	13 BALLISTIC PLATE CARRIERS, 26 RIFLE BALLISTIC SIDE	OPPERATIONAL SUPPORT
COMMUNITY ORGANIZATIONS ACTIVE IN DISASTER, INC. D/B/A BRACE (BE READY ALLIANCE - 1301 W. GOVERNMENT ST. - PENSACOLA, FL	20-4811589	PUBLIC CHARITY	0.	15,102.	COST	DISASTER RELIEF FUNDS EXCLUSIVELY FOR CONSTRUCTION	OPPERATIONAL SUPPORT

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CALLAWAY FIRE DEPARTMENT 6601 E HWY 22 CALLAWAY, FL 32404	85-8013780	GOVERNMENT	0.	15,080.	COST	10 SETS OF BUNKER GEAR (10 COATS AND 10 PANTS)	OPPERATIONAL SUPPORT
POTOSI VOLUNTEER FIRE DEPARTMENT P.O. BOX 6988 ABILENE, TX 79608	75-2924147	PUBLIC CHARITY	0.	15,066.	COST	PHILIPS MRX CARDIAC MONITOR/DEFIBRIL ATOR	OPPERATIONAL SUPPORT
EASTWOOD FIRE PROTECTION DISTRICT 16010 SHELBYVILLE ROAD LOUISVILLE, KY 40245	61-1212954	GOVERNMENT	0.	15,015.	COST	THE EASTWOOD FIRE PROTECTION DISTRICT IS ASKING FOR	OPPERATIONAL SUPPORT
TALLAHASSEE FIRE ACADEMY 75 COLLEGE DRIVE SUITE 203 HAVANA, FL 32333	59-1141270	GOVERNMENT	0.	15,000.	COST	THE FUNDS WILL BE DISPERSED TO THE TOP (3) AWARD RECIPIENTS	OPPERATIONAL SUPPORT
SACHSE FIRE RESCUE 3815-D SACHSE ROAD SACHSE, TX 75048	75-1330279	GOVERNMENT	0.	15,000.	COST	20' SELF-CONTAINED RESPONSE TRAILER	OPPERATIONAL SUPPORT
TEMPE FIRE MEDICAL RESCUE 1400 E. APACHE BLVD. TEMPE, AZ 85280	86-6000262	GOVERNMENT	0.	15,000.	COST	10 HYDRA RAMS	OPPERATIONAL SUPPORT
LOGANVILLE CHRISTIAN ACADEMY 2575 HIGHWAY 81 LOGANVILLE, GA 30052	58-2227554	PUBLIC CHARITY	0.	14,850.	COST	ZOLL AED AND CABINET/SUPPLIES MEDICAL EQUIPMENT/SUPPLI	OPPERATIONAL SUPPORT
MISSOURI SEARCH AND RESCUE K9 10908 FOREST AVENUE KANSAS CITY, MO 64131	43-1411824	GOVERNMENT	0.	14,816.	COST	2016 POLARIS RANGER CREW WITH A POLY WINDSHIELD W/	OPPERATIONAL SUPPORT
BANKS COMMUNITY VOLUNTEER FIRE DEPARTMENT - 9534 N US HWY 29 - BANKS, AL 36005	47-3148230	PUBLIC CHARITY	0.	14,710.	COST	A CUSTOM BUILD 300 GALLON POLY SKID UNIT WITH A 12 GALLON FOAM	OPPERATIONAL SUPPORT

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THE STERLING PARK RESCUE SQUAD, INC. - 46700 MIDDLEFIELD DRIVE - LEESBURG, VA 20165	51-0139462	PUBLIC CHARITY	0.	14,666.	COST	LUCAS 2 AUTOMATED CHEST COMPRESSION SYSTEM WITH	OPPERATIONAL SUPPORT
MOYERS CORNERS FIRE DEPARTMENT 7697 MORGAN RD LIVERPOOL, NY 13090	16-0770053	GOVERNMENT	0.	14,665.	COST	AED'S 7 FOR APPARATUS 2 FOR COMMUNITY MEETING ROOMS	OPPERATIONAL SUPPORT
GRIFFIN FIRE-RESCUE 401 NORTH EXPRESSWAY GRIFFIN, GA 30223	58-6000587	GOVERNMENT	0.	14,597.	COST	7 AUTOMATIC DEFIBRILLATORS	OPPERATIONAL SUPPORT
MOUNTAIN VISTA FIRE DISTRICT 1175 W. MAGEE ROAD TUCSON, AZ 85704	80-0255284	GOVERNMENT	0.	14,589.	COST	TECHNICAL RESCUE EQUIPMENT AND ROPE RESCUE EQUIPMENT	OPPERATIONAL SUPPORT
WASHINGTON COUNTY SHERIFF 1535 COLFAX STREET BLAIR, NE 68008	47-6006516	GOVERNMENT	0.	14,402.	COST	6 TACTICAL VEST SYSTEM, MULTICAM WITH QUANTUM LEVEL 111A	OPPERATIONAL SUPPORT
MCRAE-HELENA FIRE DEPARTMENT 181 EAST OAK STREET MCRAE-HELENA, GA 31055	58-6000619	GOVERNMENT	0.	14,386.	COST	1-LUCAS DEVICE	OPPERATIONAL SUPPORT
WHITE BEAR LAKE FIRE AND POLICE DEPARTMENTS - WHITE BEAR LAKE FIRE DEPARTMENT - WHITE BEAR LAKE , MN 55110	41-6005641	GOVERNMENT	0.	14,340.	COST	12 ZOLL AED PACKAGES, ZOLL WILL GIVE US $1200 TRADE IN	OPPERATIONAL SUPPORT
PADUCAH FIRE DEPARTMENT 3860 PLYMOUTH RD PADUCAH, KY 42001	61-6001891	GOVERNMENT	0.	14,275.	COST	FOUR (4) 3000 PSI 10-MINUTE CARBON CYLINDERS WITH NYLON	OPPERATIONAL SUPPORT
TEXSAR - TEXAS SEARCH AND RESCUE P.O. BOX 171258 AUSTIN, TX 78717	84-1644603	GOVERNMENT	0.	14,140.	COST	TWO SETS OF ITEMS: 1) HIGH PRESSURE FIREFIGHTING 5.5	OPPERATIONAL SUPPORT

