

PUBLIC DISCLOSURE COPY

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. Firehouse Subs Public Safety Foundation, Inc.	Taxpayer identification number (TIN) 20-3588745
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 12735 Gran Bay Parkway, Suite 150	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Jacksonville, FL 32258	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

Sheri Kohler

- The books are in the care of ▶ **12735 Gran Bay Parkway, STE 150 - Jacksonville, FL 32258**
Telephone No. ▶ **(904)886-8300** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **November 15, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2020** or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Extended to November 15, 2021
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.

A For the **2020** calendar year, or tax year beginning _____ and ending _____

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Firehouse Subs Public Safety Foundation, Inc. Doing business as _____ Number and street (or P.O. box if mail is not delivered to street address) Room/suite 12735 Gran Bay Parkway, Suite 150 City or town, state or province, country, and ZIP or foreign postal code Jacksonville, FL 32258	D Employer identification number 20-3588745
	E Telephone number (904) 886-8300	G Gross receipts \$ 10,654,545.
	F Name and address of principal officer: Robin Peters same as C above	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶ _____
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ www.firehousesubsfoundation.org		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ _____		L Year of formation: 2005 M State of legal domicile: FL

Part I Summary

1	Briefly describe the organization's mission or most significant activities: <u>See Schedule O</u>		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	19
6	Total number of volunteers (estimate if necessary)	6	182
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	11,639,433.	9,616,068.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	241,249.	601,419.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	78,643.	322,685.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	11,959,325.	10,540,172.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	8,933,136.	6,803,296.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	691,455.	771,010.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 749,759.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	754,844.	713,222.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,379,435.	8,287,528.
19 Revenue less expenses. Subtract line 18 from line 12	1,579,890.	2,252,644.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	13,229,389.	16,113,510.
	22 Net assets or fund balances. Subtract line 21 from line 20	953,898.	1,577,975.
		12,275,491.	14,535,535.

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 <i>Robin Peters</i>	Date 6/18/2021	
	Robin Peters, Executive Director Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name Amy Bibby	Preparer's signature Amy Bibby	Date 06/18/21
	Firm's name ▶ Dixon Hughes Goodman LLP	Firm's EIN ▶ 56-0747981	Check <input type="checkbox"/> if self-employed PTIN P00445891
	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

Firehouse Subs Public Safety Foundation, Inc.

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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 6,251,425. including grants of \$ 6,018,900.) (Revenue \$)

Life Saving Equipment Donations:

Equipment donations impact millions of first responders and public safety organizations across the country. The Firehouse Subs Public Safety Foundation's reach continues to grow. In 2020, 352 public safety organizations were awarded grants and since inception the foundation has impacted 5,121 organizations in 49 states and Puerto Rico.

4b (Code:) (Expenses \$ 169,229. including grants of \$ 135,480.) (Revenue \$)

Prevention and Education:

Prevention education allows first responders and public safety organizations to raise awareness and offer educational opportunities in an effort to help their community better understand how to prevent tragedies.

4c (Code:) (Expenses \$ 570,311. including grants of \$ 528,631.) (Revenue \$)

Disaster Relief:

The ability to react swiftly to natural and/or man-made disasters has been an 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.

4d Other program services (Describe on Schedule O.) (Expenses \$ 158,172. including grants of \$ 120,285.) (Revenue \$)

4e Total program service expenses 7,149,137.

**Firehouse Subs Public Safety
Foundation, Inc.**

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i>		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? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

**Firehouse Subs Public Safety
Foundation, Inc.**

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38 X	

Note: All Form 990 filers are required to complete Schedule O

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	19
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	

**Firehouse Subs Public Safety
Foundation, Inc.**

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
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? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
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)?		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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		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?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
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?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

**Firehouse Subs Public Safety
Foundation, Inc.**

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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

			Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a	10		
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 on Schedule O.				
b Enter the number of voting members included on line 1a, above, who are independent	1b	10		
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, 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 on 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 (1024 or 1024-A, 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 on Schedule O)
- 19** Describe on 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

**Firehouse Subs Public Safety
Foundation, Inc.**

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. See instructions for the order in which to list the persons above.

