Public Inspection Copy

THIS COPY OF FORM 990 SHOULD BE RETAINED FOR PUBLIC INSPECTION. INTERNAL REVENUE CODE SECTION 6104(e) REQUIRES THAT FORM 990 MUST BE MADE AVAILABLE FOR PUBLIC INSPECTION DURING REGULAR BUSINESS HOURS AT THE ORGANIZATION'S PRINCIPAL OFFICE. THE RETURN MUST ALSO BE AVAILABLE FOR PUBLIC INSPECTION AT ANY REGIONAL OR DISTRICT OFFICES HAVING THREE OR MORE EMPLOYEES. INSPECTION OF THIS RETURN MUST BE ALLOWED FOR THREE YEARS FROM THE DUE DATE THE RETURN IS FILED. THE INSPECTION REQUIREMENT APPLIES TO ALL PORTIONS OF THE RETURN EXCEPT FOR THE NAMES AND ADDRESSES OF ANY CONTRIBUTORS TO THE ORGANIZATION. THIS INFORMATION HAS BEEN REMOVED FROM THIS COPY.

EFFECTIVE AUGUST 17, 2006 SECTION 501(C)(3) ORGANIZATIONS MUST MAKE UNRELATED BUSINESS INCOME TAX RETURNS (FORMS 990-T) AVAILABLE FOR PUBLIC INSPECTION. THE RETURN MUST BE AVAILABLE FOR PUBLIC INSPECTION AT ANY REGIONAL OR DISTRICT OFFICES HAVING THREE OR MORE EMPLOYEES. INSPECTION OF THIS RETURN MUST BE ALLOWED FOR THREE YEARS FROM THE DATE THE RETURNIS FILED. THE INSPECTION REQUIREMENT APPLIES TO ALL PORTIONS OF THE RETURN.

DHG
DIXON HUGHES GOODMAN LLP

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** PUBLIC DISCLOSURE COPY **

Form 990 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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning and ending

B Check if applicable:
- ☐ 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 $ 9,964,564.

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

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.FIREHOUSESUBS.COM/FOUNDATION

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 2005

M State of legal domicile: FL

Part I Summary

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)	7
	4	Number of independent voting members of the governing body (Part VI, line 1b)	7
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	8
	6	Total number of volunteers (estimate if necessary)	200
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.
	b	Net unrelated business taxable income from Form 990-T, line 34	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	8,442,942.	9,642,417.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	102,882.	190,606.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	60,277.	64,676.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,606,101.	9,897,699.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,441,001.	6,632,686.
	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)	510,290.	539,701.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 512,725.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	487,216.	641,413.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,438,507.	7,813,800.
	19	Revenue less expenses. Subtract line 18 from line 12	167,594.	2,083,899.

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	7,250,947.	9,726,208.
	21	Total liabilities (Part X, line 26)	1,079,232.	684,448.
	22	Net assets or fund balances. Subtract line 21 from line 20	6,171,715.	9,041,760.

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: 5/14/2018

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
AMY BIBBY	AMY BIBBY	05/10/18	☐	P00445891

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

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

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III 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 $ 6,520,297. including grants of $ 6,208,593.) (Revenue $)

LIFE SAVING EQUIPMENT DONATIONS:

EQUIPMENT DONATIONS IMPACT MILLIONS OF FAMILIES AND INDIVIDUALS IN COMMUNITIES THROUGHOUT THE COUNTRY. THE FIREHOUSE SUBS PUBLIC SAFETY FOUNDATION'S REACH CONTINUES TO GROW. IN 2017, 367 PUBLIC SAFETY ORGANIZATIONS WERE AWARDED IN 40 STATES AND PUERTO RICO. MANY PUBLIC SAFETY ENTITIES NOW HAVE THE CRITICAL LIFE-SAVING EQUIPMENT NEEDED TO RESPOND TO EMERGENCY SITUATIONS. THESE TOOLS CAN BE, AND HAVE BEEN THE DIFFERENCE BETWEEN SUCCESSFUL OR FATAL OUTCOMES.

4b (Code:) (Expenses $ 242,228. including grants of $ 228,989.) (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 $ 136,891. including grants of $ 115,473.) (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 $ 89,310. including grants of $ 79,631.) (Revenue $)

4e Total program service expenses ▶ 6,988,726.

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	11		
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	8		
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? **Note.** See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			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	1a	7		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		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	5.00									
PRESIDENT		X		X				0.	0.	0.
(2) CHRIS SORENSEN	1.00									
DIRECTOR/SECRETARY		X		X				0.	0.	0.
(3) JENNIFER ADAMS	1.00									
DIRECTOR		X						0.	0.	0.
(4) BILL CARR	1.00									
DIRECTOR		X						0.	0.	0.
(5) BRIAN LEE	1.00									
DIRECTOR		X						0.	0.	0.
(6) JOHN LONG	1.00									
DIRECTOR		X						0.	0.	0.
(7) MARYELLEN MECH	1.00									
DIRECTOR		X						0.	0.	0.
(8) MIKE WILLIAMS	1.00									
DIRECTOR		X						0.	0.	0.
(9) SHERI KOHLER	5.00									
TREASURER				X				0.	0.	0.
(10) ROBIN PETERS	40.00									
EXECUTIVE DIRECTOR				X				166,191.	0.	36,382.
(11) MEGHAN VARGAS	40.00									
OFFICER				X				75,138.	0.	9,777.
(12) JACQUELYN GUBBINS	40.00									
OFFICER				X				71,931.	0.	9,128.
(13) BRADY RIGDON	25.00									
OFFICER				X				23,149.	0.	0.
(14) GINA BROWN	40.00									
OFFICER				X				63,737.	0.	6,955.
(15) NANCY PALMER	25.00									
OFFICER				X				27,187.	0.	18.

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 ▶								427,333.	0.	62,260.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								427,333.	0.	62,260.

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	22,022.			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	9,620,395.			
	g Noncash contributions included in lines 1a-1f: $					
	h Total. Add lines 1a-1f		9,642,417.			
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)		190,606.			190,606.
	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 $ 22,022. of contributions reported on line 1c). See Part IV, line 18	a 131,541.				
	b Less: direct expenses	b 66,865.				
	c Net income or (loss) from fundraising events		64,676.			64,676.
	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.		9,897,699.	0.	0.	255,282.

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	6,565,935.	6,565,935.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	66,751.	66,751.		
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	489,594.	268,401.	124,235.	96,958.
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	50,107.	35,713.	7,005.	7,389.
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	1,640.		1,640.	
c Accounting	31,591.		31,591.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	35,553.		35,553.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	25,856.	74.	20,782.	5,000.
12 Advertising and promotion	200,830.	17,565.	203.	183,062.
13 Office expenses	262,953.	3,177.	43,257.	216,519.
14 Information technology				
15 Royalties				
16 Occupancy	5,000.		5,000.	
17 Travel	39,982.	31,110.	5,075.	3,797.
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	33,540.		33,540.	
23 Insurance	2,144.		2,144.	
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	2,324.		2,324.	
b				
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	7,813,800.	6,988,726.	312,349.	512,725.
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	2,726,236.	1	3,304,508.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	642,061.	3	413,843.
	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	10,719.	8	14,004.
	9	Prepaid expenses and deferred charges	6,382.	9	7,682.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 116,269.			
	b	Less: accumulated depreciation — 10b: 62,195.	86,113.	10c	54,074.
	11	Investments - publicly traded securities	3,779,436.	11	5,707,452.
	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	0.	15	224,645.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	7,250,947.	16	9,726,208.
Liabilities	17	Accounts payable and accrued expenses	143,546.	17	168,491.
	18	Grants payable	935,686.	18	515,957.
	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	1,079,232.	26	684,448.
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	5,117,498.	27	7,272,283.
	28	Temporarily restricted net assets	1,054,217.	28	1,769,477.
	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	6,171,715.	33	9,041,760.
	34	Total liabilities and net assets/fund balances	7,250,947.	34	9,726,208.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,897,699.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,813,800.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,083,899.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,171,715.
5	Net unrealized gains (losses) on investments	5	778,746.
6	Donated services and use of facilities	6	7,400.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	9,041,760.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4000764.	5339091.	7828519.	8416798.	9620395.	35205567.
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	4000764.	5339091.	7828519.	8416798.	9620395.	35205567.
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)						1561248.
6 **Public support.** Subtract line 5 from line 4.						33644319.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	4000764.	5339091.	7828519.	8416798.	9620395.	35205567.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		26,497.		102,882.	190,606.	319,985.
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						35525552.

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 2017 (line 6, column (f) divided by line 11, column (f))	14	94.70 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	96.41 %

16a **33 1/3% support test - 2017.** 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 - 2016.** 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 - 2017.** 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 - 2016.** 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2017** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2016** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2017.** 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 - 2016.** 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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in **Part VI**. See instructions.			
7 **Excess distributions carryover to 2018.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

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		$ 1,000,000.	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.)
		$	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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

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

Employer identification number: 20-3588745

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

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

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of a historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

			Held at the End of the 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 7/25/06, 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	3,798,498.	2,452,149.	1,519,984.	500,000.	
b Contributions	1,000,000.	1,000,000.	1,000,000.	1,000,000.	500,000.
c Net investment earnings, gains, and losses	940,895.	366,407.	-56,614.	23,604.	
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	31,941.	20,058.	11,221.	3,620.	
g End of year balance	5,707,452.	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		116,269.	62,195.	54,074.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				54,074.

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	10,683,845.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	7,400.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	778,746.		
e	Add lines 2a through 2d			2e	786,146.
3	Subtract line 2e from line 1			3	9,897,699.
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	9,897,699.

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	7,813,800.
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	7,813,800.
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	7,813,800.

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	778,746.

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.**

▶ Go to *www.irs.gov/Form990* **for the latest instructions.**

OMB No. 1545-0047

2017

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 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	153,563.			153,563.
	2 Less: Contributions	22,022.			22,022.
	3 Gross income (line 1 minus line 2)	131,541.			131,541.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	13,650.			13,650.
	8 Entertainment				
	9 Other direct expenses	53,215.			53,215.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				66,865.
	11 Net income summary. Subtract line 10 from line 3, column (d)				64,676.

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

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
ADA COUNTY PARAMEDICS 370 N. BENJAMIN LN. BOISE, ID 83704	82-6000277	GOVERNMENT	0.	17,741.	COST	ACTICAL ARMOR PLATE CARRIERS, LEVEL 3 ARMOR PLATES AND	OPPERATIONAL SUPPORT
ADAMSHEART FOUNDATION 2012 ARDILEA STREET LAS VEGAS, NV 89135	46-5472198	PUBLIC CHARITY	0.	18,961.	COST	18 AEDS	OPPERATIONAL SUPPORT
AIKEN COUNTY SHERIFF'S OFFICE 420 HAMPTON AVE. NE AIKEN, SC 29801	57-6000299	GOVERNMENT	0.	25,166.	COST	ONE RESCUE PHONE QUAD CRISIS RESPONSE MODULE AND ONE RESCUE	OPPERATIONAL SUPPORT
ALMAVILLE VOLUNTEER FIRE AND RESCUE - 911 ONE MILE LANE - SMYRNA, TN 37167	75-0000105	GOVERNMENT	0.	11,914.	COST	4 STRUT PACKAGE RES-Q JACKS HEAVY DUTY STRUTS	OPPERATIONAL SUPPORT
ALTRU HEALTH FOUNDATION 2501 DEMERS AVENUE GRAND FORKS, ND 58201	45-0368330	GOVERNMENT	0.	22,156.	COST	A 2017 POLARIS SUNSET RED 1000XP CREW WITH CORPORATE LOGOS,	OPPERATIONAL SUPPORT
ALVA FIRE CONTROL AND RESCUE SERVICE DISTRICT - 2660 STYLES RD - ALVA, FL 33920	59-1705488	GOVERNMENT	0.	29,995.	COST	ONE COMPLETE SET OF HURST EDRAULIC RESCUE TOOLS	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 ..... ▶