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LOGAN METRO/CACHE COUNTY SWAT 62 W 300 N LOGAN, UT 84321	87-6000243	GOVERNMENT	0.	14,100.	COST	RECON ROBOTICS RECON SCOUT XL AUDIO KIT-CHANNEL C.2	OPPERATIONAL SUPPORT
PHOEBE NETWORK OF TRUCT SCHOOL HEALTH PROGRAM - 1109 N. MONROE ST. - ALBANY, GA 31701	58-1847104	PUBLIC CHARITY	0.	14,098.	COST	24 INFANT MANIKINS, 48 ADULT MANIKINS, 4 AED TRAINERS,	OPPERATIONAL SUPPORT
CIBOLA SEARCH AND RESCUE, INC. P.O BOX 11756 ALBUQUERQUE, NM 87192	85-0392634	GOVERNMENT	0.	14,082.	COST	20 COMMERCIAL RADIOS WITH MICROPHONES AND ANTENNAS, 1000	OPPERATIONAL SUPPORT
ROME FIRE DEPARTMENT 409 EAST 12TH ST ROME, GA 30161	58-6000653	GOVERNMENT	0.	14,014.	COST	BLITZ FIRE MONITOR PACKAGE, 36 SECTION OF 2 1/2 INCH FIRE	OPPERATIONAL SUPPORT
CONWAY POLICE DEPARTMENT 1600 9TH AVE CONWAY, SC 29526	57-6001017	GOVERNMENT	0.	14,000.	COST	OUR DEPARTMENT IS REQUESTING A TRAINED K9	OPPERATIONAL SUPPORT
TOWN OF MATTHEWS FIRE & EMS 232 MATTHEWS STATION ST. MATTHEWS, NC 28105	56-6001283	GOVERNMENT	0.	13,963.	COST	THE BULLSEYE DIGITAL FIRE EXTINGUISHER TRAINING SYSTEM	OPPERATIONAL SUPPORT
CITY OF BEND FIRE DEPARTMENT 1212 SW SIMPSON AVE BEND, OR 97702	93-6002126	GOVERNMENT	0.	13,845.	COST	THREE THERMAL IMAGING CAMERAS (TIC) WITH TRUCK-MOUNTED	OPPERATIONAL SUPPORT
SEMINOLE FIRE/EMS 900 N. HARVEY SEMINOLE, OK 74868	73-6005421	GOVERNMENT	0.	13,700.	COST	A RESCUE BOAT WITH MOTOR AND TRAILER WITH A MERCURY MOTOR,	OPPERATIONAL SUPPORT
LITCHFIELD FIRE & RESCUE DEPARTMENT - 9487 NORWALK ROAD - LITCHFIELD, OH 44253	34-1300748	GOVERNMENT	0.	13,654.	COST	LUCAS 2 CHEST COMPRESSION SYSTEM.	OPPERATIONAL SUPPORT

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LICKING TOWNSHIP FIRE COMPANY 6800 PHIL LINN PARKWAY JACKSONTOWN, OH 43030	31-6400657	GOVERNMENT	0.	13,654.	COST	LUCAS 2 CHEST COMPRESSION SYSTEM (2 BATTERIES, 1	OPPERATIONAL SUPPORT
MISSION FIRE DEPARTMENT 415 W. TOM LANDRY MISSION, TX 78572	74-6001738	GOVERNMENT	0.	13,545.	COST	NEW BICYCLES AND AN ENCLOSED TRAILER TO TRANSPORT/STORE	OPPERATIONAL SUPPORT
SAUK CITY FIRE DEPARTMENT/SAUK FIRE DISTRICT - 505 VANBUREN STREET - SAUK CITY, WI 53583	39-1980764	GOVERNMENT	0.	13,500.	COST	A MERCURY 470 INFLATABLE BOAT, A 50 HP. MERCURY 4 STROKE MOTOR	OPPERATIONAL SUPPORT
CAPE CORAL FIRE DEPARTMENT PO BOX 150027 CAPE CORAL, FL 33915	59-1312996	GOVERNMENT	0.	13,480.	COST	AN INFLATABLE FIRE SAFETY SMOKE HOUSE, TRANSPORT DOLLY,	OPPERATIONAL SUPPORT
DELAWARE COUNTY EMS - IRONMAN 70.3 MUNCIE - 401 EAST JACKSON STREET - MUNCIE, IN 47305	35-6000140	GOVERNMENT	0.	13,326.	COST	LUCAS 2 CHEST COMPRESSION SYSTEM	OPPERATIONAL SUPPORT
SALEM FIRE FOUNDATION PO BOX 2920 SALEM, OR 97308	47-2328706	PUBLIC CHARITY	0.	13,275.	COST	15 AUTOMATIC EXTERNAL DEFIBRILLATORS (AEDS)	OPPERATIONAL SUPPORT
HARRIS COUNTY ESD #46/ ATASCOCITA VOLUNTEER FIRE DEPARTMENT - 18425 TIMBER FOREST DR - HUMBLE, TX 77346	76-0693285	GOVERNMENT	0.	13,265.	COST	TSI UNIVERSAL PORTACOUNTPRO PLUS RESPIRATORY FIT TESTER PER	OPPERATIONAL SUPPORT
STAUNTON-AUGUSTA RESCUE SQUAD 1601 N COALTER ST STAUNTON, VA 24402	23-7088092	GOVERNMENT	0.	13,218.	COST	A LUCAS CPR DEVICE	OPPERATIONAL SUPPORT
COFFEE COUNTY RESCUE SQUAD 2270 MURFREESBORO HWY MANCHESTER , TN 37355	62-1785864	GOVERNMENT	0.	13,212.	COST	10 SETS OF JACKETS, 10 SETS OF PANTS, 20 SEARCH AND	OPPERATIONAL SUPPORT