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 Peters Executive Director	40.00	X		X			195,060.	0.	44,710.	
(2) Jackie Kotos Officer	40.00			X			116,398.	0.	0.	
(3) Meghan Vargas Officer	40.00			X			110,625.	0.	0.	
(4) Gina Brown Officer	40.00			X			84,754.	0.	0.	
(5) Mary Pat Wallmeyer officer	40.00			X			64,889.	0.	0.	
(6) Nancy Palmer Officer	40.00			X			53,600.	0.	0.	
(7) Bill Carr Director	1.00	X					0.	0.	0.	
(8) Robin Gainey Director	1.00	X					0.	0.	0.	
(9) Lakesha Burton Director	1.00	X					0.	0.	0.	
(10) Jennifer Adams Director	1.00	X					0.	0.	0.	
(11) John Long Director	1.00	X					0.	0.	0.	
(12) Chris Holmes Director	1.00	X					0.	0.	0.	
(13) Carlos Aviles Director	1.00	X					0.	0.	0.	
(14) Brian Lee Director	1.00	X					0.	0.	0.	
(15) Chris Sorensen Director/Secretary	1.00	X		X			0.	0.	0.	
(16) Robin Sorensen President/Chairman	5.00			X			0.	0.	0.	
(17) Sheri Kohler Treasurer	5.00			X			0.	0.	0.	

**Firehouse Subs Public Safety
Foundation, Inc.**

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 Subtotal							625,326.	0.	44,710.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							625,326.	0.	44,710.	

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 **3**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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**

**Firehouse Subs Public Safety
Foundation, Inc.**

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Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	9,616,068.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			9,616,068.			
Program Service Revenue	2 a _____	Business Code					
	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)		601,419.			601,419.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
d Net gain or (loss)							
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a		357,632.				
		b Less: direct expenses	8b	114,373.			
c Net income or (loss) from fundraising events			243,259.			243,259.	
9 a Gross income from gaming activities. See Part IV, line 19	9a						
		b Less: direct expenses	9b				
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
		b Less: cost of goods sold	10b				
		c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a Miscellaneous	Business Code	900099	79,426.		79,426.	
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d			79,426.			
12 Total revenue. See instructions			10,540,172.	0.	0.	924,104.	

**Firehouse Subs Public Safety
Foundation, Inc.**

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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 ...	6,725,056.	6,725,056.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	78,240.	78,240.		
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	670,035.	298,359.	152,323.	219,353.
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	100,975.	43,879.	21,292.	35,804.
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 (nonemployees):				
a Management				
b Legal	248.		248.	
c Accounting	31,835.		31,835.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	52,737.		52,737.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	13,930.		13,930.	
12 Advertising and promotion	321,284.	1,123.	750.	319,411.
13 Office expenses	156,131.	2,410.	84,033.	69,688.
14 Information technology				
15 Royalties				
16 Occupancy	5,000.		5,000.	
17 Travel	5,898.	70.	5,618.	210.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,619.		65.	1,554.
23 Insurance	2,522.		2,522.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Awards and prizes	103,739.			103,739.
b Licenses & Permits	18,279.		18,279.	
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	8,287,528.	7,149,137.	388,632.	749,759.
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)

**Firehouse Subs Public Safety
Foundation, Inc.**

Form 990 (2020)

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	3,189,888.	1	4,424,093.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	533,577.	3	885,518.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	22,918.	8	30,982.
	9 Prepaid expenses and deferred charges	32,025.	9	28,835.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	123,878.		
	b Less: accumulated depreciation	119,378.		
	11 Investments - publicly traded securities	3,094.	10c	4,500.
	12 Investments - other securities. See Part IV, line 11	9,238,163.	11	10,739,582.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	209,724.	14	0.
16 Total assets. Add lines 1 through 15 (must equal line 33)	13,229,389.	15	16,113,510.	
17 Accounts payable and accrued expenses	215,349.	16	16,113,510.	
18 Grants payable	215,349.	17	229,336.	
19 Deferred revenue	738,549.	18	1,348,639.	
20 Tax-exempt bond liabilities		19		
21 Escrow or custodial account liability. Complete Part IV of Schedule D		20		
22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons				
23 Secured mortgages and notes payable to unrelated third parties		21		
24 Unsecured notes and loans payable to unrelated third parties		22		
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				
26 Total liabilities. Add lines 17 through 25	953,898.	23	1,577,975.	
27 Net assets without donor restrictions				
28 Net assets with donor restrictions				
29 Capital stock or trust principal, or current funds				
30 Paid-in or capital surplus, or land, building, or equipment fund				
31 Retained earnings, endowment, accumulated income, or other funds				
32 Total net assets or fund balances	11,390,574.	24	13,121,407.	
33 Total liabilities and net assets/fund balances	884,917.	25	1,414,128.	
Net Assets or Fund Balances				
Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
29 Capital stock or trust principal, or current funds		27		
30 Paid-in or capital surplus, or land, building, or equipment fund		28		
31 Retained earnings, endowment, accumulated income, or other funds		29		
32 Total net assets or fund balances	12,275,491.	30	14,535,535.	
33 Total liabilities and net assets/fund balances	13,229,389.	31	16,113,510.	