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
AMERICAN FORK FIRE DEPARTMENT 96 NORTH CENTER STREET AMERICAN FORK, UT 84003	87-6000209	GOVERNMENT	0.	29,356.	COST	BATTERY OPERATED HYDRAULIC EXTRICATION EQUIPMENT	OPPERATIONAL SUPPORT
AMERICAN RED CROSS OF NE FL DIASTER RELIEF - 751 RIVERSIDE AVE - JACKSONVILLE, FL 32204	53-0196605	GOVERNMENT	0.	10,000.	COST	DISASTER RELIEF	OPPERATIONAL SUPPORT
AMERICAN RED CROSS OF NE FL DIASTER RELIEF - 751 RIVERSIDE AVE - JACKSONVILLE, FL 32204	53-0196605	GOVERNMENT	0.	10,000.	COST	DISASTER RELIEF	OPPERATIONAL SUPPORT
AUBREY AREA AMBULANCE, INC. 200 W. SYCAMORE ST AUBREY, TX 76227	75-1761906	GOVERNMENT	0.	6,170.	COST	TWO AUTOMATIC EMERGENCY VENTILATORS	OPPERATIONAL SUPPORT
AUBURN FIRE DEPARTMENT 550 MINOT AVE. AUBURN, ME 04210	01-6000018	GOVERNMENT	0.	14,561.	COST	BULLSEYE TRAINER'S PACKAGE - DIGITAL FIRE	OPPERATIONAL SUPPORT
AVONDALE POLICE DEPARTMENT 11485 W CIVIC CENTER DR. AVONDALE, AZ 85323	86-6000233	GOVERNMENT	0.	26,290.	COST	AVATAR III TACTICAL ROBOT	OPPERATIONAL SUPPORT
BANKS FIRE DISTRICT #13 13430 NW MAIN STREET BANKS, OR 97106	93-0935404	GOVERNMENT	0.	28,963.	COST	ONE KUBOTA UTILITY VEHICLE AND ACCESSORIES, A SLIP IN UNIT,	OPPERATIONAL SUPPORT
BARLING FIRE DEPARTMENT 304 CHURCH STREET BARLING, AR 72923	71-0384217	GOVERNMENT	0.	17,005.	COST	WASHER/EXTRACTOR AND PPE GEAR DRYER	OPPERATIONAL SUPPORT
BARNESVILLE FIRE DEPARTMENT 119 3RD AVE SE BARNESVILLE , MN 56514	41-6004957	GOVERNMENT	0.	40,105.	COST	15 RADIOS	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
BEAVERTON AREA FIRE DEPARTMENT 4278 M-18 BEAVERTON, MI 48612	38-2567559	GOVERNMENT	0.	13,218.	COST	LUCAS 2.2 CHEST COMPRESSION SYSTEM	OPPERATIONAL SUPPORT
BEDFORD COUNTY FIRE STATION 9 119 FRANK MARTIN RD. SHELBYVILLE , TN 37160	62-1543249	GOVERNMENT	0.	25,766.	COST	ONE THERMAL IMAGING CAMERA AND HURST EXTRICATION	OPPERATIONAL SUPPORT
BELLEVILLE FIRE DEPARTMENT 275 FRANKLIN AVENUE BELLEVILLE, NJ 07109	22-6001645	GOVERNMENT	0.	17,064.	COST	TWO THERMAL IMAGING CAMERAS	OPPERATIONAL SUPPORT
BELTON FIRE DEPARTMENT 16300 N MULLEN RD BELTON, MO 64012	44-6000137	GOVERNMENT	0.	14,220.	COST	ONE AUTOPULSE	OPPERATIONAL SUPPORT
BEXAR COUNTY ESD #7 11615 GALM RD. BEXAR, TX 78254	20-5479358	GOVERNMENT	0.	24,960.	COST	11 COMPLETE SETS OF BALLISTIC EQUIPMENT(VEST&PATE CARRIER,	OPPERATIONAL SUPPORT
BISHOP JOHN J. SNYDER HIGH SCHOOL 5001 SAMARITAN WAY JACKSONVILLE, FL 32210	45-0463893	GOVERNMENT	0.	6,576.	COST	THREE AEDS, FIVE AED TRAINERS AND 16 MANIKINS	OPPERATIONAL SUPPORT
BISHOP KENNY HIGH SCHOOL, INC. 1055 KINGMAN AVE. JACKSONVILLE, FL 32207	59-0693090	GOVERNMENT	0.	6,783.	COST	AEDS, AED TRAINER UNITS, MANEQUINS, ACCESSORIES	OPPERATIONAL SUPPORT
BLACK DOG FIRE DEPARTMENT 5495 N 52ND W AVE TULSA , OK 74126	73-1332977	GOVERNMENT	0.	18,653.	COST	EXTRICATION EQUIPMENT	OPPERATIONAL SUPPORT
BOILING SPRINGS FIRE DISTRICT 5020 PELHAM RD. GREER, SC 29615	57-0550613	GOVERNMENT	0.	16,531.	COST	AN INFLATABLE BOAT WITH TRANSPORT TRAILER, CUSTOM	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
BOLINGBROOK FIRE DEPARTMENT 375 BRIARCLIFF BOLINGBROOK, IL 60440	36-2606123	GOVERNMENT	0.	11,690.	COST	TIC	OPPERATIONAL SUPPORT
BOOTHSVILLE VOLUNTEER FIRE DEPARTMENT - P O BOX 5086 - FAIRMONT, WV 26554	31-1101402	GOVERNMENT	0.	31,772.	COST	NEW RESCUE/EXTRICATION TOOLS INCLUDING	OPPERATIONAL SUPPORT
BOYNTON BEACH FIRE RESCUE 2080 HIGH RIDGE ROAD BOYNTON BEACH, FL 33426	59-6000282	GOVERNMENT	0.	7,528.	COST	ONE BULLEX INTELLIGENT TRAINING SYSTEM-TRAINER'S	OPPERATIONAL SUPPORT
BRODHEAD POLICE DEPARTMENT 1004 W. EXCHANGE ST. BRODHEAD, WI 53520	46-2867807	GOVERNMENT	0.	13,000.	COST	ONE DUAL PURPOSE K9	OPPERATIONAL SUPPORT
BROOKHAVEN FIRE CO. NO.1 2 CAMBRIDGE RD BROOKHAVEN, PA 23052	23-7393433	GOVERNMENT	0.	16,355.	COST	TWO THERMAL IMAGING CAMERAS (TICS)	OPPERATIONAL SUPPORT
BRUCE-ROMEO FIRE DEPARTMENT 223 E. GATES ROMEO, MI 48065	38-6006888	GOVERNMENT	0.	26,864.	COST	A SET OF HURST EDRAULIC BATTERY OPERATED EXTRICATION	OPPERATIONAL SUPPORT
BULLOCH COUNTY FIRE DEPT. 17245 HWY 301 N STATESBORO, GA 30458	58-6000789	GOVERNMENT	0.	18,400.	COST	THREE ROPE RESCUE KITS, TWO EMERGENCY RESCUE SETS AND FIVE	OPPERATIONAL SUPPORT
BURLINGTON RURAL FIRE DEPARTMENT 225 JOHNSON ST. N BURLINGTON, ND 58722	45-0381740	GOVERNMENT	0.	18,500.	COST	10 SETS OF BUNKER GEAR (COAT AND PANTS)	OPPERATIONAL SUPPORT
CAMAS-WASHOUGAL FIRE DEPARTMENT 616 NE 4TH AVE CAMAS, WA 98607	91-6001233	GOVERNMENT	0.	19,135.	COST	TEN SETS OF TURNOUT GEAR	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
CANON CITY AREA FIRE PROTECTION DISTRICT - 1475 NORTH 15TH - CANON CITY, CO 81212	84-0841565	GOVERNMENT	0.	10,073.	COST	BULLEX BULLSEYE BASE PACKAGE, DIGITAL FIRE EXTINGUISHER	OPPERATIONAL SUPPORT
CASCADE RURAL FARMER RANCHER VFD PO BOX 65 CASCADE, MT 59421	81-0415273	GOVERNMENT	0.	12,565.	COST	A SLIP FOR THE BACK OF A BRUSH TRUCK WITH ACCESSORIES	OPPERATIONAL SUPPORT
CENTENNIAL FIRE DISTRICT 2 EAST ROAD CIRCLE PINES, MN 55014	41-1517052	GOVERNMENT	0.	10,295.	COST	ONE HIGH PERFORMANCE WASHER-EXTRACTOR	OPPERATIONAL SUPPORT
CENTER LINE PUBLIC SAFETY DEPARTMENT - 7070 E. TEN MILE ROAD - CENTER LINE, MI 48015	38-6004668	GOVERNMENT	0.	19,568.	COST	CUTTER AND SPREADER	OPPERATIONAL SUPPORT
CENTRAL COMMUNITY VOLUNTEER FIRE DEPARTMENT - 4100 OLD AGNES ROAD - WEATHERFORD, TX 76088	75-2032180	GOVERNMENT	0.	20,426.	COST	EXTRICATION TOOLS INCLUDING POWER UNIT, RAM, CUTTER SPREADER	OPPERATIONAL SUPPORT
CENTRAL FIRE PROTECTION DISTRICT 4 11646 SULLIVAN RD BATON ROUGE, LA, LA 70818	23-7310493	GOVERNMENT	0.	30,618.	COST	FORD E350 VEHICLE	OPPERATIONAL SUPPORT
CHARLESTON COUNTY SHERIFF'S OFFICE 3691 LEEDS AVENUE N. CHARLESTON, SC 29405-7789	57-6001289	GOVERNMENT	0.	24,868.	COST	16 AEDS, 2 SETS EXTRA ADULT AND PEDIATRIC PADS AND 18 LARGE	OPPERATIONAL SUPPORT
CHARLOTTE-MECKLENBURG POLICE DEPARTMENT - 600 EAST FOURTH STREET - CHARLOTTE, NC 28202	52-1333483	GOVERNMENT	0.	10,497.	COST	500 TOURNIQUETS	OPPERATIONAL SUPPORT
CHARLOTTESVILLE POLICE FOUNDATION PO BOX 2631 CHARLOTTESVILLE, VA 22901	38-3688424	GOVERNMENT	0.	7,700.	COST	11 TRACKER THERMAL VIEWERS	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
CHATTANOOGA FIRE DEPARTMENT 910 WISDOM STREET CHATTANOOGA, TN 37406	62-6000259	GOVERNMENT	0.	19,931.	COST	125 SEARCH AND RESCUE FLOTATION DEVICES, 125 STEARNS	OPPERATIONAL SUPPORT
CHENEY POLICE DEPARTMENT 131 N MAIN CHENEY, KS 67025	48-6002530	GOVERNMENT	0.	12,294.	COST	FOUR MOTOROLA MOBILE RADIOS	OPPERATIONAL SUPPORT
CHERAW FIRE DEPARTMENT 200 MARKET STREET CHERAW, SC 29520	57-6001011	GOVERNMENT	0.	7,171.	COST	ONE BULLEX INTELLIGENT TRAINING SYSTEM-TRAINER'S	OPPERATIONAL SUPPORT
CHOUTEAU COUNTY SEARCH AND RESCUE PO BOX 459 FORT BENTON, MT 59442	81-0428793	GOVERNMENT	0.	24,890.	COST	EXTRICATION EQUIPMENT INCLUDING A SPREADER,	OPPERATIONAL SUPPORT
CITY OF BAINBRIDGE PUBLIC SAFETY 510 EAST LOUISE STREET BAINBRIDGE, GA 39819	58-6000516	GOVERNMENT	0.	21,699.	COST	EXTRACTION EQUIPMENT	OPPERATIONAL SUPPORT
CITY OF DELAND - FIRE DEPARTMENT 201 W. HOWRY AVENUE DELAND, FL 32720	59-6000307	GOVERNMENT	0.	31,540.	COST	THREE HURST SC757E2 COMBINATION EXTRICATION	OPPERATIONAL SUPPORT
CITY OF DENTON FIRE DEPARTMENT 332 EAST HICKORY DENTON, TX 76201	75-6000514	GOVERNMENT	0.	11,547.	COST	WATER RESCUE EQUIPMENT INCLUDING AN INFLATABLE	OPPERATIONAL SUPPORT
CITY OF ENCINITAS FIRE AND MARINE SAFETY DEPARTMENT - 505 SOUTH VULCAN AVENUE - ENCINITAS, CA 92024	33-0197843	GOVERNMENT	0.	23,868.	COST	14 AEDS	OPPERATIONAL SUPPORT
CITY OF FERGUSON FIRE DEPARTMENT 200 S. FLORISSANT RD. FERGUSON, MO 63135	43-6001245	GOVERNMENT	0.	34,169.	COST	15 SETS OF BUNKER GEAR	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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CITY OF GREENSBURG FIRE DEPARTMENT TRUCK CO. 2 - 137 NORTH PENNSYLVANIA AVE - GREENSBURG, PA 15601	25-6038721	GOVERNMENT	0.	10,141.	COST	A BATTERY POWERED RESCUE TOOL WITH AN 110-VOLT BACKUP	OPPERATIONAL SUPPORT
CITY OF HELOTES FIRE DEPARTMENT 12951 BANDERA ROAD HELOTES, TX 78023	74-2220224	GOVERNMENT	0.	19,050.	COST	TWO MULTI TRAUMA PACKS, 16 HOURS OF TRAINING AND CERTIFICATION IN	OPPERATIONAL SUPPORT
CITY OF HOISINGTON AMBULANCE SERVICE - PO BOX 418 - HOISINGTON, KS 67544	48-6012386	GOVERNMENT	0.	24,007.	COST	TWO MECHANICAL CPR DEVICES WITH TORSO RESTRAINTS AND HEAD	OPPERATIONAL SUPPORT
CITY OF LAWRENCE FIRE DEPARTMENT, IN - 9001 E. 59TH STREET - INDIANAPOLIS, IN 46216	35-6005584	GOVERNMENT	0.	16,448.	COST	30 BALLISTIC VESTS WITH FRONT AND REAR ICW PLATES	OPPERATIONAL SUPPORT
CITY OF LEAGUE CITY FIRE MARSHAL'S OFFICE - 555 W. WALKER STREET - LEAGUE CITY, TX 77573	74-1468969	GOVERNMENT	0.	8,730.	COST	SIX BALLISTIC VESTS WITH PLATES AND ACCESSORIES	OPPERATIONAL SUPPORT
CITY OF MCALLEN/MCALLEN FIRE DEPARTMENT - 1300 HOUSTON AVE. - MCALLEN, TX 78501	74-6001650	GOVERNMENT	0.	15,422.	COST	EIGHT BALLISTIC VESTS; TWO INVESTIGATION SCENE LIGHT	OPPERATIONAL SUPPORT
CITY OF MENTOR OHIO FIRE DEPARTMENT - 8500 CIVIC CENTER BLVD. - MENTOR, OH 44060	34-6001861	GOVERNMENT	0.	5,000.	COST	500 SMOKE DETECTORS	OPPERATIONAL SUPPORT
CITY OF NEW BERLIN FIRE DEPARTMENT 16300 W NATIONAL AVE NEW BERLIN, WI 53151	39-6006026	GOVERNMENT	0.	24,540.	COST	ONE 2018 CLUB CAR CARRYALL 1700 AMBULANCE AND A UTILITY	OPPERATIONAL SUPPORT
CITY OF NEWTON/NEWTON FIRE/EMS 201 E 6TH NEWTON, KS 67114	48-6004391	GOVERNMENT	0.	16,499.	COST	FOUR THERMAL IMAGING CAMERAS AND ACCESSORIES	OPPERATIONAL SUPPORT