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

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NEW LEXINGTON FIRE DEPARTMENT 215 S. MAIN STREET NEW LEXINGTON, OH 43764	31-6400789	GOVERNMENT	0.	13,148.	COST	LUCAS 2.2 CHEST COMPRESSION SYSTEM. THIS WILL INCLUDE THE	OPPERATIONAL SUPPORT
NEOSHO AREA FIRE PROTECTION DISTRICT - 125 N. COLLEGE - NEOSHO, MO 64850	43-1288308	GOVERNMENT	0.	13,124.	COST	ZOLL AED PRO AUTO/MANUAL DEFIBRILLATOR X 1 ZOLL AED PLUS	OPPERATIONAL SUPPORT
HOOPERS ISLAND VOLUNTEER FIRE COMPANY - IRONMAN MARYLAND - 2756 HOOPERS ISLAND RD. - FISHING CREEK, MD 21634	52-1314569	PUBLIC CHARITY	0.	13,003.	COST	LUCAS 2.2 CHEST COMPRESSION SYSTEM	OPPERATIONAL SUPPORT
HEREFORD VOLUNTEER AMBULANCE ASSOCIATION - 901 MONKTON RD - MONKTON , MD 21111	52-6053068	PUBLIC CHARITY	0.	13,003.	COST	LUCAS 2 CHEST COMPRESSION SYSTEM WITH ACCESSORIES	OPPERATIONAL SUPPORT
MUNCIE FIRE DEPARTMENT 300 NORTH HIGH STREET MUNCIE, IN 47305	35-6001127	GOVERNMENT	0.	12,984.	COST	(3) MSA RAPID INTERVENTION TEAM (RIT) PORTABLE AIR	OPPERATIONAL SUPPORT
LEHI POLICE DEPARTMENT 580 WEST STATE LEHI, UT 84043	87-6000240	GOVERNMENT	0.	12,950.	COST	37 TACTICAL HELMETS	OPPERATIONAL SUPPORT
MOORESVILLE FIRE RESCUE 457 NORTH MAIN STREET MOORESVILLE, NC 28115	56-6001290	GOVERNMENT	0.	12,795.	COST	THE FIRE SAFETY HOUSE FROM FIRE SAFETY INFLATABLES.	OPPERATIONAL SUPPORT
DODGE CONNECTION-COMMUNITIES IN SCHOOLS OF DODGE COUNTY, INC. - 141 11TH AVENUE - EASTMAN, GA 31023	58-2569486	PUBLIC CHARITY	0.	12,572.	COST	8 AEDS, 8 PEDIATRIC CARTRIDGES, FIRST AID	OPPERATIONAL SUPPORT
MAYER FIRE DISTRICT 11975 S. STATE ROUTE 69 MAYER, AZ 86333	52-1558039	GOVERNMENT	0.	12,383.	COST	FOUR COMPLETE SETS OF PERSONAL PROTECTIVE STRUCTURAL	OPPERATIONAL SUPPORT

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MELROSE PARK FIRE DEPARTMENT 3601 W. LAKE ST. MELROSE PARK, IL 60160	36-6005996	GOVERNMENT	0.	12,333.	COST	FIREFIGHTING EQUIPMENT TO OUTFIT NEW ENGINE (AXES,	OPPERATIONAL SUPPORT
BELTON FIRE DEPARTMENT 306 ANDERSON ST BELTON, SC 29627	57-6000997	GOVERNMENT	0.	12,308.	COST	5 AUTOMATED EXTERNAL DEFIBRILLATORS WITH 5 INFANT /	OPPERATIONAL SUPPORT
CITY OF ATHENS FIRE 815 N. JACKSON ATHENS, TN 37303	62-6000024	GOVERNMENT	0.	12,270.	COST	2 HURST STRONG ARMS FORCIBLE ENTRY TOOLS WITH STRAPS	OPPERATIONAL SUPPORT
ALBEMARLE COUNTY SHERIFF'S OFFICE FOUNDATION - 411 E. HIGH STREET BLDG. B - CHARLOTTESVILLE, VA 22902	02-0629784	PUBLIC CHARITY	0.	11,984.	COST	2016 POLARIS RANGER CREW 570. FOUR SEAT UTILITY VEHICLE	OPPERATIONAL SUPPORT
ROGERS FIRE DEPARTMENT 201 N. 1ST ST ROGERS, AR 72756	71-6010719	GOVERNMENT	0.	11,975.	COST	A FORCIBLE ENTRY SIMULATOR	OPPERATIONAL SUPPORT
WAYSIDE FIRE 8123 CTY G GREENLEAF, WI 54126	39-6084293	GOVERNMENT	0.	11,929.	COST	K 12 SAW 800' OF 1 3/4 HOSE 3500 GALLON DROP TANK 2 NOZZLES PPV	OPPERATIONAL SUPPORT
NEWHALL 204 5TH ST E NEWHALL, IA 52315	20-3790288	GOVERNMENT	0.	11,900.	COST	DEFIBRILLATOR MONITOR WITH A 12 LEAD, BLOOD PRESSURE, PULSE	OPPERATIONAL SUPPORT
K9S FOR WARRIORS, INC 114 CAMP K9 RD PONTE VEDRA, FL 32081	27-5219467	PUBLIC CHARITY	0.	11,897.	COST	CURAPLEX MED-E-PAK II KIT, ORANGE BAG X3 163.99 EA. X	OPPERATIONAL SUPPORT
OTTAWA FIRE DEPARTMENT 720 WEST 2ND STREET OTTAWA, KS 66067	48-6037972	GOVERNMENT	0.	11,757.	COST	A BULLSEYE BASE PACKAGE - THE BULLSEYE DIGITAL FIRE	OPPERATIONAL SUPPORT

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WEST MANCHESTER TOWNSHIP FIRE DEPARTMENT - 380 EAST BERLIN RD - YORK, PA 17408	23-1508736	GOVERNMENT	0.	11,640.	COST	THE WMTFD IS LOOKING TO PURCHASE HYDRANT MARKERS FOR THE	OPPERATIONAL SUPPORT
PORTLAND FIRE DEPARTMENT 1900 BILLY G. WEBB PORTLAND, TX 78374	74-6003691	GOVERNMENT	0.	11,618.	COST	TEN FINN FORM SHORING BOARDS, ONE K-12 RESCUE SAW, FOURTEEN	OPPERATIONAL SUPPORT
EAST DEER VOLUNTEER HOSE COMPANY 927 FREEPORT ROAD CREIGHTON, PA 15030	23-7389189	PUBLIC CHARITY	0.	11,329.	COST	25 VOICE PAGERS WITH CHARGERS	OPPERATIONAL SUPPORT
MANHATTAN FIRE PROTECTION DISTRICT PO BOX 65 MANHATTAN, IL 60442	36-2753694	GOVERNMENT	0.	11,283.	COST	NEW TECHNICAL RESCUE EQUIPMENT TO REPLACE 10-20 YEAR OLD	OPPERATIONAL SUPPORT
CIRCLE CITY - MORRISONTOWN FIRE DEPARTMENT - 41026 N. CASTLE HOT SPRINGS RD. - MORRISTOWN, AZ 85342	86-0994860	GOVERNMENT	0.	11,205.	COST	WE ARE SEEKING FUNDS TO REPLACE BASIC HAND TOOLS, OLD HOSE,	OPPERATIONAL SUPPORT
WEST CHESTER TOWNSHIP/POLICE DEPARTMENT - 9113 CINCINNATI-DAYTON ROAD - WEST CHESTER, OH 45069	31-6010106	GOVERNMENT	0.	11,053.	COST	10 ZOLL AED UNITS, INCLUDING CPR-D PADS, SOFT CASES, AND TEN	OPPERATIONAL SUPPORT
FALCON FIRE PROTECTION DISTRICT 7030 OLD MERIDIAN ROAD PEYTON, CO 80831	84-0851715	GOVERNMENT	0.	10,998.	COST	THE EQUIPMENT BEING REQUESTED IS 47 PAIRS OF THOROGOOD	OPPERATIONAL SUPPORT
BALDWIN COUNTY FIRE RESCUE 312 ALLEN MEMORIAL DR. MILLEDGEVILLE, GA 31061	58-6000782	GOVERNMENT	0.	10,985.	COST	HURST EDRAULIC COMBI TOOL AND 110V ADAPTER PLUG	OPPERATIONAL SUPPORT
VALENCIA HIGH SCHOOL - WILLIAM S. HART UNION HIGH SCHOOL DISTRICT - 27801 N. DICKASON DR. - VALENCIA, CA 91355	95-6001532	GOVERNMENT	0.	10,933.	COST	FIVE AUTOMATIC EXTERNAL DEFIBRILLATORS (AEDS)AND	OPPERATIONAL SUPPORT