Form **990** (2020)

**Firehouse Subs Public Safety
Foundation, Inc.**

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	10,540,172.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,287,528.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,252,644.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	12,275,491.
5	Net unrealized gains (losses) on investments	5	
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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	14,535,535.

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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? _____ 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
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? _____		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 on Schedule O and describe any steps taken to undergo such audits _____		

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

2020

Open to Public Inspection

Name of the organization **Firehouse Subs Public Safety Foundation, Inc.** Employer identification number **20-3588745**

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Firehouse Subs Public Safety

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8416798.	9620395.	10450384.	11615251.	9616068.	49718896.
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	8416798.	9620395.	10450384.	11615251.	9616068.	49718896.
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)						1099113.
6 Public support. Subtract line 5 from line 4.						48619783.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	8416798.	9620395.	10450384.	11615251.	9616068.	49718896.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	102,882.	190,606.	294,717.	241,249.	601,419.	1430873.
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						51149769.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	95.05 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	94.93 %
16a 33 1/3% support test - 2020. 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		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. 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		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. 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		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. 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		<input type="checkbox"/>
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		<input type="checkbox"/>

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i>		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

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 lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in line 11a above?		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>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.</i>		
1		
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)? <i>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).</i>		
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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in line 2, above, 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b 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? <i>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.</i>	Yes	No
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b 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? <i>If "Yes" or "No" provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
3a		
3b		

Firehouse Subs Public Safety

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 (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	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 0.85 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Firehouse Subs Public Safety

Schedule A (Form 990 or 990-EZ) 2020 **Foundation, Inc.**

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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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

Firehouse Subs Public Safety

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.)

Multiple horizontal lines for supplemental information.

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

2020

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

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

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 (entering "N/A" in column (b) instead of the contributor name and address), 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
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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	<hr/> <hr/> <hr/>	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization Firehouse Subs Public Safety Foundation, Inc.	Employer identification number 20-3588745
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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
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization Firehouse Subs Public Safety Foundation, Inc.	Employer identification number 20-3588745
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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	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(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

2020

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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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 (for example, 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?

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)?

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 FASB 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 FASB 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020

**Firehouse Subs Public Safety
Foundation, Inc.**

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 make significant use of its collection items (check all that apply):
- | | |
|---|--|
| a <input type="checkbox"/> Public exhibition | d <input type="checkbox"/> Loan or exchange program |
| b <input type="checkbox"/> Scholarly research | e <input type="checkbox"/> Other _____ |
| c <input type="checkbox"/> Preservation for future generations | |
- 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	9,238,163.	5,874,350.	5,707,452.	3,798,498.	2,452,149.
b Contributions	900,000.	1,850,000.	1,019,650.	1,000,000.	1,000,000.
c Net investment earnings, gains, and losses	664,963.	1,565,173.	-787,585.	940,895.	366,407.
d Grants or scholarships			20,000.		
e Other expenditures for facilities and programs					
f Administrative expenses	63,544.	51,360.	45,167.	31,941.	20,058.
g End of year balance	10,739,582.	9,238,163.	5,874,350.	5,707,452.	3,798,498.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment 100 %
- b** Permanent endowment _____ %
- c** Term 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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 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		123,878.	119,378.	4,500.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) **4,500.**

**Firehouse Subs Public Safety
Foundation, Inc.**

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Firehouse Subs Public Safety
Foundation, Inc.