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CITY OF OAK PARK 14000 OAK PARK BLVD OAK PARK, MI 48237-2006	38-6004641	GOVERNMENT	0.	26,864.	COST	HURST CUTTER, SPREADER AND RAM PACKAGE WITH ACCESSORIES AND	OPPERATIONAL SUPPORT
CITY OF PANAMA CITY 600 BUSINESS HIGHWAY 98 PANAMA CITY, FL 32401	59-6000404	GOVERNMENT	0.	7,050.	COST	ONE FORCIBLE ENTRY DOOR SIMULATOR WITH ACCESSORIES	OPPERATIONAL SUPPORT
CITY OF PRESCOTT FIRE DEPARTMENT 1700 IRON SPRINGS ROAD PRESCOTT, AZ 86305	86-6000257	GOVERNMENT	0.	5,831.	COST	EMS EQUIPMENT INCLUDING 10 ACTIVE SHOOTER KITS (EMS BAGS),	OPPERATIONAL SUPPORT
CITY OF RICHMOND HILL 9964 FORD AVENUE RICHMOND HILL, GA 31324	58-0961602	GOVERNMENT	0.	8,316.	COST	5 AEDS & AED ACCESSORIES	OPPERATIONAL SUPPORT
CITY OF ROCK HILL / ROCK HILL POLICE DEPARTMENT - PO BOX 11706 - ROCK HILL, SC 29731	57-6000244	GOVERNMENT	0.	18,357.	COST	TWO DUAL SPORT MOTORCYCLES EQUIPPED WITH LIGHTS, SIRENS,	OPPERATIONAL SUPPORT
CITY OF RUSSELL FIRE DEPARTMENT 500 BELLEFONTE STREET RUSSELL, KY 41169	61-6001905	GOVERNMENT	0.	18,000.	COST	FOUR SCOTT SCBA 4.5 AP75 HARNESS SYSTEMS WITH 60 MINUTE 4500PSI	OPPERATIONAL SUPPORT
CITY OF SUGAR LAND 10405 CORPORATE DR. SUGAR LAND, TX 77478	74-6027491	GOVERNMENT	0.	33,896.	COST	25 AEDS	OPPERATIONAL SUPPORT
CITY OF SURPRISE FIRE-MEDICAL DEPARTMENT - 14250 W STATLER PLAZA - SURPRISE, AZ 85374	86-6007796	GOVERNMENT	0.	15,549.	COST	ONE MECHANICAL CPR DEVICE AND ACCESSORIES	OPPERATIONAL SUPPORT
CITY OF TAVARES, FL FIRE DEPARTMENT - 424 E. ALFRED STREET - TAVARES, FL 32778	59-6000438	GOVERNMENT	0.	29,415.	COST	EXTRICATION TOOLS	OPPERATIONAL SUPPORT

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CITY OF TEXARKANA, TEXAS FIRE DEPARTMENT - 220 TEXAS BLVD. - TEXARKANA, TX 75501	75-6000689	GOVERNMENT	0.	7,357.	COST	SIX MASIMO RAD-57 HANDHELD PULSE CO-OXIMETERS	OPPERATIONAL SUPPORT
CITY OF VERONA POLICE DEPARTMENT 111 LINCOLN STREET VERONA, WI 53593	39-6006395	GOVERNMENT	0.	14,458.	COST	ATV	OPPERATIONAL SUPPORT
CITY OF WILLIAMSBURG FIRE DEPARTMENT - 444 N. BOUNDARY STREET - WILLIAMSBURG, VA 23185	54-6001680	GOVERNMENT	0.	14,852.	COST	ONE HOLMATRO PORTABLE GAS PUMP, TWO RESCUE ROPE BAGS, 4	OPPERATIONAL SUPPORT
CITY OF YORK 101 SOUTH GEORGE STREET YORK, PA 17401	23-6001908	GOVERNMENT	0.	16,645.	COST	WASHER AND DRYER FOR BUNKER GEAR	OPPERATIONAL SUPPORT
CLARK COUNTY FIRE DISTRICT 6 8800 NE HAZEL DELL AVENUE VANCOUVER, WA 98684	91-1698692	GOVERNMENT	0.	19,159.	COST	1,000 SMOKE DETECTORS (FIRST ALERT SA350B SMOKE ALARM,	OPPERATIONAL SUPPORT
CLAY COUNTY SHERIFF'S OFFICE 901 N. ORANGE AVE GREEN COVE SPRINGS, FL 32043	59-6000555	GOVERNMENT	0.	21,950.	COST	20 AEDS AND 40 DECALS	OPPERATIONAL SUPPORT
CLEARWATER CENTRAL CATHOLIC HIGH SCHOOL - 2750 HAINES BAYSHORE ROAD - CLEARWATER, FL 33760	59-0971744	GOVERNMENT	0.	9,629.	COST	8 AEDS WITH ADULT & PEDIATRIC PADS	OPPERATIONAL SUPPORT
CLEVELAND METROPARKS RANGER DEPARTMENT - 4600 VALLEY PARKWAY - FAIRVIEW PARK, OH 44126	34-6000704	GOVERNMENT	0.	9,070.	COST	DIVE TEAM EQUIPMENT TO INCLUDE FIVE SCUBA BUOYANCY	OPPERATIONAL SUPPORT
CLINTON FIRE RESCUE 17 CHURCH ST CLINTON, ME 04927	01-6000117	GOVERNMENT	0.	21,000.	COST	10 SETS OF PERSONNEL PROTECTIVE GEAR (COATS AND	OPPERATIONAL SUPPORT

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COLSTON COLUNTEER FIRE DEPARTMENT 6785 COLSTON RD BAMBERG, SC 29003	57-1120336	GOVERNMENT	0.	31,153.	COST	BUNKER GEAR & EQUIPMENT	OPPERATIONAL SUPPORT
COLUMBIA COUNTY FIRE RESCUE 509 SOUTHWEST ST RD 247 LAKE CITY, FL 32025	59-6000564	GOVERNMENT	0.	30,120.	COST	HURST EXTRICATION EQUIPMENT	OPPERATIONAL SUPPORT
COLUMBUS FIRE AND RESCUE 205 7TH STREET SOUTH COLUMBUS, MS 39701	64-6000273	GOVERNMENT	0.	24,992.	COST	2016 POLARIS RANGER 800 6X6 EQUIPPED WITH EMERGENCY	OPPERATIONAL SUPPORT
COMMUNITY EMS DISTRICT 10804 FOREST STREET GARRETTSVILLE, OH 44231	34-1333081	GOVERNMENT	0.	24,054.	COST	A POLARIS RANGER XP EPS 1000 WITH A KIMTEK CORPORATION	OPPERATIONAL SUPPORT
CONCORD TOWNSHIP FIRE DEPARTMENT 23625 COUNTY ROAD 18 ELKHART, IN 46516	35-1177330	GOVERNMENT	0.	21,173.	COST	25 VORTEX BALLISTIC VESTS	OPPERATIONAL SUPPORT
CONCORD TOWNSHIP FIRE DEPARTMENT 11600 CONCORD-HAMBDEN ROAD CONCORD TOWNSHIP, OH 44077	34-6000759	GOVERNMENT	0.	19,046.	COST	TWO HOLMATRO GCT 4150 EVO COMBI TOOLS INCLUDING BATTIES,	OPPERATIONAL SUPPORT
COPPER CANYON FIRE AND MEDICAL AUTHORITY - 26B SALT MINE RD - CAMP VERDE, AZ 86322	81-2677819	GOVERNMENT	0.	32,838.	COST	ZOLL X SERIES MANUAL MONITOR/DEFIBRILATOR	OPPERATIONAL SUPPORT
CRESSON VOLUNTEER FIRE DEPARTMENT P. O. BOX 42 CRESSON, TX 76035	75-1783644	GOVERNMENT	0.	38,055.	COST	RESCUE/EXTRICATION TOOLS	OPPERATIONAL SUPPORT
DAPHNE POLICE DEPARTMENT 1502 HWY 98 DAPHNE, AL 36526	63-0478139	GOVERNMENT	0.	19,520.	COST	54 ACTIVE SHOOTER KITS WITH CERAMIC PLATES, CARRIERS	OPPERATIONAL SUPPORT

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DARBY FIRE COMPANY #1 4 QUARRY ST. DARBY, PA 19023	23-2410917	GOVERNMENT	0.	16,627.	COST	FIVE SETS OF STRUCTURAL FIREFIGHTING TURNOUT GEAR TO	OPPERATIONAL SUPPORT
DEERFIELD TOWNSHIP FIRE AND RESCUE 30 E. BURNSIDE RD NORTH BRANCH, MI 48461	38-1909679	GOVERNMENT	0.	16,650.	COST	NINE SETS OF TURN-OUT GEAR (COATS AND PANTS)	OPPERATIONAL SUPPORT
DEERFIELD TOWNSHIP VOLUNTEER FIRE DEPARTMENT - 10870 MAIN STREET - CLARKSBURG, OH 43115	31-6400443	GOVERNMENT	0.	17,661.	COST	7 SETS OF BUNKER GEAR	OPPERATIONAL SUPPORT
DEKALB VOLUNTEER FIRE DEPARTMENT 110 EAST GRIZZLY DEKALB, TX 75559	75-6000511	GOVERNMENT	0.	20,763.	COST	8 SETS OF BUNKER GEAR TO INCLUDE HELMETS, JACKETS, PANTS	OPPERATIONAL SUPPORT
DENHAM SPRINGS FIRE DEPARTMENT P.O. BOX 1053 DENHAM SPRINGS, LA 70726	72-6000333	GOVERNMENT	0.	40,000.	COST	SCOTT AIR PACKS	OPPERATIONAL SUPPORT
DERBY FIRE & RESCUE DEPARTMENT 611 N. MULBERRY RD. DERBY, KS 67037	48-6086439	GOVERNMENT	0.	5,822.	COST	ONE INFLATABLE SEARCH AND RESCUE BOAT, ONE SUZUKI 25 HP	OPPERATIONAL SUPPORT
DES MOINES FIRE DEPARTMENT 2715 DEAN AVE DES MOINES , IA 50317	42-6004514	GOVERNMENT	0.	10,087.	COST	ONE TRIPOD KIT, ONE WINCH TWO PULLEYS, FOUR HARNESSES,	OPPERATIONAL SUPPORT
DESTIN FIRE CONTROL DISTRICT 848 AIRPORT ROAD DESTIN , FL 32541	59-1510380	GOVERNMENT	0.	29,995.	COST	A SET OF HURST EXTRICATION EQUIPMENT TO INCLUDE A	OPPERATIONAL SUPPORT
DEVINE VOLUNTEER FIRE DEPARTMENT 202 E. HERRING AVE DEVINE, TX 78016	74-2504790	GOVERNMENT	0.	12,025.	COST	ONE 18HP PUMP WITH FRAME, ONE THERMAL IMAGER WITH ACCESSORIES	OPPERATIONAL SUPPORT

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EAST ALABAMA FIRE DISTRICT 150 FOB JAMES DRIVE VALLEY, AL 36854	42-3112286	GOVERNMENT	0.	24,552.	COST	18 FULL SETS OF RESCUE/EXTRICATI N PPE	OPPERATIONAL SUPPORT
EAST DUBLIN FIRE DEPARTMENT 116 SAVANNAH AVE. EAST DUBLIN, GA 31027	58-6003000	GOVERNMENT	0.	5,238.	COST	THREE SETS OF TURNOUT GEAR INCLUDING COAT, PANTS AND BOOTS	OPPERATIONAL SUPPORT
EAST FORK FIRE PROTECTION DISTRICT P O BOX 218 MINDEN, NV 89423	38-3972546	GOVERNMENT	0.	31,633.	COST	HYDRAULIC VEHICLE EXTRICATION EQUIPMENT	OPPERATIONAL SUPPORT
EAST MONTGOMERY COUNTY FIRE 19870 FM 1485 WEST NEW CANEY , TX 77357	47-4176411	GOVERNMENT	0.	8,001.	COST	SIXTY (60) 50FT SECTIONS OF NFPA APPROVED 1.75 INCH FIRE HOSE	OPPERATIONAL SUPPORT
EASTON RURAL FIRE PROTECTION DISTRICT - P.O. BOX 226 - EASTON, IL 62633	26-4098942	GOVERNMENT	0.	8,960.	COST	10 CARBON FIBER SCBA BOTTLES	OPPERATIONAL SUPPORT
EDGEWATER FIRE RESCUE 1605 SOUTH RIDGEWOOD AVE EDGEWATER, FL 32132	85-8013848	GOVERNMENT	0.	29,995.	COST	ONE HYDRAULIC SPREADER, CUTTER, RAM, FRAME SUPPORT	OPPERATIONAL SUPPORT
EDGEWATER VOLUNTEER FIRE DEPARTMENT - 55 RIVER ROAD - EDGEWATER, NJ 07020	22-6001776	GOVERNMENT	0.	22,280.	COST	3 TRI-BAND PORTABLE RADIOS W/ CHARGER, MICROPHONE &CASE	OPPERATIONAL SUPPORT
ELIZABETH CITY FIRE DEPARTMENT 305 E. MAIN ELIZABETH CITY, NC 27907	56-6000226	GOVERNMENT	0.	12,023.	COST	FIFTEEN BULLETPROOF VESTS	OPPERATIONAL SUPPORT
FAIR GROVE FIRE PROTECTION DISTRICT - 645 W. OLD HIGHWAY 65 - FAIR GROVE, MO 65648	43-1513920	GOVERNMENT	0.	11,338.	COST	UNIMAC HARDMOUNT WASHER-EXTRACTOR 65 LB. CAPACITY	OPPERATIONAL SUPPORT

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FAIRHOPE VOLUNTEER FIRE DEPARTMENT 198 SOUTH INGLESIDE FAIRHOPE, AL 36532	63-0924104	GOVERNMENT	0.	22,020.	COST	TWO EDRAULIC COMBINATION TOOLS	OPPERATIONAL SUPPORT
FALLSTON VOLUNTEER FIRE AND AMBULANCE - 2201 CARRS MILL RD - FALLSTON, MD 21047	52-1055588	GOVERNMENT	0.	12,474.	COST	AN AUTOMATED CPR DEVICE	OPPERATIONAL SUPPORT
FARMINGTON FIRE DEPARTMENT 850 MUNICIPAL DRIVE FARMINGTON, NM 87401	85-6000129	GOVERNMENT	0.	16,907.	COST	8 SETS OF BUNKER GEAR	OPPERATIONAL SUPPORT
FEDERAL HEIGHTS FIRE DEPARTMENT 2400 W 90TH AVENUE FEDERAL HEIGHTS, CO 80260	98-0432700	GOVERNMENT	0.	34,912.	COST	16 SETS OF BUNKER GEAR	OPPERATIONAL SUPPORT
FIRE AND BURN SAFETY COALITION OF MARYLAND - PO BOX 648 - BALTIMORE, MD 21208	52-1911960	PUBLIC CHARITY	0.	24,079.	COST	40 FIRE HELMETS, 10 SAFETY HARD HATS, 10 4 GAS AIR MONITORS	OPPERATIONAL SUPPORT
FLORIDA DEPARTMENT OF HEALTH MANATEE - 410 6TH AVE E - BRADENTON, FL 34208	59-3502853	GOVERNMENT	0.	19,485.	COST	ONE 2017 CLUB CART WITH AMBULANCE PACKAGE AND	OPPERATIONAL SUPPORT
FORSYTH COUNTY BOARD OF EDUCATION 1120 DAHLONEGA HIGHWAY CUMMING, GA 30040	58-6000243	GOVERNMENT	0.	10,705.	COST	10 AUTOMATED EXTERNAL DEFIBRILLATORS AND 10 CARRYING	OPPERATIONAL SUPPORT
FOSTERBURG FIRE PROTECTION DISTRICT - 4604 SEMINARY RD - ALTON, IL 62002	37-1072734	GOVERNMENT	0.	7,474.	COST	ONE EVOLUTION 6000 PLUS THERMAL IMAGING CAMERA	OPPERATIONAL SUPPORT
FRENCH VILLAGE FIRE DEPARTMENT 1406 2ND AVE. FAIRVIEW HEIGHTS, IL 62208	37-1063488	GOVERNMENT	0.	12,957.	COST	TWENTY DUAL-BAND PAGERS	OPPERATIONAL SUPPORT