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ST. TAMMANY FIRE DISTRICT #5 13206 BROADWAY STREET FOLSOM, LA 70437	72-0909908	GOVERNMENT	0.	10,860.	COST	SIX LIFEPAK AEDS WITH ADULT AND PEDIATRIC DEFIB PADS	OPPERATIONAL SUPPORT
CHARLOTTE COUNTY SHERIFF'S OFFICE 7474 UTILITIES ROAD PUNTA GORDA, FL 33982	59-6000543	GOVERNMENT	0.	10,643.	COST	8 - HIGH-COM BELLFIRE BALLISTIC SHIELDS LEVEL	OPPERATIONAL SUPPORT
CONCORD TOWNSHIP FIRE DEPARTMENT 11600 CONCORD TOWNSHIP ROAD' CONCORD TOWNSHIP, OH 44077	34-6000759	GOVERNMENT	0.	10,580.	COST	500 DUAL SENSOR SMOKE ALARMS AND LONG LIFE BATTERIES	OPPERATIONAL SUPPORT
OCEANSIDE FIRE DEPARTMENT - LIFEGUARD DIVISION - 300 N. COAST HIGHWAY - OCEANSIDE, CA 92054	95-1688570	GOVERNMENT	0.	10,540.	COST	2015 YAMAHA VX100 DELUXE WAVE RUNNER WITH ZIEMAN SINGLE	OPPERATIONAL SUPPORT
CITY OF CRYSTAL POLICE DEPARTMENT 4141 DOUGLAS DRIVE N. CRYSTAL, MN 55422	41-6005079	GOVERNMENT	0.	10,530.	COST	6 AED'S FOR OUR SQUAD CARS. OUR CURRENT AED'S (AUTOMATED	OPPERATIONAL SUPPORT
HOPKINS POLICE DEPARTMENT 1010 1ST ST S HOPKINS, MN 55343	41-6005247	GOVERNMENT	0.	10,502.	COST	8 AUTOMATED EXTERNAL DEFIBRILLATORS	OPPERATIONAL SUPPORT
DUBLIN FIRE DEPARTMENT 535 SAXON STREET DUBLIN, GA 31021	58-6000566	GOVERNMENT	0.	10,249.	COST	HEAVY RESCUE LIFTING AIR BAG SET	OPPERATIONAL SUPPORT
WESTON (CT) VOLUNTEER FIRE DEPARTMENT - 52 NORFIELD RD. - WESTON, CT 06883	06-6071051	PUBLIC CHARITY	0.	10,242.	COST	GAS METERS	OPPERATIONAL SUPPORT
FRIENDSHIP VOLUNTEER FIRE DEPARTMENT - 7884 SW 90TH STREET - OCALA, FL 34476	59-3015926	PUBLIC CHARITY	0.	10,080.	COST	TWO THERMAL IMAGING CAMERAS	OPPERATIONAL SUPPORT

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MEHLVILLE FIRE PROTECTION DISTRICT 11020 MUELLER RD. ST. LOUIS, MO 63123	43-0645446	GOVERNMENT	0.	10,076.	COST	A BULLS-EYE FIRE EXTINGUISHER TRAINING SYSTEM; WHICH INCLUDES A	OPPERATIONAL SUPPORT
AMERICAN RED CROSS 6921 MIDDLEBROOK PIKE KNOXVILLE, TN 37909	53-0196605	PUBLIC CHARITY	0.	10,000.	COST	HUNDREDS OF AMERICAN RED CROSS DISASTER WORKERS ARE	OPPERATIONAL SUPPORT
REGION 1 HILLCREST DISASTER RELIEF TEAM / HILLCREST BAPTIS CHURCH OF PENSACOLA, - 800 EAST NINE MILE ROAD - PENSACOLA, FL 32514	59-0941381	PUBLIC CHARITY	0.	10,000.	COST	CHAINSAWS AND OTHER NEEDED DISASTER RELIEF TOOLS	OPPERATIONAL SUPPORT
KANSAS CITY, MISSOURI POLICE DEPARTMENT - 9701 MARION PARK DRIVE - KANSAS CITY, MO 64131	44-6000197	GOVERNMENT	0.	10,000.	COST	SINGLE PURPOSE EXPLOSIVE CANINE, PRE-TRAINED	OPPERATIONAL SUPPORT
WAYNE/WESTLAND FIRE DEPARTMENT 3300 S. WAYNE RD WAYNE, MI 48184	38-6037548	GOVERNMENT	0.	10,000.	COST	$10000.00 TOWARDS A NEW SET OF HURST EDRAULIC RESCUE	OPPERATIONAL SUPPORT
AMERICAN RED CROSS OF EAST TENNESSEE - 6921 MIDDLEBROOK PIKE - KNOXVILLE, TN 37909	53-0196605	PUBLIC CHARITY	0.	10,000.	COST	DISASTER RELIEF FUNDS	OPPERATIONAL SUPPORT
AMERICAN RED CROSS - NORTHEAST FLORIDA - HURRICANE MATTHEW - 751 RIVERSIDE AVENUE - JACKSONVILLE, FL 32204	53-0196605	PUBLIC CHARITY	0.	10,000.	COST	THE AMERICAN RED CROSS, ON BEHALF OF THE STATE OF FLORIDA IN	OPPERATIONAL SUPPORT
AMERICAN RED CROSS - TENNESSEE WILDFIRES - 751 RIVERSIDE AVENUE - JACKSONVILLE, FL 32204	53-0196605	PUBLIC CHARITY	0.	10,000.	COST	DISASTER RELIEF	OPPERATIONAL SUPPORT
CEDAR CITY FIRE DEPARTMENT 291 NORTH 800 WEST CEDAR CITY , UT 84721	87-6000215	GOVERNMENT	0.	9,990.	COST	A SIX POSITION TURNOUT DRYER	OPPERATIONAL SUPPORT