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	10,547,572.
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		
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII.)	2d	7,400.	
e Add lines 2a through 2d	2e		7,400.
3 Subtract line 2e from line 1		3	10,540,172.
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	10,540,172.

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

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

1 Total expenses and losses per audited financial statements		1	8,287,528.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities	2a		
b Prior year adjustments	2b		
c Other losses	2c		
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d	2e		0.
3 Subtract line 2e from line 1		3	8,287,528.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b	4c		0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	8,287,528.

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:

Firehouse Subs Public Safety
Foundation, Inc.

Schedule D (Form 990) 2020

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Part XIII Supplemental Information (continued)

in kind

7,400.

Schedule D (Form 990) 2020

032055 12-01-20

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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.

2020

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

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?		(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
		Yes	No			
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.
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

Firehouse Subs Public Safety

Schedule G (Form 990 or 990-EZ) 2020 **Foundation, Inc.**

20-3588745 Page 2

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	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		Tennis Tournament (event type)		None (total number)	
Revenue	1	Gross receipts	357,632.		357,632.
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	357,632.		357,632.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	4,813.		4,813.
	6	Rent/facility costs	7,061.		7,061.
	7	Food and beverages	1,842.		1,842.
	8	Entertainment			
	9	Other direct expenses	100,657.		100,657.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				243,259.

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			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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: _____

Firehouse Subs Public Safety

Schedule G (Form 990 or 990-EZ) 2020 Foundation, Inc.

20-3588745 Page 3

- 11 Does the organization conduct gaming activities with nonmembers?
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?
13 Indicate the percentage of gaming activity conducted in:
a The organization's facility
b An outside facility
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name Address

Name Address

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

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?

- 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.

**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

2020

**Open to Public
Inspection**

Name of the organization **Firehouse Subs Public Safety
Foundation, Inc.**

**Employer identification number
20-3588745**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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
5TH DISTRICT SWAT TEAM 10425 RIDGELAND AVE CHICAGO RIDGE, IL 60415	57-1230993	Public Charity	0.	18,746.	Cost	33 Tactical First Aid Deployment Kits	Operational Support
ADAMS AREA AMBULANCE SERVICE JOINT POWERS BOARD - PO BOX 89 - ADAMS, MN 55909	41-1822847	Public Charity	0.	29,890.	Cost	One Zoll X Series Manual Monitor/Defibrillator Model	Operational Support
ADAMSHEART FOUNDATION 11904 TOLAY CREEK CT LAS VEGAS, NV 89138	46-5472198	Public Charity	0.	17,843.	Cost	16 Philips Heartstart On-Site Defibrillators	Operational Support
ADDISON FIRE 4798 AIRPORT PKWY ADDISON, TX 75001	75-1333555	Public Charity	0.	24,394.	Cost	Fire Hose (92 - 50' section of fire hose)	Operational Support
ALEXANDRIA FIRE DEPARTMENT PO BOX 71 ALEXANDRIA, LA 71309	72-6000014	Public Charity	0.	29,109.	Cost	One Polaris 1000 XP Ranger & accessories (Accessories	Operational Support
ALTOONA FIRE DEPARTMENT 1904 SPOONER AVE ALTOONA, WI 54720	39-6005377	Public Charity	0.	13,450.	Cost	One PortaCount Fit Tester & Accessories (Model 8048-T	Operational Support

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **324.**
- 3** Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) 2020

**Firehouse Subs Public Safety
Foundation, Inc.**

Schedule I (Form 990)