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GAINESVILLE FIRE RESCUE 1025 NE 13TH STREET GAINESVILLE, FL 32643	59-6000325	GOVERNMENT	0.	19,995.	COST	FIVE BULLARD THERMAL IMAGING CAMERAS	OPPERATIONAL SUPPORT
GALLATIN VOLUNTEER FIRE DEPARTMENT PO BOX 384 GALLATIN, TN 37066	03-0396020	GOVERNMENT	0.	10,479.	COST	TWO THERMAL IMAGING CAMERAS AND CHARGERS	OPPERATIONAL SUPPORT
GAMBER & COMMUNITY FIRE COMPANY 3838 NINER ROAD FINKSBURG, MD 21048	52-1242882	GOVERNMENT	0.	12,933.	COST	LUCAS CHEST COMPRESSION SYSTEM, BATTERY, POWER SUPPLY &	OPPERATIONAL SUPPORT
GARRETTSVILLE POLICE DEPARTMENT 8123 HIGH ST. GARRETTSVILLE, OH 44231	34-6001203	GOVERNMENT	0.	19,119.	COST	FOUR LIFEPAK 1000 AED UNITS WITH 4 INFANT/CHILD	OPPERATIONAL SUPPORT
GARY SINISE FOUNDATION - R.I.S.E. 21700 OXNARD ST. SUITE 580 WOODLAND HILLS, CA 91367	80-0587086	PUBLIC CHARITY	0.	37,098.	COST	LIFT SYSTEM / RISING TUB WALL	OPPERATIONAL SUPPORT
GERMANTOWN POLICE DEPARTMENT 1930 S. GERMANTOWN ROAD GERMANTOWN , TN 38138	62-6014996	GOVERNMENT	0.	6,250.	COST	TIC	OPPERATIONAL SUPPORT
GLADSTONE FIRE EMS 6569 N. PROSPECT AVE GLADSTONE , MO 64119	44-6005624	GOVERNMENT	0.	12,348.	COST	TWO SCOTT X190 THERMAL IMAGING CAMERAS	OPPERATIONAL SUPPORT
GLENCOE FIRE DEPARTMENT 201 WEST CHASTAIN BLVD GLENCOE, AL 35905	63-6001275	GOVERNMENT	0.	25,621.	COST	HOLMATRO (1) SP 5240 SPREADER (1) SP 5240 PULLING CHAINS	OPPERATIONAL SUPPORT
GLENN HEIGHTS FIRE DEPARTMENT 1938 S. HAMPTON ROAD GLENN HEIGHTS, TX 75154	75-6198997	GOVERNMENT	0.	14,636.	COST	1 BULLSEYE TRAINER'S PACKAGE WHICH CONTAINS 2	OPPERATIONAL SUPPORT

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GORDON COUNTY FIRE DEPARTMENT 400 BELWOOD ROAD CALHOUN, GA 30701	58-6000832	GOVERNMENT	0.	19,464.	COST	THREE THERMAL IMAGING CAMERAS AND TWO BATTERIES,	OPPERATIONAL SUPPORT
GRAND FORKS POLICE DEPARTMENT 122 S. 5TH ST. GRAND FORKS, ND 58201	45-6002085	GOVERNMENT	0.	16,920.	COST	12 BALLISTIC HELMETS WITH ARC RAILS	OPPERATIONAL SUPPORT
GREATER ST LOUIS COUNTY FIRE ACADEMY - 1266 SUTTER AVE. - ST. LOUIS, MO 63133	43-1414775	GOVERNMENT	0.	15,437.	COST	4 THERMAL IMAGING CAMERAS	OPPERATIONAL SUPPORT
GREENWOOD FIRE DEPARTMENT 155 E MAIN ST GREENWOOD, IN 46143	35-6001050	GOVERNMENT	0.	11,596.	COST	130 HALO PARTICLE FILTERING HOODS	OPPERATIONAL SUPPORT
GULF BREEZE VOLUNTEER FIRE DEPARTMENT - 313 FAIRPOINT DRIVE - GULF BREEZE, FL 32561	59-0948304	GOVERNMENT	0.	17,403.	COST	POLARIS RANGER 900 UTV	OPPERATIONAL SUPPORT
HAHIRA FIRE DEPARTMENT 102 NORTH OWENS STREET HAHIRA, GA 31632	58-0960987	GOVERNMENT	0.	8,499.	COST	FLIR K45 4-MAN CAB THERMAL IMAGING KIT WHICH INCLUDES A	OPPERATIONAL SUPPORT
HAINES FALLS VOLUNTEER FIRE COMPANY INC. - P.O. BOX 383 - HAINES FALLS, NY 12436	14-6046706	GOVERNMENT	0.	23,414.	COST	10 SETS OF INTERIOR FIREFIGHTER TURNOUT GEAR	OPPERATIONAL SUPPORT
HALL COUNTY SCHOOLS 711 GREEN STREET GAINESVILLE , GA 30501	58-6000256	GOVERNMENT	0.	10,791.	COST	20 SETS OF CPR-AED TRAINING MANIKINS WITH MONITOR	OPPERATIONAL SUPPORT
HARRIS COUNTY EMERGENCY SERVICES DISTRICT NO. 48 FIRE-EMS - 21201 MORTON RD - KATY, TX 77449	74-2391176	GOVERNMENT	0.	22,197.	COST	RESCUE BOAT AND TRAILER WITH PERSONAL WATER SAFETY EQUIPMENT	OPPERATIONAL SUPPORT

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HARRIS ELMORE FIRE DEPARTMENT 321 RICE STREET ELMORE, OH 43416	34-1115384	GOVERNMENT	0.	16,817.	COST	MANIKINS: ONE ALS FULL BODY TRAINER MANIKIN AND ONE	OPPERATIONAL SUPPORT
HARRISON FIRE DEPARTMENT 200 HARRISON AVENUE HARRISON, OH 45030	31-6000141	GOVERNMENT	0.	20,851.	COST	JOHN DEERE XUV 855D WITH MEDLITE TRANSPORT	OPPERATIONAL SUPPORT
HEPHZIBAH FIRE DEPARTMENT 4420 CEMETERY RD HEPHZIBAH, GA 30815	58-1123548	GOVERNMENT	0.	24,696.	COST	SCBA AIR CYLINDERS	OPPERATIONAL SUPPORT
HIGHLAND VOLUNTEER FIRE DEPARTMENT 920 SOUTH BROADWAY ST PORTLAND, TN 37148	73-1630470	GOVERNMENT	0.	15,000.	COST	ASSORTED FIREFIGHTING EQUIPMENT TO INCLUDE: 1 MSA	OPPERATIONAL SUPPORT
HILLIARD VOLUNTEER FIRE DEPARTMENT 3794 PECAN STREET HILLIARD, FL 32046	59-6018372	GOVERNMENT	0.	9,824.	COST	10 AEDS AND ACCESSORIES, CHILD PADS, 10 RESPONSE KITS,	OPPERATIONAL SUPPORT
HILLSIDE FIRE DEPARTMENT 523 N. WOLF RD HILLSIDE, IL 60162	36-6005929	GOVERNMENT	0.	22,035.	COST	GENESIS RESCUE SYSTEMS EFORCE EXTRICATION TOOLS (CUTTER,	OPPERATIONAL SUPPORT
HOLBROOK VOLUNTEER FIRE DEPARTMENT 100 AIRPORT RD HOLBROOK , AZ 86025	86-0100010	GOVERNMENT	0.	6,366.	COST	10 RADIOS	OPPERATIONAL SUPPORT
HOLTS SUMMIT FIRE PROTECTION DISTRICT - PO BOX 33 - HOLTS SUMMIT, MO 65043	43-1818217	GOVERNMENT	0.	7,640.	COST	MULTI-FORCE DOOR (FORCIBLE ENTRY DOOR SIMULATOR)	OPPERATIONAL SUPPORT
HOUMA FIRE DEPARTMENT 600 WOOD ST. HOUMA, LA 70360	72-6001390	GOVERNMENT	0.	21,987.	COST	30 SCBA (SELF CONTAINED BREATHING APPARATUS)	OPPERATIONAL SUPPORT

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HOUSTON FIRE DEPARTMENT 1801 SMITH STREET 7TH FLOOR HOUSTON, TX 77002	74-6001164	GOVERNMENT	0.	19,479.	COST	143 PROTECTIVE FIREFIGHTER HOODS	OPPERATIONAL SUPPORT
HUNTERSVILLE FIRE DEPT. P.O BOX 471 HUNTERSVILLE, NC 28070	58-1744247	GOVERNMENT	0.	19,461.	COST	SPREADER, CUTTER AND ACCESSORIES	OPPERATIONAL SUPPORT
HUNTSVILLE FIRE AND RESCUE P O BOX 308 HUNTSVILLE, AL 35804	63-6001296	GOVERNMENT	0.	12,995.	COST	VENTILATOR FAN WITH HONDA GX630 SKID MOUNT UNIT	OPPERATIONAL SUPPORT
HUNTSVILLE-MADISON COUNTY RESCUE SQUAD, INC. - PO BOX 2062 - HUNTSVILLE, AL 35804	23-7113537	GOVERNMENT	0.	19,591.	COST	THREE HURST MOC COMBI TOOLS, TWO HURST HT-28 SPREADERS (WITH	OPPERATIONAL SUPPORT
IDYLLWILD FIRE PROTECTION DISTRICT PO BOX 656 IDYLLWILD, CA 92549	33-0071827	GOVERNMENT	0.	24,929.	COST	MSA SCBAS	OPPERATIONAL SUPPORT
IRISHTOWN FIRE COMPANY 934 IRISHTOWN ROAD NEW OXFORD, PA 17350	23-2273291	GOVERNMENT	0.	16,802.	COST	TWO THERMAL IMAGINE CAMERAS	OPPERATIONAL SUPPORT
JACKSONVILLE AVIATION AUTHORITY 14201 PECAN PARK RD JACKSONVILLE, FL 32218	59-3730271	GOVERNMENT	0.	21,190.	COST	22 BALLISTIC HELMETS, 37 TACTICAL RESPONSE BODY	OPPERATIONAL SUPPORT
JACKSONVILLE FIRE AND RESCUE DEPARTMENT - 515 NORTH JULIA STREET - JACKSONVILLE, FL 32202	59-6000344	GOVERNMENT	0.	27,911.	COST	HURST EXTRICATION EQUIPMENT TO INCLUDE A	OPPERATIONAL SUPPORT
JACKSONVILLE FIRE RESCUE 515 JULIA STREET JACKSONVILLE, FL 32202	59-6000344	GOVERNMENT	0.	22,435.	COST	68 SAWZALLS	OPPERATIONAL SUPPORT

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JAMES ISLAND PUBLIC SERVICE DISTRICT FIRE DEPARTMENT - PO BOX 12140 - CHARLESTON, SC 29412	57-6008076	GOVERNMENT	0.	11,362.	COST	BULLEX DIGITAL FIR EXTINGUISHER TRAINING SYSTEM	OPPERATIONAL SUPPORT
JARRETTSVILLE VOLUNTEER FIRE COMPANY, INC. - P.O. BOX 7 - JARRETTSVILLE, MD 21084	52-6043130	GOVERNMENT	0.	5,640.	COST	RESCUE ANNE QCPR AED MANIKIN WITH ACCESSORIES	OPPERATIONAL SUPPORT
JASPER FIRE PROTECTION DISTRICT 821 E. GRAND AVE. JASPER, MO 64755	81-0736851	GOVERNMENT	0.	14,267.	COST	LUCAS 3.0 CHEST COMPRESSION SYSTEM WITH TWO BATTERIES, POWER	OPPERATIONAL SUPPORT
JOHNS CREEK FIRE DEPARTMENT 10700 ABBOTTS BRIDGE ROAD, STE. 190 JOHNS CREEK, GA 30097	11-3793525	GOVERNMENT	0.	8,610.	COST	42 BALLISTIC HELMETS	OPPERATIONAL SUPPORT
JOHNSON COUNTY FIRE DISTRICT #1 490 NEW CENTURY PKWY NEW CENTURY, KS 66031	48-0965704	GOVERNMENT	0.	10,340.	COST	ONE JOHN DEERE TH 6X4	OPPERATIONAL SUPPORT
JOHNSON COUNTY SHERIFF'S OFFICE 588 E SANTA FE SUITE 2000 OLATHE , KS 66061	48-6034760	GOVERNMENT	0.	12,366.	COST	15 PHILLIPS ON-SITE HEART DEFRIBILLATORS	OPPERATIONAL SUPPORT
KANSAS CITY KANSAS COMMUNITY COLLEGE-FIRE SCIENCE - 6840 STATE AVENUE - KANSAS CITY, KS 66112	48-0697720	GOVERNMENT	0.	23,411.	COST	A VARIETY OF FIREFIGHTING EQUIPMENT TO INCLUDE SIX SETS	OPPERATIONAL SUPPORT
KANSAS CITY KANSAS FIRE DEPARTMENT 815 N 6TH KANSAS CITY, KS 66101	48-1194075	GOVERNMENT	0.	20,733.	COST	BOBCAT 3400XL UTV	OPPERATIONAL SUPPORT
KENTON FIRE DEPARTMENT 225 S MAIN ST KENTON, OH 43326	34-6400734	GOVERNMENT	0.	30,947.	COST	ONE LIFE PAK 15 CARDIAC MONITOR WITH REQUIRED ACCESSORIES	OPPERATIONAL SUPPORT