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SPARTA TOWNSHIP VOLUNTEER FIRE DEPARTMENT - 141 WOODPORT ROAD - SPARTA, NJ 07871	22-6002317	PUBLIC CHARITY	0.	9,936.	COST	A 14' 430 RS ONE SERIES RESCUE BOAT W/ ACCESSORIES.	OPPERATIONAL SUPPORT
POWDER RIVER FIRST RESPONDERS BOX 125 BOYES , MT 59316	46-5320932	GOVERNMENT	0.	9,863.	COST	WE ARE ASKING FOR TRAINING COMPUTERS AND A SMART BOARD SO	OPPERATIONAL SUPPORT
CITY OF LOUDON FIRE DEPARTMENT 100 CEDAR STREET LOUDON, TN 37774	10-1680237	GOVERNMENT	0.	9,720.	COST	HURST EDRAULIC VEHICLE EXTRICATION CUTTERS AND	OPPERATIONAL SUPPORT
THE CITY OF GRAVETTE FIRE DEPARTMENT - 309 1ST AVE NW - GRAVETTE, AR 72736	71-0389975	GOVERNMENT	0.	9,717.	COST	20 SETS OF TURNOUT GEAR TO BE USED FOR WILD-LAND FIRES,	OPPERATIONAL SUPPORT
CLAY COUNTY SHERIFF'S OFFICE 12 S. WATER ST LIBERTY, MO 64068	44-6000477	GOVERNMENT	0.	9,500.	COST	NARCOTIC DETECTION/ TRACKING K9, IN CAR KENNEL WITH	OPPERATIONAL SUPPORT
GRAND ISLAND FIRE DEPARTMENT 100 E. FIRST GRAND ISLAND, NE 68801	47-6006205	GOVERNMENT	0.	9,471.	COST	THREE GPS PREEMPTION HIGH-PRIORITY VEHICLE KITS.	OPPERATIONAL SUPPORT
SAINT PAUL FIRE DEPARTMENT TRAINING DIVISION SAINT PAUL, MN 55108	41-6005521	GOVERNMENT	0.	9,454.	COST	ONE THERMAL IMAGING CAMERA TO REPLACE A CAMERA THAT WAS	OPPERATIONAL SUPPORT
GEORGETOWN FIRE DEPARTMENT 3500 D.B. WOOD RD GEORGETOWN, TX 78628	74-6000974	GOVERNMENT	0.	9,342.	COST	BULLEX I.T.S. EXTREME LIVE FIRE TRAINING SYSTEM	OPPERATIONAL SUPPORT
TULARE COUNTY FIRE 907 W. VISALIA RD FARMERSVILLE, CA 93223	94-6000545	GOVERNMENT	0.	9,250.	COST	A FORCIBLE ENTRY DOOR SIMULATOR WITH PROPS	OPPERATIONAL SUPPORT

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CITY OF CHANDLER FIRE, HEALTH & MEDICAL DEPARTMENT - 151 E BOSTON ST - CHANDLER, AZ 85225	86-6000238	GOVERNMENT	0.	9,229.	COST	WILDLAND RESPONSE GEAR INCLUDING BRUSH SHIRTS AND	OPPERATIONAL SUPPORT
ALTON FIRE DEPARTMENT 333 E. 20TH ST. ALTON, IL 62002	37-6001392	GOVERNMENT	0.	9,121.	COST	WE ARE REQUESTING FUNDING FOR A PHYSIO CONTROL	OPPERATIONAL SUPPORT
PASQUOTANK-CAMDEN EMS 1144B N ROAD ST ELIZABETH CITY, NC 27909	56-6000328	GOVERNMENT	0.	9,021.	COST	PERSONNEL SAFETY GEAR THAT WOULD BE USED TO EFFECTIVELY	OPPERATIONAL SUPPORT
UNION COUNTY SHERIFF'S OFFICE 209 EAST MAIN ST. ELK POINT, SD 57025	46-6000141	GOVERNMENT	0.	8,957.	COST	7 AEDS WITH READY PACKS, FAST RESPONSE KITS, AND CHILD	OPPERATIONAL SUPPORT
COOLIDGE POLICE DEPARTMENT 911 S. ARIZONA BLVD. COOLIDGE, AZ 85122	86-6000240	GOVERNMENT	0.	8,906.	COST	9 AUTOMATED EXTERNAL DEFIBRILLATORS (AEDS), INCLUDES	OPPERATIONAL SUPPORT
PIERCE TOWNSHIP FIRE DEPARTMENT 950 LOCUST CORNER RD. CINCINNATI, OH 45245	31-6006984	GOVERNMENT	0.	8,857.	COST	GENESIS HEAVY DUTY CUTTER, GENESIS POWER UNIT TO 'OUTLAW'	OPPERATIONAL SUPPORT
MIDWAY FIRE DISTRICT 1322 COLLEGE PKWY GULF BREEZE, FL 32563	59-2335549	GOVERNMENT	0.	8,682.	COST	FLIR K55 THERMAL IMAGER KIT	OPPERATIONAL SUPPORT
JACKSONVILLE FIRE DEPARTMENT 900 NORTH REDMOND RD. JACKSONVILLE, AR 72076	71-6042693	GOVERNMENT	0.	8,532.	COST	THERMAL IMAGING CAMERA	OPPERATIONAL SUPPORT
DAWSON COUNTY EMERGENCY SERVICES 393 MEMORY LANE DAWSONVILLE, GA 30534	58-6011882	GOVERNMENT	0.	8,531.	COST	A THERMAL IMAGING CAMERA FOR OUR BATTALION CHIEF	OPPERATIONAL SUPPORT