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 RESCUE 96 N CENTER ST AMERICAN FORK, UT 84003	87-6000209	Public Charity	0.	14,619.	Cost	One Bobcat 3400XL All-Terran Vehicle &	Operational Support
AMERICAN RED CROSS - CA & CO WILDFIRES - 751 Riverside Ave - Jacksonville, FL 32204	53-0196605	Public Charity	0.	20,000.	Cost	WILDFIRES IN CALIFORNIA & COLORADO	Operational Support
AMERICAN RED CROSS - HURRICANE ISAIAS - 751 RiversideDr - JACKSONVILLE, FL 32204	53-0196605	Public Charity	0.	10,000.	Cost	Disaster Relief Funds	Operational Support
AMERICAN RED CROSS - HURRICANE LAURA - 751 Riverside Ave - Jacksonville, FL 32204	53-0196605	Public Charity	0.	10,000.	Cost	HURRICANE LAURA DISASTER RELIEF	Operational Support
AMERICAN RED CROSS - HURRICANE LAURA #2 - 751 Riverside Ave - Jacksonville, FL 32204	53-0196605	Public Charity	0.	10,000.	Cost	HURRICANE LAURA DISASTER RELIEF	Operational Support
AMERICAN RED CROSS - PR EARTHQUAKES - 751 Riverside Dr - Jacksonville, FL 32204	53-0196605	Public Charity	0.	10,000.	Cost	Disaster Relief Funds	Operational Support
AMERICAN RED CROSS - TN Tornadoes 751 Riverside Dr Jacksonville, FL 32204	53-0196605	Public Charity	0.	10,000.	Cost	Disaster Relief Funds	Operational Support
APACHE JUNCTION POLICE DEPARTMENT 300 E SUPERSTITION BLVD APACHE JCT, AZ 85119	86-0358590	Public Charity	0.	17,494.	Cost	Three Motorola APX6000 Handheld Radios &	Operational Support
ARAPAHOE COMMUNITY COLLEGE FOUNDATION, INC. - 5900 S SANTA FE DR - LITTLETON, CO 80120	23-7093127	Public Charity	0.	13,664.	Cost	12 Stair Chairs & 25 Bleeding Control Kits	Operational Support

Schedule I (Form 990)

**Firehouse Subs Public Safety
Foundation, Inc.**

Schedule I (Form 990)

20-3588745

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
ARIZONA BURN FOUNDATION 1432 N 7TH ST PHOENIX, AZ 85006	86-0207519	Public Charity	0.	6,239.	Cost	30 Smoke Alarm Systems with bed-shaker (for deaf and	43817
AUGUSTA COUNTY FIRE-RESCUE PO BOX 590 VERONA, VA 24482	54-6001131	Public Charity	0.	29,670.	Cost	Ten Sets of Bunker Gear (10 Honeywell Morning Pride	Operational Support
AVELLA VOLUNTEER FIRE DEPARTMENT PO BOX G AVELLA, PA 15312	23-7344631	Public Charity	0.	13,496.	Cost	One Lucas 3 Chest Compression System Device	Operational Support
BAKERTON FIRE DEPARTMENT 891 CARTER AVE HARPERS FERRY, WV 25425	33-1130831	Public Charity	0.	20,000.	Cost	Hoses, Nozzles, Monitors & One Hose Washer	Operational Support
BANGOR FIRE DEPARTMENT 289 MAIN ST BANGOR, ME 04014	01-6000020	Public Charity	0.	12,941.	Cost	One North Atlantic Inflatables 13'8' Aluminum	Operational Support
BEAUFORT/PORT ROYAL FIRE DEPARTMENT - 1911 BOUNDARY ST - BEAUFORT, SC 29902	57-6000223	Public Charity	0.	35,828.	Cost	One LifePak 15 Monitor/Defibrillator & Accessories	Operational Support
BEDFORD FIRE DEPARTMENT 55 CONSTITUTION DR BEDFORD, NH 03110	02-6000061	Public Charity	0.	13,082.	Cost	Holmatro Extrication Equipment (Combi tool,	Operational Support
BEECH ISLAND FIRE DEPARTMENT 1565 SAND BAR FERRY RD BEECH ISLAND, SC 29842	96-5285943	Public Charity	0.	20,152.	Cost	One Washer/Extractor & one Turnout Gear	Operational Support
BERRIEN COUNTY SHERIFF'S OFFICE 500 COUNTY FARM RD NASHVILLE, GA 31639	58-6000785	Public Charity	0.	19,440.	Cost	Eight Sets of Ballistic Vests (Level IIIA	Operational Support

Schedule I (Form 990)

**Firehouse Subs Public Safety
Foundation, Inc.**

Schedule I (Form 990)