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KINSTON DEPARTMENT OF FIRE AND RESCUE - 401 E VERNON AVENUE - KINSTON, NC 28502	56-6001259	GOVERNMENT	0.	22,284.	COST	TWO INFLATABLE BOATS, TWO 25 HP PUMP JETS AND ACCESSORIES	OPPERATIONAL SUPPORT
KOUTS VOLUNTEER FIRE DEPARTMENT 108 E. MENTOR STREET KOUTS, IN 46347	35-6027278	GOVERNMENT	0.	8,845.	COST	FOUR AUTOMATIC EXTERNAL DEFIBRILLATORS (AEDS)	OPPERATIONAL SUPPORT
KY 86 FIRE & RESCUE DEPARTMENT 2982 HARDINSBURG RD CECILIA, KY 42724	13-0985638	GOVERNMENT	0.	24,688.	COST	NEW TURNOUT GEAR FOR JUNIOR FIREFIGHTERS	OPPERATIONAL SUPPORT
LA PLATA VOLUNTEER FIRE DEPARTMENT, INC. - PO BOX 728 - LA PLATA, MD 20646	52-0657329	GOVERNMENT	0.	15,215.	COST	BULLSEYE FIRE EXTINGUISHER TRAINER	OPPERATIONAL SUPPORT
LACEY FIRE DISTRICT 3 1231 FRANZ STREET SE LACEY, WA 98503	91-6018477	GOVERNMENT	0.	21,638.	COST	BUNKER GEAR PANTS AND COATS	OPPERATIONAL SUPPORT
LAKE JACKSON FIRE MARSHAL'S OFFICE 10 OAK DRIVE LAKE JACKSON, TX 77566	74-6001556	GOVERNMENT	0.	15,017.	COST	100 SMOKE ALARMS, THREE MSA MULTI PURPOSE GAS	OPPERATIONAL SUPPORT
LAKE WORTH FIRE DEPARTMENT 3805 ADAM GRUBB LAKE WORTH, TX 76135	75-6003803	GOVERNMENT	0.	20,000.	COST	THREE PORTABLE RADIOS WITH ACCESSORIES AND PROGRAMMING	OPPERATIONAL SUPPORT
LARIMER COUNTY SEARCH AND RESCUE 1303 N. SHIELDS ST FORT COLLINS, CO 80524	74-2236513	GOVERNMENT	0.	14,414.	COST	RESCUE LINE LAUNCHER KIT WITH ACCESSORIES,	OPPERATIONAL SUPPORT
LEBANON FIRE DIVISION 20 W. SILVER STREET LEBANON , OH 45036	31-6001058	GOVERNMENT	0.	14,632.	COST	LUCAS 3 CPR DEVICE	OPPERATIONAL SUPPORT

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LEE COUNTY PUBLIC SAFETY 342 LESLIE HWY LEESBURG, GA 31763	58-6000854	GOVERNMENT	0.	13,757.	COST	ONE INFLATABLE BOAT, TRANSPORT TRAILER WITH A CUSTOM FITTED	OPPERATIONAL SUPPORT
LEYDEN FIRE PROTECTION DISTRICT 2600 N MANNHEIM ROAD FRANKLIN PARK, IL 60131	36-2658076	GOVERNMENT	0.	24,000.	COST	SPREADER, CUTTER AND ACCESSORIES	OPPERATIONAL SUPPORT
LIBERTY TOWNSHIP VOLUNTEER FIRE DEPARTMENT - 408 N CR 600 E - SELMA, IN 47383	05-0562629	GOVERNMENT	0.	26,698.	COST	FIVE ALARM AIR COMPRESSOR	OPPERATIONAL SUPPORT
LINCOLN COUNTY SHERIFF'S OFFICE 104 N. SECOND ST. STANFORD, KY 40484	61-6000968	GOVERNMENT	0.	9,245.	COST	9 AEDS	OPPERATIONAL SUPPORT
LITTLE MIAMI FIRE & RESCUE DISTRICT - 5800 WOOSTER PIKE - CINCINNATI, OH 45227	31-1450951	GOVERNMENT	0.	24,039.	COST	HOLMATRO CUTTERS, SPREADERS, RAM, DOU PUMP, AND	OPPERATIONAL SUPPORT
LONE PEAK PUBLIC SAFETY DISTRICT - FIREMEN - 5582 PARKWAY WEST DRIVE - HIGHLAND, UT 84003	87-0551554	GOVERNMENT	0.	24,346.	COST	14 SETS OF TURNOUT GEAR	OPPERATIONAL SUPPORT
LONGMONT EMERGENCY UNIT 663 17TH AVE LONGMONT, CO 80501	84-0536967	GOVERNMENT	0.	23,193.	COST	ROPE RESCUE EQUIPMENT TO INCLUDE HARNESSES, THROW	OPPERATIONAL SUPPORT
LUGOFF FIRE DEPARTMENT 892 HWY SOUTH LUGOFF, SC 29078	57-0564094	GOVERNMENT	0.	8,638.	COST	8 AEDS WITH ADULT & PEDIATRIC PADS	OPPERATIONAL SUPPORT
LYNN HAVEN FIRE & EMERGENCY SERVICES - 1412 PENNSYLVANIA AVENUE - LYNN HAVEN, FL 32444	59-6000364	GOVERNMENT	0.	18,200.	COST	4 TIC	OPPERATIONAL SUPPORT

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LYON COUNTY SHERIFF'S OFFICE 911 HARVEY WAY YERINGTON, NV 89447	88-6000097	GOVERNMENT	0.	16,467.	COST	ONE K9, K9 VEHICLE UP-FITS AND PATROL/NARCOTICS	OPPERATIONAL SUPPORT
MABAS (MUTUAL AID BOX ALARM SYSTEM) DIVISION 1 / HOFFMAN ESTATES FIRE DEPARTMENT - 1150 N. ARLINGTON HEIGHTS ROAD - ARLINGTON	36-3265763	GOVERNMENT	0.	18,718.	COST	1 - BULLEX ATTACK DIGITAL FIRE TRAINING SYSTEM:	OPPERATIONAL SUPPORT
MACCLENNY FIRE RESCUE DEPARTMENT 139 E MACCLENNY AVE MACCLENNY, FL 32063	59-6000365	GOVERNMENT	0.	30,040.	COST	10 SETS OF BUNKER GEAR	OPPERATIONAL SUPPORT
MACON-BIBB COUNTY FIRE DEPARTMENT 700 POPLAR STREET MACON, GA 31201	46-3992371	GOVERNMENT	0.	13,922.	COST	BULLEX DIGITAL FIRE EXTINGUISHER	OPPERATIONAL SUPPORT
MALABAR FIRE DEPARTMENT 1840 MALABAR RD. MALABAR , FL 32950	59-1032996	GOVERNMENT	0.	30,595.	COST	SPREADER, CUTTER, RAM AND ACCESSORIES	OPPERATIONAL SUPPORT
MARBURY VOLUNTEER FIRE DEPARTMENT 2774 HIGHWAY 143 DEATSVILLE DEATSVILLE, AL 36022	58-2365102	GOVERNMENT	0.	24,900.	COST	TEN SETS OF PERSONAL PROTECTIVE EQUIPMENT (PPE)	OPPERATIONAL SUPPORT
MARYLAND HEIGHTS FIRE PROTECTION DISTRICT - 2600 SCHUETZ ROAD - MARYLAND HEIGHTS, MO 63043	43-0747092	GOVERNMENT	0.	6,900.	COST	SIX AEDS (AUTOMATIC EXTERNAL DEFIBRILLATORS)	OPPERATIONAL SUPPORT
MAYER FIRE DISTRICT 11975 S. STATE ROUTE 69 MAYER, AZ 86333	52-1558039	GOVERNMENT	0.	13,233.	COST	FOUR COMPLETE SETS OF BUNKER GEAR	OPPERATIONAL SUPPORT
MEADOWS SCHOOL 25577 N FEDALA RD VALENCIA, CA 91355	95-6002188	GOVERNMENT	0.	7,037.	COST	SAFETY/EMERGENCY SUPPLIES FOR THE STUDENTS AND STAFF IN CASE OF	OPPERATIONAL SUPPORT

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MECHANICSVILLE FIRE & AMBULANCE 104 E 4TH ST MECHANICSVILLE, IA 52306	42-6004958	GOVERNMENT	0.	27,925.	COST	ZOLL X SERIES MANUAL MONITOR/ DEFIBRILLATOR WITH ACCESSORIES	OPPERATIONAL SUPPORT
MECHANICSVILLE VOLUNTEER FIRE DEPARTMENT - 28165 HILLS CLUB ROAD - MECHANICSVILLE, MD 20659	52-6057298	GOVERNMENT	0.	7,329.	COST	ROPE RESCUE $6906.27 FOR MULTIPLE ITEMS TO HELP COMPLETE	OPPERATIONAL SUPPORT
MELBOURNE FIRE DEPARTMENT 900 EAST STRAWBRIDGE AVENUE MELBOURNE, FL 32901	59-6000371	GOVERNMENT	0.	22,407.	COST	270 PARTICULATE FILTERING FIREFIGHTING HOODS	OPPERATIONAL SUPPORT
MELBOURNE POLICE DEPARTMENT 900 EAST STRAWBRIDGE AVENUE MELBOURNE, FL 32901	59-6000371	GOVERNMENT	0.	16,987.	COST	16 AUTOMATED EXTERNAL DEFIBRILLATORS	OPPERATIONAL SUPPORT
MENOMONEE FALLS FIRE DEPARTMENT W140 N7501 LILLY ROAD MENOMONEE FALLS , WI 53051	39-6006317	GOVERNMENT	0.	15,239.	COST	LUCAS 3 CHEST COMPRESSION SYSTEM	OPPERATIONAL SUPPORT
MESA POLICE DEPARTMENT 130 N ROBSON MESA , AZ 85212	86-6000252	GOVERNMENT	0.	23,904.	COST	54 PARACLETE SPEED PLATE PLUS, 27 PLATE CARRIES	OPPERATIONAL SUPPORT
MILWAUKEE POLICE DEPARTMENT 749 W. STATE ST. MILWAUKEE, WI 53233	39-6005532	GOVERNMENT	0.	13,981.	COST	BODY ARMOR, HELMETS & SPECIALIZED KITS	OPPERATIONAL SUPPORT
MITFORD VOLUNTEER FIRE DEPARTMENT PO BOX 435 GREAT FALLS , SC 29055	57-1120680	GOVERNMENT	0.	21,875.	COST	VEHICLE EXTRICATION TOOLS INCLUDING A CUTTER AND	OPPERATIONAL SUPPORT
MOHAWK VALLEY RURAL FIRE DISTRICT 92068 MARCOLA ROAD MARCOLA, OR 97454	93-6122878	GOVERNMENT	0.	18,033.	COST	SPREADER, CUTTER AND ACCESSORIES	OPPERATIONAL SUPPORT

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MONTGOMERY COUNTY FIRE AND RESCUE SERVICE - 100 EDISON PARK DR. 2ND FL. - GAITHERSBURG, MD 20878	52-6000980	GOVERNMENT	0.	16,242.	COST	LUCAS CHECT COMPRESSION DEVICE	OPPERATIONAL SUPPORT
MOON RUN VOLUNTEER FIRE COMPANY 5624 STEUBENVILLE PIKE MCKEES ROCKS, PA 15136	25-0943989	GOVERNMENT	0.	12,803.	COST	HONDA GAS POWER UNIT, SEVEN 3000 SERIES HANDLE CONVERSION, A	OPPERATIONAL SUPPORT
MOUND FIRE DEPARTMENT 2415 WILSHIRE BLVD MOUND, MN 55364	41-6005396	GOVERNMENT	0.	14,220.	COST	ONE AUTOPULSE SYSTEM PLUS REQUIRED ACCESSORIES	OPPERATIONAL SUPPORT
MOUNT OLIVE FIRE AND RESCUE DISTRICT - 3235 MOUNT OLIVE RD. - MOUNT OLIVE, AL 35117	63-0842386	GOVERNMENT	0.	12,455.	COST	FELD FIRE CUSTOM SKID UNIT	OPPERATIONAL SUPPORT
MOUNT PLEASANT POLICE DEPARTMENT 8811 CAMPUS DRIVE MOUNT PLEASANT, WI 53406	39-6006022	GOVERNMENT	0.	20,729.	COST	ONE SMART SPEED DISPLAY AND TRAFFIC DATA COMPUTER WITH A	OPPERATIONAL SUPPORT
MT. PLEASANT FIRE DEPARTMENT PO BOX 426 MOUNT PLEASANT, TN 38474	62-6000371	GOVERNMENT	0.	15,431.	COST	EXTRICATION TOOLS	OPPERATIONAL SUPPORT
NASSAU COUNTY FIRE RESCUE 96160 NASSAU PLACE YULEE, FL 32097	85-8012559	GOVERNMENT	0.	31,183.	COST	BOAT, MARINE RESCUE ITEMS, 58 WEST MARINE ITEMS	OPPERATIONAL SUPPORT
NATIONAL FRATERNAL ORDER OF POLICE FOUNDATION - 700 MARRIOTT DRIVE - NASHVILLE, TN 37201	52-1606785	PUBLIC CHARITY	0.	249,850.	COST	AEDS	OPPERATIONAL SUPPORT
NEW MARKET VOLUNTEER FIRE DEPARTMENT - 934 W. OLD A.J. HWY - NEW MARKET, TN 37820	58-1681963	GOVERNMENT	0.	21,958.	COST	EXTRICATION COMBI-TOOL, HYDRAULIC SINGLE CORE PUMP GAS,	OPPERATIONAL SUPPORT