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BETHEL-TATE FIRE DEPARTMENT 149 N. EAST ST. BETHEL, OH 45106	31-6000608	GOVERNMENT	0.	8,500.	COST	A MSA EVOLUTION 6000 XTREME THERMAL IMAGING CAMERA WITH 2X	OPPERATIONAL SUPPORT
EVANS CENTER VOLUNTEER FIRE CO. 8298 ERIE ROAD ANGOLA, NY 14006	16-1000387	PUBLIC CHARITY	0.	8,408.	COST	EIGHT ZOLL AEDPLUS SEMI AUTOMATIC DEFIBRILLATORS	OPPERATIONAL SUPPORT
SOMERSET FIRE DEPARTMENT 121 S. CENTRAL AVE. SOMERSET , KY 42501	61-6001914	GOVERNMENT	0.	8,058.	COST	27 PERSONAL ESCAPE SYSTEMS. EACH COMES WITH 1 F4 PERSONAL	OPPERATIONAL SUPPORT
NORTHEAST MIDLAND COUNTY VFD P. O. BOX 10005 MIDLAND, TX 79702	75-2293149	PUBLIC CHARITY	0.	7,788.	COST	THERMAL IMAGING CAMERA	OPPERATIONAL SUPPORT
EDINBURG FIRE DEPARTMENT 400 N ELM EDINBURG, IL 62531	30-0488518	GOVERNMENT	0.	7,725.	COST	MSA EVOLUTION 6000 PLUS THERMAL IMAGING CAMERA WITH	OPPERATIONAL SUPPORT
RICES LANDING VOLUNTEER FIRE DEPARTMENT - 66 BAYARD AVE - RICES LANDING, PA 15357	25-1716109	PUBLIC CHARITY	0.	7,700.	COST	THERMAL IMAGING CAMERA	OPPERATIONAL SUPPORT
SAVANNAH FIRE & EMERGENCY SERVICES 121 E. OGLETHORPE AVENUE SAVANNAH, GA 31401	58-6000660	GOVERNMENT	0.	7,695.	COST	PERSONAL FLOTATION DEVICES, THROW ROPE, SEARCH	OPPERATIONAL SUPPORT
CITY OF FAIRFIELD FIRE DEPARTMENT 1200 KENTUCKY ST FAIRFIELD, CA 94533	94-6000331	GOVERNMENT	0.	7,689.	COST	255 TEN-YEAR LITHIUM 2 IN 1 SMOKE/FIRE AND CARBON MONOXIDE	OPPERATIONAL SUPPORT
ELSANOR VOLUNTEER FIRE DEPARTMENT P O BOX 276 ROBERTSDALE , AL 36567	63-0867868	PUBLIC CHARITY	0.	7,600.	COST	A HOSE (72 SECT. 3 HOSE W/2 COUPLING & 40 SECT. 1 HOSE W/1	OPPERATIONAL SUPPORT

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CITY OF MADISON POLICE DEPARTMENT - IRONMAN WISCONSIN - 211 S CARROLL ST., STE GR-21 - MADISON, WI 53703	39-6005507	GOVERNMENT	0.	7,483.	COST	EXPLOSIVE STORAGE MAGAZINE, BITE SUIT, 4 TRAINING	OPPERATIONAL SUPPORT
SOUTH SALT LAKE CITY FIRE DEPARTMENT - 2600 S. MAIN ST. - SOUT SALT LAKE CITY, UT 84115	87-6000283	GOVERNMENT	0.	7,477.	COST	VIDEO LARYNGOSCOPE	OPPERATIONAL SUPPORT
PANAMA CITY BEACH FIRE RESCUE 17121 PANAMA CITY BEACH PARKWAY PANAMA CITY BEACH, FL 32413	59-6045116	GOVERNMENT	0.	7,406.	COST	BALLASTIC VESTS	OPPERATIONAL SUPPORT
CITY OF TONGANOXIE FIRE DEPARTMENT 825 E 4TH ST TONGANOXIE, KS 66061	48-6035159	GOVERNMENT	0.	7,392.	COST	WE ARE REQUESTING FUNDING TO PURCHASE A	OPPERATIONAL SUPPORT
SOUTH JORDAN FIRE DEPARTMENT 10758 SOUTH REDWOOD ROAD SOUTH JORDAN, UT 84095	87-6113473	GOVERNMENT	0.	7,381.	COST	THREE VIDEO LARYNSCOPES	OPPERATIONAL SUPPORT
EAST RIDGE POLICE DEPARTMENT 4214 RINGGOLD ROAD EAST RIDGE, TN 37412	62-6018273	GOVERNMENT	0.	7,327.	COST	AEDS	OPPERATIONAL SUPPORT
JAMESVILLE FIRE DISTRICT - IRONMAN 70.3 SYRACUSE - 6661 EAST SENECA TPK - JAMESVILLE, NY 13078	16-1193971	GOVERNMENT	0.	7,301.	COST	5 AEDS, CARRYING CASES & PADS	OPPERATIONAL SUPPORT
5TH DISTRICT SWAT TEAM 9420 S KEDZIE EVERGREEN PARK, IL 60805	57-1230993	GOVERNMENT	0.	7,148.	COST	4 PELICAN 9460 RS, BLACK, RALS LIGHTS	OPPERATIONAL SUPPORT
DODGE COUNTY MUTUAL AID ASSOCIATION - PO BOX 8 - NORTH BEND , NE 68649	46-3782550	PUBLIC CHARITY	0.	7,079.	COST	2 COMPLETE SET OF CPR TRAINING MANIKINS. EACH SET WILL HAVE 4	OPPERATIONAL SUPPORT