20-3588745

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
BETHUNE-COOKMAN UNIVERSITY 640 DR MARY MCLEOD BETHUNE BLVD DAYTONA BEACH, FL 32114	59-0704726	Public Charity	0.	17,050.	Cost	55 Cardiac Science Powerheart G3 AED Batteries	Operational Support
BLACKFOOT FIRE DEPARTMENT 225 N ASH ST BLACKFOOT, ID 83221	82-6000164	Public Charity	0.	22,866.	Cost	Two Lucas 3 Devices and two External Power Supply	Operational Support
BLUE RIDGE MOUNTAIN VOL. FIRE COMPANY - 181 KEYES GAP RD - HARPERS FERRY, WV 25425	31-1147581	Public Charity	0.	12,483.	Cost	Chainsaw, Hoses, Nozzles, Tools & Accessories	Operational Support
BOILING SPRINGS FIRE DEPARTMENT 186 RAINBOW LAKE RD BOILING SPGS, SC 29316	57-0786269	Public Charity	0.	14,412.	Cost	One Lucas Chest Compression System &	Operational Support
BOROUGH OF HAMBURG 16 WALLKILL AVE HAMBURG, NJ 07419	22-2018534	Public Charity	0.	25,490.	Cost	11 Motorola XPR Portable Radios, 20 Minitor	Operational Support
BOULDER CITY FIRE DEPARTMENT 1101 ELM ST BOULDER CITY, NV 89005	88-0084978	Public Charity	0.	9,300.	Cost	One Forcible Entry Door Simulator, One Forcible Entry	43817
BOURBONNAIS FIRE PROTECTION DISTRICT - 1080 ARMOUR RD - BOURBONNAIS, IL 60914	36-3099534	Public Charity	0.	29,742.	Cost	One Zoll X Series Monitor/Defibrillator &	Operational Support
BOYNTON BEACH POLICE DEPARTMENT 2100 HIGH RIDGE RD BOYNTON BEACH, FL 33426	59-6000282	Public Charity	0.	19,425.	Cost	Five Cardiac Science Powerheart G5 Automated	Operational Support
BOYS RANCH FOUNDED BY CAL FARLEY 600 SW 11TH AVE AMARILLO, TX 79101	75-0808768	Public Charity	0.	21,420.	Cost	Four Avon Deltair Self-Contained Breathing	Operational Support

Schedule I (Form 990)

**Firehouse Subs Public Safety
Foundation, Inc.**

Schedule I (Form 990)

20-3588745

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
BRADFORD COUNTY FIRE RESCUE 945 N TEMPLE AVE STARKE, FL 32091	59-6011523	Public Charity	0.	39,736.	Cost	Six Self Contained Breathing Apparatus, Six	Operational Support
BRAINERD FIRE DEPARTMENT 23 LAUREL ST BRAINERD, MN 56401	41-6005001	Public Charity	0.	21,934.	Cost	Genesis Extrication Equipment (Spreader,	Operational Support
BRIDGEPORT FIRE DEPARTMENT 6204 DIXIE HWY BRIDGEPORT, MI 48722	38-6018173	Public Charity	0.	13,164.	Cost	One Zoll Autopulse System with Pass Thru &	Operational Support
BRIERFIELD FIRE & RESCUE 18567 HIGHWAY 139 BRIERFIELD, AL 35035	47-1052921	Public Charity	0.	24,293.	Cost	Extrication Equipment: Holmatro Spreader,	Operational Support
BRIGHTON AREA FIRE AUTHORITY 615 W GRAND RIVER AVE BRIGHTON, MI 48116	38-3538846	Public Charity	0.	13,596.	Cost	One Lucas 3 Chest Compression System with	Operational Support
BRISTOL FIRE DEPARTMENT 405 E ELKHART ST BRISTOL, IN 46507	31-1113367	Public Charity	0.	20,319.	Cost	24 Sets of Multi-Threat Vests (Level IIIA Plus	Operational Support
BRITTON'S NECK/GRESHAM VOLUNTEER FIRE DEPARTMENT - PO BOX 115 - GRESHAM, SC 29546	57-0874161	Public Charity	0.	37,409.	Cost	12 sets of Bunker Gear (Honeywell coats & pants,	Operational Support
BROOKFIELD FIRE DEPARTMENT 9001 SHIELDS AVE BROOKFIELD, IL 60513	36-6005807	Public Charity	0.	28,440.	Cost	Two Zoll AutoPulse Systems & Accessories	Operational Support
BRUNSWICK POLICE DEPARTMENT 85 PLEASANT ST BRUNSWICK, ME 04011	01-6000089	Public Charity	0.	25,166.	Cost	Rescue QUAD Negotiation Console & Rescue Phone	Operational Support