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NOBLE FIRE DEPARTMENT 117 N. 2ND NOBLE, OK 73068	73-6070690	GOVERNMENT	0.	24,045.	COST	A POLARIS RANGER 6X6 UTV, 3500 LBS. UTV WINCH, KIMTEK FIRELITE	OPPERATIONAL SUPPORT
NORTH LAS VEGAS FIRE DEPARTMENT 4040 LOSEE ROAD NORTH LAS VEGAS, NV 89030	88-6000200	GOVERNMENT	0.	24,975.	COST	222 SINGLE-USE AUTOPULSE LIFEBANDS	OPPERATIONAL SUPPORT
NORTH LAWRENCE VOLUNTEER FIRE DEPARTMENT - 4052 ALABAMA AVE NW - NORTH LAWRENCE, OH 44666	34-1255199	GOVERNMENT	0.	19,446.	COST	14 SCOTT SIGHT THERMAL IMAGING MASKS	OPPERATIONAL SUPPORT
NORTH SHELBY FIRE DISTRICT 4617 VALLEYDALE ROAD BIRMINGHAM, AL 35242	63-0751504	GOVERNMENT	0.	22,995.	COST	EXTRICATION TOOLS	OPPERATIONAL SUPPORT
NORTHEAST FLORIDA SAFETY COUNCIL 1725 ART MUSEUM DRIVE JACKSONVILLE, FL 32207	59-0536003	GOVERNMENT	0.	18,631.	COST	SIX PHILIPS HEARTSTART ONSITE AEDS WITH ONE SET OF ADULT	OPPERATIONAL SUPPORT
NORTHERN WARREN FIRE DEPARTMENT 2300 R63 HIGHWAY NORWALK, IA 50211	42-1524753	GOVERNMENT	0.	19,310.	COST	4 DUAL BAND RADIOS	OPPERATIONAL SUPPORT
OREGON POLICE DEPARTMENT 383 PARK STREET OREGON, WI 53575	39-6006336	GOVERNMENT	0.	8,203.	COST	7 AEDS	OPPERATIONAL SUPPORT
ORION TOWNSHIP FIRE DEPARTMENT 2525 JOSLYN RD LAKE ORION, MI 48360	38-6006171	GOVERNMENT	0.	10,572.	COST	FOUR TS700 CUTQUICK W/14' GUARD, FOUR MS461 RESCUE	OPPERATIONAL SUPPORT
ORLAND FIRE PROTECTION DISTRICT 9790 W 151ST ST ORLAND PARK, IL 60462	36-2798043	GOVERNMENT	0.	26,219.	COST	3 MOTOROLA RADIOS W/ ACCOUNTABILITY FEATURE	OPPERATIONAL SUPPORT

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OROVILLE POLICE DEPARTMENT 2055 LINCOLN ST OROVILLE, CA 95966	94-6000387	GOVERNMENT	0.	6,768.	COST	SIX PHILIPS HEARTSTART FRX AEDS	OPPERATIONAL SUPPORT
OSHKOSH FIRE DEPARTMENT 101 COURT ST OSHKOSH, WI 54901	39-6005563	GOVERNMENT	0.	6,683.	COST	41 NRS-RAPID RESCUE TYPE 5 PERSONAL FLOTATION	OPPERATIONAL SUPPORT
OSOLO TOWNSHIP FIRE DEPT. 24936 BUDDY ST. ELKHART, IN 46514	35-1066119	GOVERNMENT	0.	24,654.	COST	12 SETS OF TURNOUT GEAR	OPPERATIONAL SUPPORT
OXFORD FIRE DEPARTMENT 70E. 6TH STREET OXFORD, AL 36203	63-6001337	GOVERNMENT	0.	24,636.	COST	SPREADER PACKAGE W/CHARGER AND 2 BATTERIES, CHAIN SET, MOUNTING	OPPERATIONAL SUPPORT
PACE FIRE RESCUE DISTRICT 4773 PACE PATRIOT BLVD PACE, FL 32571	51-0655402	GOVERNMENT	0.	16,380.	COST	SIX SETS OF TURNOUT GEAR	OPPERATIONAL SUPPORT
PACTOLUS VOLUNTEER FIRE & RESCUE 5858 US 264 E GREENVILLE, NC 27834	56-1401372	GOVERNMENT	0.	21,271.	COST	EXTRICATION EQUIPMENT	OPPERATIONAL SUPPORT
PALM BEACH STATE COLLEGE FOUNDATION - 4200 CONGRESS AVE. MS #20 - LAKE WORTH, FL 33461	59-1818556	PUBLIC CHARITY	0.	15,000.	COST	FIREFIGHTING EQUIPMENT TO INCLUDE SECTIONS OF FIRE HOSE,	OPPERATIONAL SUPPORT
PARENT HEART WATCH 2624 WHITMAN DRIVE WILMINGTON, FL 19808	11-3761392	PUBLIC CHARITY	0.	23,305.	COST	20 FULLY AUTOMATIC AEDS PACKAGES WITH ACCESSORIES	OPPERATIONAL SUPPORT
PARKER COUNTY ESD #6 6300 GRANBURY HWY WEATHERFORD, TX 76087	35-2312636	GOVERNMENT	0.	23,748.	COST	ONE NEX-GEN SPREADER, CUTTER, RAM TOOL AND ACCESSORIES	OPPERATIONAL SUPPORT

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PARMA RURAL FIRE PROTECTION DISTRICT - 29200 HWY 95 - PARMA, ID 83660	82-0416769	GOVERNMENT	0.	15,577.	COST	WILDLAND EQUIPMENT INCLUDING A WATER PUMP,	OPPERATIONAL SUPPORT
PELHAM FIRE DEPARTMENT 3162 PELHAM PKWY PELHAM, AL 35124	63-0506218	GOVERNMENT	0.	29,362.	COST	HURST EDRAULICS SPREADER PACKAGE, CUTTER, RAM, CHAIN SET	OPPERATIONAL SUPPORT
PENRYN FIRE PROTECTION DISTRICT P.O. BOX 219 PENRYN, CA 95663	68-0033417	GOVERNMENT	0.	20,621.	COST	HOLMATRO EXTRICATION EQUIPMENT TO INCLUDE A	OPPERATIONAL SUPPORT
PHENIX CITY FIRE RESCUE 1111 BROAD STREET PHENIX CITY, AL 36867	63-6001343	GOVERNMENT	0.	24,224.	COST	1 HOLMATRO POWER UNIT, SPREADER, COMBINATION TOOL, TELESCOPIC	OPPERATIONAL SUPPORT
PIGEON FORGE FIRE DEPARTMENT 3229 RENA STREET PIGEON FORGE, TN 37863	62-0677423	GOVERNMENT	0.	19,200.	COST	TWO ENFORCER 30 FOAM SYSTEMS (COMPRESSED AIR FOAM SYSTEMS)	OPPERATIONAL SUPPORT
PIKE ROAD VOLUNTEER FIRE PROTECTION AUTHORITY - 3427 WALLAHATCHIE RD - PIKE ROAD, AL 36064	63-0767727	GOVERNMENT	0.	23,945.	COST	SPREADER, CUTTER, RAM, HOSES AND ACCESSORIES	OPPERATIONAL SUPPORT
PIKESVILLE VOLUNTEER FIRE DEPARTMENT - 40 EAST SUDBROOK LANE - PIKESVILLE, MD 21202	52-0731927	GOVERNMENT	0.	24,659.	COST	RES-Q-JACK ALUMINUM DELUXE CAR KITS, STRUTS, ADD-ON	OPPERATIONAL SUPPORT
PINE TERRACE FIRE DEPARTMENT 1292 ALAMAC ROAD LUMBERTON, NC 28358	56-1961402	GOVERNMENT	0.	6,364.	COST	WE ARE REQUESTING ASSISTANCE WITH THE PURCHASE OF	OPPERATIONAL SUPPORT
PINELLAS PARK FIRE DEPARTMENT 5141 78 AVENUE, NORTH, PINELLAS PARK, FL 33781 - CLEARWATER, FL 33762	59-6000409	GOVERNMENT	0.	15,926.	COST	FIFTEEN DEFIBRILLATORS WITH ACCESSORIES AND ONE SET OF	OPPERATIONAL SUPPORT

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PITTSBURG FIRE DEPARTMENT 514 S GREER BLVD PITTSBURG, TX 75686	00-0000000	GOVERNMENT	0.	13,346.	COST	COMPUTER SYSTEM USED TO TEXT PAGE CALLS TO OUR VOLUNTEERS,	OPPERATIONAL SUPPORT
PLANO FIRE-RESCUE 1901 K AVENUE PLANO, TX 75074	75-6000640	GOVERNMENT	0.	32,305.	COST	3/4 TON LONG BEDCREW CAB TRUCK	OPPERATIONAL SUPPORT
PLANT CITY POLICE DEPARTMENT P.O. BOX 4709 PLANT CITY, FL 33563	59-6000410	GOVERNMENT	0.	5,440.	COST	24 POWERHEART AED G3 BATTERIES	OPPERATIONAL SUPPORT
PLEASANT GROVE FIRE DEPARTMENT 92 EAST 100 SOUTH PLEASANT GROVE, UT 84062	87-6000264	GOVERNMENT	0.	15,329.	COST	LUCAS 3.0 CHEST COMPRESSION SYSTEM	OPPERATIONAL SUPPORT
PLEASANT PLAINS FIRE PROTECTION DISTRICT - PO BOX 290 - PLEASANT PLAINS, IL 62677	37-1092073	GOVERNMENT	0.	24,318.	COST	14 SETS OF FIREFIGHTER BUNKER GEAR (COATS AND	OPPERATIONAL SUPPORT
POLK COUNTY EMS 340 HOSPITAL DRIVE COLUMBUS, NC 28722	56-6000333	GOVERNMENT	0.	8,992.	COST	2017 YAMAHA SX 4X4 XC MULE	OPPERATIONAL SUPPORT
PORT NECHES FIRE DEPARTMENT 606 MAGNOLIA AVE PORT NECHES, TX 77651	74-6001929	GOVERNMENT	0.	6,990.	COST	FIVE AIR MONITORS WITH CALIBRATION CAPABILITY	OPPERATIONAL SUPPORT
PORTAGE FIRE DEPARTMENT 6070 CENTRAL AVENUE PORTAGE, IN 46368	35-6006948	GOVERNMENT	0.	9,350.	COST	ONE AMKUS COMBI - RESCUE TOOL	OPPERATIONAL SUPPORT
POTTERS HILL VOLUNTEER FIRE DEPARTMENT - 1307 NORTH NC 41 HIGHWAY - PINK HILL , NC 28572	56-1413236	GOVERNMENT	0.	7,811.	COST	ONE SET OF HURST BRAND RESCUE/STABILIZATION JACKS 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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PRAIRIEVILLE VOLUNTEER FIRE DEPARTMENT - 14517 LA 73 - PRAIRIEVILLE , LA 70769	72-0989429	GOVERNMENT	0.	26,670.	COST	THREE THERMAL IMAGERS AND ACCESSORIES, UPGRADE TO	OPPERATIONAL SUPPORT
PUBLIC FIRE EDUCATION / COLUMBIA FIRE DEPARTMENT - 1800 LAUREL ST. - COLUMBIA, SC 29201	57-6024967	PUBLIC CHARITY	0.	7,885.	COST	300 SEALED LITHIUM BATTERY SMOKE ALARMS AND 200 BATTERY	OPPERATIONAL SUPPORT
PUERTO RICO DISASTER RELIEF - AMERICAN RED CROSS N. FLORIDA DIVISION - 751 RIVERSIDE AVENUE - JACKSONVILLE, FL 96612	53-0196605	PUBLIC CHARITY	0.	34,537.	COST	BEANS AND RICE FOR DISASTER RELIEF EFFORTS IN PUERTO RICO	OPPERATIONAL SUPPORT
PURDY FIRE PROTECTION DISTRICT PO BOX 51 PURDY, AL 65734	26-0879194	GOVERNMENT	0.	20,102.	COST	EMERGENCY RESPONSE BOAT & 8 SETS OF EMERGENCY WATER	OPPERATIONAL SUPPORT
RAMSEY POLICE DEPARTMENT 401 S SUPERIOR STREET RAMSEY, IL 62080	37-6000790	GOVERNMENT	0.	29,390.	COST	RADIO REPEATER AND ACCESSORIES	OPPERATIONAL SUPPORT
RANDOLPH TOWNSHIP FIRE PROTECTION DISTRICT - 103 SOUTH BUCHANAN - HEYWOTH, IL 61745	90-0127970	GOVERNMENT	0.	9,524.	COST	TIC	OPPERATIONAL SUPPORT
RED FEATHER LAKES FIRE PROTECTION DISTRICT - 44 FIREHOUSE LANE - RED FEATHER LAKES, CO 80545	84-6146000	GOVERNMENT	0.	10,085.	COST	THREE THERMAL IMAGING CAMERAS, THREE WEIGHT VESTS AND FOUR	OPPERATIONAL SUPPORT
RICHMOND FIRE DEPARTMENT 200 HOUSTON STREET RICHMOND, TX 77469	27-3037856	GOVERNMENT	0.	25,915.	COST	ONE 1660 CONNECTOR BOAT WITH A TRAILER, COMMAND CONSOLE,	OPPERATIONAL SUPPORT
RIDGEFIELD VOLUNTEER FIRE DEPARTMENT - 515 CHURCH STREET - RIDGEFIELD, NJ 07657	22-6002247	GOVERNMENT	0.	15,629.	COST	SIX NEW SETS OF GOLD LIGHT WEIGHT TURNOUT GEAR (COATS AND	OPPERATIONAL SUPPORT