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KOUTS POLICE DEPARTMENT 210 S. MAIN ST. KOUTS, IN 46347	35-6001077	GOVERNMENT	0.	7,000.	COST	VALOR LED VEHICLE LIGHT BARS	OPPERATIONAL SUPPORT
CALUMET PARK FIRE DEPARTMENT 12457 S ASHLAND CALUMET PARK , IL 60827	36-6005814	GOVERNMENT	0.	6,995.	COST	(1) MSA EVOLUTION 6000 THERMAL IMAGINING CAMERA	OPPERATIONAL SUPPORT
WELLINGTON FIRE & EMS 200 NORTH C STREET WELLINGTON, KS 67152	48-6006451	GOVERNMENT	0.	6,975.	COST	STABILIZATION STRUTS FOR VEHICLE EXTRICATION	OPPERATIONAL SUPPORT
BENBROOK POLICE DEPARTMENT 1080 MERCEDES STREET BENBROOK, TX 76085	75-6003681	GOVERNMENT	0.	6,929.	COST	21 GAS MASKS	OPPERATIONAL SUPPORT
COUNTRYSIDE FIRE PROTECTION DISTRICT - 600 DEERPATH DR - VERNON HILLS, IL 60061	36-6591464	GOVERNMENT	0.	6,859.	COST	BULLARD ECLIPSE LDX THERMAL IMAGER INCLUDING A TRUCK MOUNTED	OPPERATIONAL SUPPORT
CAL FIRE / RIVERSIDE COUNTY FIRE DEPARTMENT - 210 W. SAN JACINTO AVE. - PERRIS, CA 92570	95-6000930	GOVERNMENT	0.	6,830.	COST	FOUR (4) 3,000 GALLON SELF-SUPPORTING PORTABLE WATER	OPPERATIONAL SUPPORT
WRIGHT CITY FIRE PROTECTION DISTRICT - 396 WEST SECOND STREET NORTH - WRIGHT CITY, MO 63390	43-1111297	GOVERNMENT	0.	6,738.	COST	WATER RESCUE EQUIPMENT, ICE RESCUE EQUIPMENT, AND	OPPERATIONAL SUPPORT
CITY OF STAUNTON POLICE DEPARTMENT 116 W. BEVERLEY ST STAUNTON, VA 24401	54-6001631	GOVERNMENT	0.	6,686.	COST	SIX AUTOMATIC EXTERNAL DEFIBRILLATORS	OPPERATIONAL SUPPORT
SAN BERNANDINO COUNTY FIRE PROTECTION DISTRICT - 157 W. 5TH STREET, 2ND FLOOR - SAN BERNARDINO , CA 92415	95-6002748	GOVERNMENT	0.	6,680.	COST	1 SWIFT WATER RESCUE BOAT 6 PFD'S - FLOTATION	OPPERATIONAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JIM THORPE POLICE DEPARTMENT 101 EAST TENTH STREET JIM THORPE, PA 18229	24-6000622	GOVERNMENT	0.	6,449.	COST	(6) SIX AED'S (AUTOMATED EXTERNAL DEFIBRILLATOR)	OPPERATIONAL SUPPORT
UNIVERSITY OF NORTH FLORIDA POLICE DEPARTMENT - 1 UNF DRIVE, BUILDING 41 - JACKSONVILLE, FL 32224	23-7167701	GOVERNMENT	0.	6,370.	COST	6 PHILIPS HEARTSTART AEDS AND ACCESSORIES	OPPERATIONAL SUPPORT
WIMBERLEY VOLUNTEER FIRE DEPARTMENT - PO BOX 675 - WIMBERLEY, TX 78676	74-1818806	PUBLIC CHARITY	0.	6,368.	COST	FOUR SWIFTWATER RESCUER VESTS, FOUR WATER RESCUE DRY	OPPERATIONAL SUPPORT
CITY OF EUDORA FIRE DEPARTMENT 930 MAIN ST. EUDORA , KS 66025	48-6033319	GOVERNMENT	0.	6,216.	COST	SIX PULSE OXIMETERS WITH CARBON DIOXIDE DETECTION	OPPERATIONAL SUPPORT
WARRENTON POLICE DEPARTMENT 29 ED RICKETSON JR. STREET WARRENTON, GA 30828	58-6000694	GOVERNMENT	0.	6,151.	COST	GH LITE X LEVEL IIIA BALLISTIC VESTS (BODY ARMOR) & DRESS	OPPERATIONAL SUPPORT
PENN MAHONING AMBULANCE ASSOCIATION, INC. - 1748 WEST PENN PIKE - NEW RINGGOLD, PA 17960	23-2038928	PUBLIC CHARITY	0.	6,024.	COST	THREE LIFEPAK CR SEMI-AUTOMATIC AEDS WITH ACCESSORIES AND	OPPERATIONAL SUPPORT
DESERT ARC - OPPORTUNITIES FOR PEOPLE WITH DISABILITIES - 73255 COUNTRY CLUB DRIVE - PALM DESERT, CA 92260	95-6006700	PUBLIC CHARITY	0.	5,942.	COST	AED TRAINER PADS, ECC RED CLICK PEN, HEARTSAVER ADULT	OPPERATIONAL SUPPORT
TUALATIN POLICE DEPARTMENT 8650 SW TUALATIN RD. TUALATIN, OR 97062	93-6002269	GOVERNMENT	0.	5,910.	COST	5 AUTOMATIC EXTERNAL DEFIBRILLATORS (AEDS)	OPPERATIONAL SUPPORT
PANAMA POLICE DEPARTMENT 1209 EAST 15TH STREET PANAMA CITY, FL 32405	59-6000404	GOVERNMENT	0.	5,625.	COST	50-4PACK - 28" COLLAPSIBLE LED TRAFFIC CONES & RADIO REPEATER	OPPERATIONAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH LAS VEGAS FIRE DEPARTMENT 4040 LOSEE ROAD NORTH LAS VEGAS, NV 89030	88-6000200	GOVERNMENT	0.	5,573.	COST	WE ARE REQUESTING 10 ULTRA MX BINDER LIFTS AND 2	OPPERATIONAL SUPPORT
CAMDEN FIRE DEPARTMENT PO BOX 7002 CAMDEN, SC 29020	57-0000224	GOVERNMENT	0.	5,457.	COST	34 BULLARD RESCUE/EXTRICATION HELMETS. HELMETS WILL BE	OPPERATIONAL SUPPORT
HUBBARD RURAL FIRE PROTECTION DISTRICT - 3161 SECOND STREET - HUBBARD, OR 97032	93-0850149	GOVERNMENT	0.	5,400.	COST	A NASCO LIFE FORM PART # NASC-LF03968U. THIS IS A LIFE	OPPERATIONAL SUPPORT
ROBERTSDALE VOLUNTEER FIRE DEPARTMENT - 22575 SAINT PAUL ST - ROBERTSDALE, AL 36567	63-6001357	PUBLIC CHARITY	0.	5,400.	COST	ROBERTSDALE VOLUNTEER FIRE DEPARTMENT IS IN THE PROCESS OF	OPPERATIONAL SUPPORT
CITY OF FLORENCE FIRE DEPARTMENT 324 W. EVANS ST. FLORENCE , SC 29501	57-6000232	GOVERNMENT	0.	5,309.	COST	5 AUTOMATED EXTERNAL DEFIBRILLATORS FOR OUR FIRST	OPPERATIONAL SUPPORT
COLUMBIA FIRE DEPARTMENT/FIRE PREVENTION BUREAU - 1612 BULL ST. - COLUMBIA, SC 29201	57-6024967	GOVERNMENT	0.	5,054.	COST	200 CARBON MONOXIDE DETECTORS	OPPERATIONAL SUPPORT
AMERICAN FORK FIRE AND RESCUE 96 N CENTER AMERICAN FORK, UT 84003	87-6000209	GOVERNMENT	0.	5,016.	COST	263 CARBON MONOXIDE DETECTORS	OPPERATIONAL SUPPORT
TAYLORS ISLAND VOLUNTEER FIRE COMPANY - IRONMAN MARYLAND - PO BOX 277 - TAYLORS ISLAND, MD 21669	52-1346831	PUBLIC CHARITY	0.	5,000.	COST	270 WORRY-FREE 120V AC WIRE IN SMOKE ALARMS WITH BACKUP	OPPERATIONAL SUPPORT
NATIONAL ASSOC. OF VETERANS & FAMILIES - 1300 COOKS LANE - GREEN COVE SPRINGS, FL 32043	26-2016374	PUBLIC CHARITY	0.	5,000.	COST	APPLICATION & SHEPHERDING ASSISTANCE	OPPERATIONAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LONGMONT PUBLIC SAFETY (POLICE/FIRE) - 225 KIMBARK STREET - LONGMONT, CO 80401	84-6000608	PUBLIC CHARITY	0.	5,000.	COST	LONGMONT FIRE IS REQUESTING $5000 TO PRINT NEW RUN BOOKS. 300 PAGE	OPPERATIONAL SUPPORT

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 noncash assistance
DISABILITY EQUIPMENT	16	0.	221,118.	COST	(16) ALL-TERRAIN WHEELCHAIRS
SCHOLARSHIPS	9	15,000.	0.		