Schedule I (Form 990)

**Firehouse Subs Public Safety
Foundation, Inc.**

Schedule I (Form 990)

20-3588745

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
BRYAN FIRE DEPARTMENT 300 W. WJB Pkwy Bryan, TX 77803	74-6000441	Public Charity	0.	26,782.	Cost	One Zodiac Inflatable Rescue Boat, Evinrude	Operational Support
BUCKEYE VALLEY RURAL VOLUNTEER FIRE DISTRICT - 25206 W. MC85 - Buckeye, AZ 85326	86-0466622	Public Charity	0.	16,225.	Cost	Training Equipment (Three Pike Pole Single	Operational Support
BUTLER BUREAU OF FIRE 110 N WASHINGTON ST BUTLER, PA 16001	25-6000850	Public Charity	0.	20,755.	Cost	Seven sets of Bunker Gear (Honeywell Turnout coats	Operational Support
BUTLER CITY POLICE DEPARTMENT 200 NEW CASTLE ST BUTLER, PA 16001	25-6000850	Public Charity	0.	10,006.	Cost	Eight Zoll AED Plus Automated External Defibrillators	Operational Support
BUTLER COUNTY FIRE DISTRICT #3 911 N ROSE HILL RD ROSE HILL, KS 67133	48-0969442	Public Charity	0.	24,983.	Cost	One Bullard Thermal Imaging Camera &	Operational Support
CAHABA VALLEY FIRE & EMR DISTRICT 5487 HIGHWAY 280 BIRMINGHAM, AL 35242	63-0941395	Public Charity	0.	27,165.	Cost	Hurst Extrication Equipment (Cutter,	Operational Support
CALHOUN FIRE DEPARTMENT 327 S WALL ST CALHOUN, GA 30701	58-6000530	Public Charity	0.	13,262.	Cost	Holmatro Extrication Equipment (Combi Tool,	Operational Support
CALVERT K-9 SEARCH TEAM, INC. 5301 COVE VIEW DR SAINT LEONARD, MD 20685	26-2038393	Public Charity	0.	20,832.	Cost	Six Thermal Binoculars with Accessories	Operational Support
CAMPBELL COUNTY FIRE DISTRICT #1 6844 FOUR MILE RD MELBOURNE, KY 41059	61-1041954	Public Charity	0.	32,814.	Cost	Holmatro Extrication Equipment (Spreader,	Operational Support

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(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
CANTON TOWNSHIP FIRE DEPARTMENT 210 38TH ST SE CANTON, OH 44707	34-6000513	Public Charity	0.	36,150.	Cost	15 Innotex Coats & Pants (PPE)	Operational Support
CAPE CANAVERAL VOLUNTEER FIRE DEPARTMENT - 8970 COLUMBIA RD - CPE CANAVERAL, FL 32920	59-6151067	Public Charity	0.	24,710.	Cost	Hurst Cutter, Spreader, Ram & Accessories	Operational Support
CAROMI RURAL VOLUNTEER FIRE DEPARTMENT - 554 COLLEGE PARK RD - LADSON, SC 29456	57-0649100	Public Charity	0.	14,483.	Cost	Seven Zoll AED Plus Automated External Defibrillators,	Operational Support
CARTHAGE VOLUNTEER FIRE DEPARTMENT 1241 HIGHWAY 35 N CARTHAGE, MS 39051	46-3579600	Public Charity	0.	24,147.	Cost	Nine Sets of Bunker Gear (Globe NFPA compliant)	Operational Support
CARVER COUNTY SHERIFF'S OFFICE 606 E 4TH ST CHASKA, MN 55318	80-0026398	Public Charity	0.	26,900.	Cost	20 Cardiac Science G5 Automated External	Operational Support
CATHEDRAL CITY FIRE DEPARTMENT 32100 DESERT VISTA RD CATHEDRAL CTY, CA 92234	95-3674780	Public Charity	0.	18,422.	Cost	Power-PRO XT Stretcher	Operational Support
CEDAR HILL POLICE DEPARTMENT 285 UPTOWN BLVD CEDAR HILL, TX 75104	75-6000480	Public Charity	0.	20,756.	Cost	2020 Polaris XP 1000 Premium All-Terrain	Operational Support
CENTRAL HARDIN FIRE DEPARTMENT PO BOX 2749 ELIZABETHTOWN, KY 42702	61-1222478	Public Charity	0.	20,518.	Cost	Three Gas Detectors & Four Sets of Coats, Pants,	Operational Support
CENTRAL LYON COUNTY FIRE PROTECTION DISTRICT - 246 DAYTON VALLEY RD - DAYTON, NV 89403	88-0268533	Public Charity	0.	21,247.	Cost	One Set of Hurst Extrication Equipment	Operational Support