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RIO ARRIBA COUNTY FIRE MARSHAL OFFICE - 1122 INDUSTRIAL PK RD. - ESPANOLA, NM 87532	01-5074110	GOVERNMENT	0.	24,457.	COST	ONE POLARIS RANGER WITH LIGHT AND SIREN AND GRAPHICS	OPPERATIONAL SUPPORT
RIVERSIDE COMMUNITY COLLEGE DISTRICT POLICE - 4800 MAGNOLIA AVE. - RIVERSIDE, CA 92506	33-0831357	GOVERNMENT	0.	6,061.	COST	45 RIP AWAY EMERGENCY PERSONAL INJURY KITS	OPPERATIONAL SUPPORT
RIVERSIDE FIRE DEPARTMENT 2990 NW VIVION RD RIVERSIDE, MO 64150	44-6005867	GOVERNMENT	0.	22,700.	COST	EIGHT SETS OF PERSONAL PROTECTIVE EQUIPMENT	OPPERATIONAL SUPPORT
RIVERVIEW FIRE DEPARTMENT 14100 CIVIC PARK DR RIVERVIEW, MI 48183	38-6007246	GOVERNMENT	0.	26,864.	COST	CUTTER, SPREADER, RAM AND ACCESSORIES	OPPERATIONAL SUPPORT
RODEO-HERCULES FIRE PROT. DISTRICT 1680 REFUGIO VALLEY ROAD HERCULES, CA 94547	68-0006334	GOVERNMENT	0.	20,704.	COST	WASHER AND DRYER FOR BUNKER GEAR	OPPERATIONAL SUPPORT
ROSENBERG FIRE DEPARTMENT 4336 HWY 36 SOUTH ROSENBERG, TX 77471	74-6002014	GOVERNMENT	0.	24,757.	COST	POLARIS RANGER AND EMS FIREFIGHTING SKID	OPPERATIONAL SUPPORT
ROY CITY FIRE AND RESCUE 5051 S. 1900 W. ROY, UT 84067	87-6000274	GOVERNMENT	0.	13,568.	COST	ONE LUCAS 3.0 CHEST COMPRESSION SYSTEM WITH	OPPERATIONAL SUPPORT
SACRAMENTO COUNTY SHERIFF'S DEPARTMENT - 700 NORTH 5TH STREET - SACRAMENTO, CA 95811	94-6000529	GOVERNMENT	0.	11,264.	COST	36 TORSO PLATES (VESTS)	OPPERATIONAL SUPPORT
SACRED HEART CATHOLIC SCHOOL 5752 BLANDING BLVD JACKSONVILLE, FL 32244	59-6045078	GOVERNMENT	0.	6,304.	COST	4 PHILLIPS HEART START ON SITE AED SCHOOL AND COMMUNITY VALUE	OPPERATIONAL SUPPORT

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SAGINAW CHIPPEWA INDIAN TRIBE OF MICHIGAN FIRE DEPARTMENT - 6954 E. BROADWAY - MOUNT PLEASANT, MI 48858	38-6178758	GOVERNMENT	0.	10,350.	COST	SIX LIFEPAK 1000 AEDS	OPPERATIONAL SUPPORT
SAMPSON COUNTY SCHOOLS 437 ROWAN RD CLINTON, NC 28328	56-6001109	GOVERNMENT	0.	15,191.	COST	8 AUTOMATED EXTERNAL DEFIBRILLATORS	OPPERATIONAL SUPPORT
SANDBRIDGE RESCUE & FIRE, INC., AKA SANDBRIDGE VOLUNTEER RESCUE SQUAD (SBVRS) - 305 SANDBRIDGE ROAD - VIRGINIA BEACH, VA 23456	54-1896433	GOVERNMENT	0.	13,938.	COST	ONE LUCAS 3.0 CHEST COMPRESSION SYSTEM WITH	OPPERATIONAL SUPPORT
SANDY CITY FIRE DEPARTMENT 9010 SOUTH 150 EAST SANDY , UT 84070	87-6000280	GOVERNMENT	0.	23,850.	COST	MSA G1 INTEGRATED THERMAL IMAGING CAMERAS	OPPERATIONAL SUPPORT
SANFORD FIRE DEPARTMENT 972 MAIN STREET SANFORD, ME 04073	01-6000355	GOVERNMENT	0.	26,698.	COST	POLARIS 6X6 RANGER UTV WITH ACCESSORIES, KIMTECK FIRELITE	OPPERATIONAL SUPPORT
SCHOOL BOARD OF SEMINOLE COUNTY 400 EAST LAKE MARY BLVD. SANFORD , FL 32773	59-6000855	GOVERNMENT	0.	21,328.	COST	60 SCHOOL RESPONSE BAGS (ACTIVE SHOOTER TRAUMA RESPONSE	OPPERATIONAL SUPPORT
SCIOTO TOWNSHIP FIRE DEPARTMENT 3737 OSTRANDER ROAD OSTRANDER, OH 43061	31-6400950	GOVERNMENT	0.	12,127.	COST	A KUBOTA OFF ROAD UTILITY VEHICLE	OPPERATIONAL SUPPORT
SCOTT FIRE DEPARTMENT PO BOX 306 SCOTT, LA 70583	72-0960268	GOVERNMENT	0.	10,852.	COST	TIC	OPPERATIONAL SUPPORT
SCRIBNER VOLUNTEER FIRE DEPARTMENT PO BOX D SCRIB, NE 68057	47-6006352	GOVERNMENT	0.	18,078.	COST	ONE EXMARK UTV WITH ACCESSORIES INCLUDING EMERGENCY LIGHT	OPPERATIONAL SUPPORT

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SHARPSBURG VOLUNTEER FIRE DEPARTMENT - 108 WABASH BOX 129 - SHARPSBURG , IA 50862	46-5014000	GOVERNMENT	0.	21,086.	COST	EIGHT SETS OF BUNKER GEAR TO INCLUDE HELMETS, BOOTS, PANTS,	OPPERATIONAL SUPPORT
SHELBY TOWNSHIP FIRE DEPT 6345 23 MILE RD SHELBY TOWNSHIP, MI 48316	38-6025448	GOVERNMENT	0.	17,716.	COST	ULTIMATE BULLSEYE TRAINER'S PACKAGE	OPPERATIONAL SUPPORT
SIMMS VOLUNTEER FIRE DEPARTMENT P.O. BOX 87 SIMMS , TX 75574	30-0028364	GOVERNMENT	0.	10,725.	COST	A HONDA SIDE BY SIDE PIONEER 700 (UTV)	OPPERATIONAL SUPPORT
SKAGIT COUNTY FIRE DISTRICT 14 18726 PARKVIEW LANE BURLINGTON, WA 98233	91-1416183	GOVERNMENT	0.	23,416.	COST	ONE BATTERY POWERED SPREADER AND ONE BATTERY POWERED CUTTER	OPPERATIONAL SUPPORT
SKANEATELES VOLUNTEER FIRE DEPARTMENT - 77 WEST GENESEE STREET - SKANEATELES, NY 13152	16-1444278	GOVERNMENT	0.	14,319.	COST	2017 SEA-DOO GTX 300 LMTD WATERCRAFT	OPPERATIONAL SUPPORT
SODDY-DAISY FIRE DEPARTMENT 9835 DAYTON PIKE SODDY-DAISY, TN 37379	62-0809654	GOVERNMENT	0.	20,661.	COST	HURST EDRAULIC VEHICLE EXTRICATION EQUIPMENTINCLUDI	OPPERATIONAL SUPPORT
SOLDIER TOWNSHIP FIRE DEPARTMENT 600 NW 46TH ST TOPEKA, KS 66617	48-6030042	GOVERNMENT	0.	27,850.	COST	EXTRICATION TOOLS	OPPERATIONAL SUPPORT
SOLOMONS VOLUNTEER RESCUE SQUAD AND FIRE - 13150 HG TRUEMAN ROAD - SOLOMONS, MD 20688	52-6074375	GOVERNMENT	0.	33,342.	COST	TWO LUCAS CPR DEVICES	OPPERATIONAL SUPPORT
SOLON FIRE DEPARTMENT 2305 NINETEEN MILE ROAD N.E. CEDAR SPRINGS, MI 49319	38-2080040	GOVERNMENT	0.	14,152.	COST	AUTOMATED CHEST COMPRESSION DEVICE	OPPERATIONAL SUPPORT

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SOUTH BAY FIRE DEPARTMENT 2315 BAYVIEW HEIGHTS DRIVE LOS OSOS, CA 93402	77-0504518	GOVERNMENT	0.	34,763.	COST	HYDRAULIC RESCUE TOOLS	OPPERATIONAL SUPPORT
SPALDING COUNTY SHERIFF'S OFFICE 401 JUSTICE BOULEVARD GRIFFIN, GA 30224	35-2148814	GOVERNMENT	0.	16,255.	COST	DUAL PURPOSE NARCOTIC DETECTING K-9	OPPERATIONAL SUPPORT
SPENCER COUNTY FIRE PROTECTION DISTRICT - PO BOX 491 - TAYLORSVILLE, KY 40071	61-1255793	GOVERNMENT	0.	14,218.	COST	SIX FULL SETS OF FIREFIGHTER PERSONAL PROTECTIVE	OPPERATIONAL SUPPORT
SPOTSYLVANIA COUNTY FIRE, RESCUE AND EMERGENCY MANAGEMENT - P.O. BOX 818 - SPOTSYLVANIA, VA 22553	54-6001622	GOVERNMENT	0.	10,553.	COST	BULLEX BULLSEYE PACKAGE AND TRANSPORT CASE	OPPERATIONAL SUPPORT
SPRINGFIELD FIRE DEPARTMENT 200 MOUNTAIN AVENUE SPRINGFIELD, NJ 07081	22-6002322	GOVERNMENT	0.	10,457.	COST	ONE HURST EDRAULIC COMBI TOOL PACKAGE W/ 2 EXL BATTERIES	OPPERATIONAL SUPPORT
SPRINGFIELD-GREENE COUNTY LIBRARY DISTRICT - 4653 S. CAMPBELL AVE. - SPRINGFIELD, MO 65810	05-0534215	GOVERNMENT	0.	14,814.	COST	12 AEDS WITH ACCESSORIES, PADS, MEDICAL PRESCRIPTIONS,	OPPERATIONAL SUPPORT
ST. CLOUD POLICE DEPARTMENT 101 11TH AVENUE NORTH SAINT CLOUD, MN 56303	41-6005515	GOVERNMENT	0.	20,004.	COST	25 ARMOR EXPRESS AECX30; 25 RIOT HELMETS; 25 AVON C50 GAS MASKS	OPPERATIONAL SUPPORT
ST. JOHNS COUNTY FIRE RESCUE 3657 GAINES ROAD ST. AUGUSTINE, FL 32084	59-6000825	GOVERNMENT	0.	22,444.	COST	ONE 2017 POLARIS RANGER 1000 XP, ONE MEDLIGHT TRANSPORT SKID	OPPERATIONAL SUPPORT
ST. MATTHEW'S CATHOLIC SCHOOL 1773-0010 BLANDING BOULEVARD JACKSONVILLE, FL 32210	85-8012646	GOVERNMENT	0.	6,287.	COST	THREE AEDS AND ACCESSORIES, ONE AED TRAINER	OPPERATIONAL SUPPORT

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ST. TAMMANY FIRE DISTRICT 3 27690 MAIN STREET LACOMBE, LA 70445	72-1109950	GOVERNMENT	0.	15,111.	COST	LUCAS 2 CPR DEVICE	OPPERATIONAL SUPPORT
STARKE FIRE RESCUE 105 E. JACKSON ST STARKE, FL 32091	59-6000432	GOVERNMENT	0.	22,216.	COST	A K12 WITH BLADE, THREE FLASHLIGHTS, A NON-SPARKING	OPPERATIONAL SUPPORT
STORY CITY FIRE DEPARTMENT 504 BROAD ST STORY CITY, IA 50248	42-6005262	GOVERNMENT	0.	30,940.	COST	EXTRICATION EQUIPMENT INCLUDING SPREADER,	OPPERATIONAL SUPPORT
SUGARCREEK TOWNSHIP FIRE DEPARTMENT - 4398 CLYO ROAD - DAYTON, OH 45459	31-6000605	GOVERNMENT	0.	26,296.	COST	2 LUCAS CHEST COMPRESSION SYSTEMS	OPPERATIONAL SUPPORT
SUN CITY FIRE DISTRICT 18602 N. 99TH AVENUE SUN CITY, AZ 85373	86-0409619	GOVERNMENT	0.	16,251.	COST	BULLSEYE TRAINER'S PACKAGE - DIGITAL FIRE	OPPERATIONAL SUPPORT
SUN PRAIRIE FIRE DEPARTMENT 135 N BRISTOL ST SUN PRAIRIE, WI 53590	30-0118715	PUBLIC CHARITY	0.	9,875.	COST	CUTTER AND ACCESSORIES	OPPERATIONAL SUPPORT
SUNRISE FIRE RESCUE 10440 WEST OAKLAND PARK BLVD SUNRISE, FL 33351	59-0944587	GOVERNMENT	0.	10,600.	COST	FIRELITE TRANSPORT DELUXE SKID UNIT FDHP-303-200/	OPPERATIONAL SUPPORT
SUNRIVER SERVICE DISTRICT PO BOX 2108 SUNIRIVER, OR 97707	46-0491393	GOVERNMENT	0.	5,861.	COST	TWO-STEARNS I-595 COLD WATER IMMERSION SUITS, TWO-LINE TENDER	OPPERATIONAL SUPPORT
SUPERIOR FIRE DEPARTMENT 236 GOLFCOURSE ROAD SUPERIOR, AZ 85173	86-0326655	GOVERNMENT	0.	12,299.	COST	HOSES AND ACCESSORIES INCLUDING THREE NOZZLE	OPPERATIONAL SUPPORT