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

PART I, LINE 2:

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

SCHEDULE 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

2016

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 appropriate 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		
	☐ Travel for companions		
	☐ Tax indemnification and gross-up payments		
	☐ Discretionary spending account		
	☐ Housing allowance or residence for personal use		
	☐ Payments for business use of personal residence		
	☐ Health or social club dues or initiation fees		
	☐ Personal services (such as, maid, chauffeur, chef)		
b	If any of the boxes on 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, and officers, including the CEO/Executive Director, regarding the items checked on 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		
	☐ Independent compensation consultant		
	☐ Form 990 of other organizations		
	☐ Written employment contract		
	☐ Compensation survey or study		
	☒ 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		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement? 4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
	Only section 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		X
b	Any related organization? 5b		X
	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		X
b	Any related organization? 6b		X
	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 nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued 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		X
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 aren't 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	(i)	120,827.	28,219.	7,922.	12,360.	22,150.	191,478.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
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	(i)							
	(ii)							

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.

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

2016

Open to Public Inspection

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

Employer identification number: 20-3588745

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

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.

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

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, K9'S FOR WARRIORS & THE INDEPENDENCE FUND, ALLOWING THE FOUNDATION TO PARTNER WITH LIKE ORGANIZATIONS, INCREASING THE SCOPE OF OUR IMPACT.

EXPENSES $ 210,839. INCLUDING GRANTS OF $ 205,620. REVENUE $ 0.

PART III LINE 4

OVERVIEW:

MANY OF THESE DEPARTMENTS ARE STRAPPED FOR CASH AND RESOURCES. THEY NEED ESSENTIAL TOOLS FOR EMERGENCIES, INCLUDING FIRES, VEHICULAR

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

Employer identification number 20-3588745

ACCIDENTS AND SEARCH AND RESCUE OPERATIONS. THESE BASIC PIECES OF EQUIPMENT CAN MEAN THE DIFFERENCE BETWEEN LIFE AND DEATH FOR MEMBERS OF THE COMMUNITY AND EVEN THE FIRST RESPONDERS.

THE IMPACT OF DONATIONS MADE TO FIRST RESPONDERS AND PUBLIC SAFETY ORGANIZATIONS HAS A REACH FAR BEYOND THE DOLLAR AMOUNTS AND THE NUMBER OF AWARDED DEPARTMENTS.

FORM 990, PART VI, SECTION A, LINE 2:

ROBIN SORENSEN AND CHRIS SORENSEN HAVE A FAMILY RELATIONSHIP

FORM 990, PART VI, SECTION B, LINE 11B:

THE BOARD HAS DESIGNATED THIS RESPONSIBILITY TO THE DIRECTOR AND THE ACCOUNTING DEPARTMENT.

FORM 990, PART VI, SECTION B, LINE 12C:

THE FOUNDATION MONITORS AND ENFORCES THEIR COMPLIANCE WITH THE POLICY AT THE ANNUAL BOARD MEETING. ALL BOARD MEMBERS ARE REMINDED OF THE CONFLICT POLICY AND INQUIRIES ARE MADE AS TO WHETHER CONFLICTS CURRENTLY EXIST.

FORM 990, PART VI, SECTION B, LINE 15A:

THE BOARD REVIEWS AND APPROVES COMPENSATION PAID TO THE FOUNDATION DIRECTOR. COMPARABLE SALARY INFORMATION IS USED TO DETERMINE THE COMPENSATION

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

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

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

Employer identification number 20-3588745

OK,PA,SC,TN,TX,UT,VA,WV,WI,PR,MO

FORM 990, PART VI, SECTION C, LINE 18:

PHOTOCOPIES OF THE FORM 990 AND FORM 1023 ARE AVAILABLE UPON REQUEST AT THE ORGANIZATION'S ADMINISTRATIVE OFFICE. IN ADDITION, RECENT FILINGS OF THE FORM 990 ARE AVAILABLE ONLINE AT WWW.GUIDESTAR.ORG.

FORM 990, PART VI, SECTION C, LINE 19:

PHOTOCOPIES OF THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST AT THE ORGANIZATION'S ADMINISTRATIVE OFFICE AND ARE AVAILABLE ON OUR WEB-SITE, FIREHOUSESUBSFOUNDATION.ORG.

FORM 990 PART VIII LN 8

THE FOUNDATION WAS ABLE TO OBTAIN AN ADDITIONAL $26,144 IN GENERAL CONTRIBUTIONS BY HOSTING OF THE TWO FUNDRAISING EVENTS, BRINGING THE NET RECEIPTS FROM THE EVENTS TO $86,421. AN ADDITIONAL BENEFIT WAS THE OPPORTUNITY TO RAISE AWARENESS OF THE MISSION TO A NEW MARKET, INCREASING THE POTENTIAL FOR LONG TERM DONATIONS AND FUTURE REVENUE GROWTH. SEE THE COMPLETE RECONCILIATION BELOW:

POND GOLF TOURNAMENT / FIREHOUSE SUBS MEN'S DOUBLES TENNIS TOURNAMENT

FUNDRAISER PROCEEDS:	$147,722
GENERAL CONTRIBUTIONS RECEIVED AT EVENT:	$26,144
TOTAL RECEIPTS:	$173,866
DIRECT EXPENSES:	($87,445)
NET RECEIPTS FROM FUNDRAISING EVENTS:	$86,421

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

Employer identification number 20-3588745

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

GAIN ON ENDOWMENT INVESTMENT 263,525.

PART XII, LINE 2C

THIS PROCESS HAS NOT CHANGED FROM PRIOR YEARS.

Form **8879-EO**

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2016, or fiscal year beginning _____, 2016, and ending _____, 20____

▶ Do not send to the IRS. Keep for your records.

▶ Information about Form 8879-EO and its instructions is at *www.irs.gov/form8879eo*.

OMB No. 1545-1878

2016

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

Employer identification number
20-3588745

Name and title of officer
ROBIN PETERS
EXECUTIVE DIRECTOR

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a,** or **5a,** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b,** or **5b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a	Form 990 check here ▶ [X]	b **Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	1b	8,606,101.
2a	Form 990-EZ check here ▶ [ ]	b **Total revenue,** if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here ▶ [ ]	b **Total tax** (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here ▶ [ ]	b **Tax based on investment income** (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here ▶ [ ]	b **Balance Due** (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[X] I authorize DIXON HUGHES GOODMAN LLP to enter my PIN 88745
ERO firm name
Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ Robin Peters Date ▶ 5/3/2017

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 13071752977
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature ▶ Amy Bailey Date ▶ 05/03/17

ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So