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SURFSIDE BEACH FIRE DEPARTMENT 115 HIGHWAY 17 NORTH SURFSIDE BEACH, SC 29575	57-0445175	GOVERNMENT	0.	8,049.	COST	45 PAGERS	OPPERATIONAL SUPPORT
SUTTONTOWN EMS INC. 5680 SUTTONTOWN ROAD FAISON, N.C. 28341 - NEWTON GROVE, NC 28366	58-1341801	GOVERNMENT	0.	8,199.	COST	INTUBRITE VIDEO LARYNGOSCOPE AND TEN MOTOROLA EMS PAGERS WITH	OPPERATIONAL SUPPORT
TALBOT COUNTY EMA/FIRE/E911 74 W MONROE ST TALBOTTON, GA 31827	59-0966687	GOVERNMENT	0.	26,000.	COST	20 AUTOMATED EXTERNAL DEFIBRILLATORS	OPPERATIONAL SUPPORT
TAMPA FIRE RESCUE STATION 13 808 E ZACK STREET TAMPA , FL 33602	59-1101138	GOVERNMENT	0.	27,325.	COST	EXTRICATION TOOLS	OPPERATIONAL SUPPORT
TANGIPAHOA FIRE DIST. 2 206 EAST MULBERRY STREET AMITE, LA 70422	47-2329999	GOVERNMENT	0.	42,020.	COST	2 INFLATABLE 14' RESCUE BOATS, VESTS, THROW BAGS, WHISTLES,	OPPERATIONAL SUPPORT
TATTNALL COUNTY SCHOOL SYSTEM 47 BRAZELL STREET REIDSVILLE, GA 30453	58-6000324	GOVERNMENT	0.	8,856.	COST	ELECTRODES, ELECTRODE PADS, BATTERIES AND A BASIC REFRESH	OPPERATIONAL SUPPORT
THORNTON FIRE DEPARTMENT 9500 CIVIC CENTER DRIVE THORNTON, CO 80229	84-6009903	GOVERNMENT	0.	14,220.	COST	ONE AUTO-PULSE SYSTEM PACKAGE	OPPERATIONAL SUPPORT
TIFFIN FIRE/RESCUE DIVISION 53 S. MONROE ST. TIFFIN, OH 44883	34-6401405	GOVERNMENT	0.	14,243.	COST	BULLEX DIGITAL FIR EXTINGUISHER TRAINING SYSTEM	OPPERATIONAL SUPPORT
TIFT REGIONAL MEDICAL CENTER FOUNDATION - 2406 NORTH TIFT AVENUE, SUITE 203 - TIFTON, GA 31794	58-1705285	PUBLIC CHARITY	0.	19,533.	COST	17 CARDIAC SCIENCE POWERHEART G3 AUTOMATIC	OPPERATIONAL SUPPORT

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TIPPECANOE FIRE DEPARTMENT 18331 SR 331 TIPPECANOE, IN 46570	35-1585376	GOVERNMENT	0.	21,851.	COST	ONE POLARIS RANGER 1000 3 PASSENGER SIDE BY SIDE WITH OFF	OPPERATIONAL SUPPORT
TOLAR VOLUNTEER FIRE DEPARTMENT PO BOX 234 TOLAR, TX 76476	30-1139062	GOVERNMENT	0.	28,788.	COST	LIFEPAK 15 CARDIAC MONITOR	OPPERATIONAL SUPPORT
TONOPAH VALLEY FIRE DISTRICT 36511 W SALOME HWY TONOPAH, AZ 85354	86-1001461	GOVERNMENT	0.	14,984.	COST	WASHER EXTRACTOR AND DRYER FOR TURNOUT GEAR	OPPERATIONAL SUPPORT
TOWN OF BYHALIA P.O. BOX 412 BYHALIA, MS 38611	64-0537299	GOVERNMENT	0.	28,725.	COST	HURST EXTRICATION EQUIPMENT TO INCLUDE A	OPPERATIONAL SUPPORT
TOWN OF DUMFRIES POLICE DEPT. 17755 MAIN STREET DUMFRIES, VA 22026	54-0836453	GOVERNMENT	0.	8,263.	COST	14 FIRST AID KITS, TWO AEDS, 14 TRAUMA KITS, TWO BREACHING	OPPERATIONAL SUPPORT
TOWN OF SHEBOYGAN FALLS FIRE DEPARTMENT - N5480 COUNTY ROAD TT - SHEBOYGAN FALLS , WI 53085	52-1619603	GOVERNMENT	0.	16,919.	COST	RESCUE EQUIPMENT AND ONE THERMAL IMAGING CAMERA WITH	OPPERATIONAL SUPPORT
TOWN OF SUMMERVILLE 200 S. MAIN STREET SUMMERVILLE, SC 29483	57-6001110	GOVERNMENT	0.	27,308.	COST	ONE SET OF VEHICLE EXTRICATION TOOLS TO INCLUDE	OPPERATIONAL SUPPORT
TRAVIS COUNTY EMERGENCY SERVICES DISTRICT NO. 2 / PFLUGERVILLE FIRE DEPARTMENT - 203 E PECAN ST - PFLUGERVILLE, TX 78660	74-2644883	GOVERNMENT	0.	13,596.	COST	400 COMBINATION SMOKE AND CARBON MONOXIDE ALARMS	OPPERATIONAL SUPPORT
TRI-LAKES MONUMENT FIRE PROTECTION DISTRICT - 15455 GLENEAGLE DR - COLO SPRINGS, CO 80921	98-0475100	GOVERNMENT	0.	20,596.	COST	10 SETS OF PERSONAL PROTECTIVE EQUIPMENT (COAT	OPPERATIONAL SUPPORT

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TROY FIRE DEPARTMENT 200 S GEORGE WALLACE DR TROY, AL 36081	63-6001377	GOVERNMENT	0.	22,405.	COST	A POLARIS RANGER 900 EPS, FIRELITE COMPACT WILDFIRE SKID	OPPERATIONAL SUPPORT
TRUSSVILLE FIRE AND RESCUE 421 CHEROKEE DRIVE TRUSSVILLE, AL 35173	63-6001378	GOVERNMENT	0.	35,340.	COST	THREE HURST EDRAULIC EXTRICATION COMBI PACKAGES,	OPPERATIONAL SUPPORT
TUSCALOOSA COUNTY SHERIFF'S OFFICE 714 1/2 GREENSBORO AVE TUSCALOOSA, AL 35401	63-6001719	GOVERNMENT	0.	24,069.	COST	EXTRICATION EQUIPMENT	OPPERATIONAL SUPPORT
UNION FIRE DEPARTMENT 118 N MAIN ST UNION, OH 45322	31-6010161	GOVERNMENT	0.	24,114.	COST	ONE LIFEPAK 15 DEFIBRILLATOR WITH ETCO2 AND CO MONITORING	OPPERATIONAL SUPPORT
UNITED HOSPITAL DISTRICT AMBULANCE 515 S. MOORE ST. BLUE EARTH , MN 56013	45-4165628	GOVERNMENT	0.	25,594.	COST	25 SETS OF EXTRICATION COATS, PANTS AND SUSPENDERS, 25	OPPERATIONAL SUPPORT
UTAH COUNTY MOUNTED POSSE 256 W 3200 N SPANISH FORK, UT 84660	84-1404583	GOVERNMENT	0.	14,135.	COST	18 RADIOS AND 18 REMOTE SPEAKER MICROPHONES	OPPERATIONAL SUPPORT
UTICA FIRE DEPARTMENT 7550 AUBURN RD UTICA, MI 48317	38-6004597	GOVERNMENT	0.	26,864.	COST	EXTRICATION TOOLS	OPPERATIONAL SUPPORT
VFW VETERANS VILLAGE 13005 NE 135TH STREET FT. MCCOY, FL 32134	21-1111111	PUBLIC CHARITY	0.	11,350.	COST	1 CLUB CAR PRECEDENT - 6 PASSENGER	OPPERATIONAL SUPPORT
VILLA PARK FIRE DEPARTMENT 20 S. ARDMORE AVE VILLA PARK , IL 60481	36-6006132	GOVERNMENT	0.	11,609.	COST	FOUR MCGRATH VIDEO LARYNGOSCOPES AND ACCESSORIES	OPPERATIONAL SUPPORT

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VILLAGE OF NORTH RANDALL FIRE DEPARTMENT - 21937 MILES ROAD - NORTH RANDALL, OH 44128	34-6002051	GOVERNMENT	0.	21,128.	COST	EXTRICATION EQUIPMENT TO INCLUDE A GENESIS	OPPERATIONAL SUPPORT
WAKULLA COUNTY FIRE RESCUE 338 TRICE LANE CRAWFORDVILLE, FL 32327	59-6031875	GOVERNMENT	0.	24,512.	COST	A KAWASAKI MULE UTV WITH PLASTIC ROOF, MEDLITE TRANSPORT DELUXE	OPPERATIONAL SUPPORT
WALTHER CHRISTIAN ACADEMY 900 CHICAGO AVENUE MELROSE PARK, IL 60160	36-3640546	GOVERNMENT	0.	9,718.	COST	FIRE DETECTION AND ALARM EQUIPMENT, WIRE AND CONDUIT FOR	OPPERATIONAL SUPPORT
WALTON COUNTY EMERGENCY MEDICAL SERVICES - 126 B COURT STREET - MONROE, GA 30655	58-6000902	GOVERNMENT	0.	15,134.	COST	LUCAS 3.0 CHEST COMPRESSION SYSTEM AND ACCESSORIES	OPPERATIONAL SUPPORT
WARNER ROBINS FIRE DEPARTMENT 202 N. DAVIS DR. PMB 718 WARNER ROBINS , GA 31093	58-6000693	GOVERNMENT	0.	10,416.	COST	SIX PHYSIO CONTROL LIFE PAK 1000 AUTOMATED EXTERNAL	OPPERATIONAL SUPPORT
WARREN COUNTY FISCAL COURT/WARREN COUNTY TECHNICAL RESCUE SQUAD - 429 EAST TENTH STREET, SUITE 201 - BOWLING GREEN, KY 42101	61-6000710	GOVERNMENT	0.	9,569.	COST	FIREFIGHTING EQUIPMENT GLOVES, HELMETS, ETC	OPPERATIONAL SUPPORT
WELLSVILLE POLICE DEPARTMENT 730 MAIN ST. WELLSVILLE, KS 66092	48-6038733	GOVERNMENT	0.	5,740.	COST	FOUR AEDS	OPPERATIONAL SUPPORT
WEST FARGO FIRE & RESCUE 106 1ST ST WEST FARGO , ND 58078	45-0318647	GOVERNMENT	0.	9,621.	COST	4 RESCUE TASK FORCE KITS, 9 ID PANELS, 8 HARD ARMOR PLATES, 4	OPPERATIONAL SUPPORT
WEST HAMBLEN COUNTY VOLUNTEER FIRE DEPARTMENT - 6301 WEST AJ HIGHWAY - MORRISTOWN, TN 37814	62-0943790	GOVERNMENT	0.	21,237.	COST	8 STRUCTURAL COATS WITH FIREFIGHTER NAME ON REMOVABLE	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
WHITE SETTLEMENT FIRE DEPARTMENT 8308 HANON DR WHITE SETTLEMENT, TX 76108	75-6000711	GOVERNMENT	0.	25,098.	COST	EXTRICATION EQUIPMENT	OPPERATIONAL SUPPORT
WHITEVILLE FIRE DEPARTMENT 120 E COLUMBUS ST WHITEVILLE, NC 28472	56-6001372	GOVERNMENT	0.	13,846.	COST	10 SCOTT SIGHT THERMAL IMAGER CAMERAS FOR SCOTT SCBA MASK	OPPERATIONAL SUPPORT
WICHITA FALLS POLICE DEPARTMENT 610 HOLLIDAY WICHITA FALLS, TX 76301	75-6000714	GOVERNMENT	0.	26,290.	COST	AVATAR III ROBOT, AVATAR PAN-TILT ZOOM CAMERA AND A	OPPERATIONAL SUPPORT
WICHITA SEDGWICK COUNTY FIRE RESERVE - PO BOX 771567 - WICHITA, KS 67277	45-5465198	GOVERNMENT	0.	22,725.	COST	12 SETS OF BUNKER COATS AND PANTS	OPPERATIONAL SUPPORT
WILPEN VOLUNTEER FIRE DEPARTMENT 379 WILPEN RD LIGONIER PA 15658 LIGONIER, PA 15658	23-7214165	GOVERNMENT	0.	24,999.	COST	ONE POWER UNIT, CUTTERS, SPREADERS, RAM, TWO CORE 32 FT.	OPPERATIONAL SUPPORT
WOODRUFF FIRE DEPARTMENT PO BOX 1389 WOODRUFF, SC 29388	57-6001130	GOVERNMENT	0.	10,065.	COST	ONE COMBINATION TOOL AND ACCESSORIES	OPPERATIONAL SUPPORT
WRIGHTSVILLE STEAM FIRE ENGINE & HOSE COMPANY #1 - 125 S. 2ND STREET - WRIGHTSVILLE, PA 17368	23-3068247	GOVERNMENT	0.	11,959.	COST	TIC & 2 SIGHT MASKS	OPPERATIONAL SUPPORT
WVFD JOINT FIRE DISTRICT 9601 E. CENTER ST WINDHAM, OH 44288	30-0589712	GOVERNMENT	0.	17,922.	COST	HIGH PRESSURE RESCUE BAGS	OPPERATIONAL SUPPORT
YARNELL FIRE DISTRICT PO BOX 581 YARNELL, AZ 85362	86-0937622	GOVERNMENT	0.	22,947.	COST	THREE SCBAS AND THREE SPARE BOTTLES	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
YUMA POLICE DEPARTMENT 1500 S. 1ST AVE. YUMA, AZ 85364	86-6000273	GOVERNMENT	0.	19,104.	COST	65 ACTIVE SHOOTER KITS	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	5	0.	66,751.	COST	(5) ALL-TERRAIN WHEELCHAIRS

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

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

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 ☐ Housing allowance or residence for personal use		
	☐ Travel for companions ☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account ☐ 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		
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?		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
	☐ Compensation committee ☐ Written employment contract		
	☐ Independent compensation consultant ☐ Compensation survey or study		
	☐ Form 990 of other organizations ☒ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a	Receive a severance payment or change-of-control payment?		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?		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?		X
b	Any related organization?		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?		X
b	Any related organization?		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		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		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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)	137,074.	29,117.	0.	13,098.	23,284.	202,573.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

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 $ 89,310. INCLUDING GRANTS OF $ 79,631. 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 $22,022 IN GENERAL CONTRIBUTIONS BY HOSTING OF THE FUNDRAISING EVENT, BRINGING THE NET RECEIPTS FROM THE EVENTS TO $86,699. 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:

FIREHOUSE SUBS MEN'S DOUBLES TENNIS TOURNAMENT

FUNDRAISER PROCEEDS:	$131,541
GENERAL CONTRIBUTIONS RECEIVED AT EVENT:	$22,022
TOTAL RECEIPTS:	$153,563
DIRECT EXPENSES:	($66,864)
NET RECEIPTS FROM FUNDRAISING EVENTS:	$86,699

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

Employer identification number 20-3588745

PART XII, LINE 2C

THIS PROCESS HAS NOT CHANGED FROM PRIOR YEARS.