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CHADWICK FIRE PROTECTION DISTRICT 210 CALVERT AVE CHADWICK, IL 61014	40-0007107	Public Charity	0.	24,250.	Cost	Amkus Extrication Equipment (Cutter,	Operational Support
CHANDLER FIRE DEPARTMENT 175 S ARIZONA AVE CHANDLER, AZ 85225	86-6000238	Public Charity	0.	14,657.	Cost	One Lucas Chest Compression System &	Operational Support
CHARLESTON SOUTHERN UNIVERSITY 9200 UNIVERSITY BLVD N CHARLESTON, SC 29406	36-2425385	Public Charity	0.	19,656.	Cost	14 Cardiac Science PowerHeart G5 Automated	Operational Support
CHARLTON COUNTY SCHOOL DISTRICT 37 TOUCHDOWN LN FOLKSTON, GA 31537	58-6000205	Public Charity	0.	13,631.	Cost	Seven Cardiac Science Powerheart G5 Automated	Operational Support
CHEROKEE TOWNSHIP FIRE DEPARTMENT 102 N MCKINLEY WEIR, KS 66781	48-1252526	Public Charity	0.	19,484.	Cost	A Variety of Firefighter Equipment (Two Ventilation	Operational Support
CITY OF COCOA 65 STONE ST COCOA, FL 32922	59-6000292	Public Charity	0.	27,165.	Cost	Hurst Extrication Equipment (Cutter,	Operational Support
CITY OF DOVER FIRE AND RESCUE 262 6TH ST DOVER, NH 03820	02-6000230	Public Charity	0.	23,098.	Cost	15 sets of Ballistic Gear (Set includes carrier, 2	Operational Support
CITY OF ELIZABETH CITY 305 E MAIN ST ELIZABETH CTY, NC 27909	56-6000226	Public Charity	0.	21,497.	Cost	Three Bullard QXT Thermal Imaging Camera Bundles &	Operational Support
CITY OF FINDLAY OHIO FIRE DEPARTMENT - 720 S MAIN ST - FINDLAY, OH 45840	34-6400448	Public Charity	0.	24,580.	Cost	Five FLIR K55 Thermal Imaging Cameras &	Operational Support

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CITY OF GOOSE CREEK FIRE DEPARTMENT - 201 BUTTON HALL AVE - GOOSE CREEK, SC 29445	57-6008064	Public Charity	0.	6,475.	Cost	Two ALTAIR Gas Detectors	43992
CITY OF HARLINGEN - HARLINGEN POLICE DEPARTMENT - 118 E TYLER AVE - HARLINGEN, TX 78550	74-6001047	Public Charity	0.	21,483.	Cost	10 Defibtech Lifeline Automated External	Operational Support
CITY OF IRVING - POLICE DEPARTMENT 825 W IRVING BLVD IRVING, TX 75060	75-6000566	Public Charity	0.	19,805.	Cost	12 Cardiac Science Powerheart G5 Automated	Operational Support
CITY OF JACKSON FIRE DEPARTMENT 74B CONALCO DR JACKSON, TN 38301	62-6000316	Public Charity	0.	21,374.	Cost	BullsEye Digital Fire Extinguisher Training	Operational Support
CITY OF LA VERGNE FIRE RESCUE DEPARTMENT - 283 OLD NASHVILLE HWY - LA VERGNE, TN 37086	62-0890630	Public Charity	0.	18,908.	Cost	One Zodiac Boat & accessories (30hp motor,	Operational Support
CITY OF LOMA LINDA FIRE DEPARTMENT 25541 BARTON RD LOMA LINDA, CA 92354	95-2662323	Public Charity	0.	17,051.	Cost	CPR & Advanced Life Support Equipment (Two ALS Bags;(40)	Operational Support
CITY OF MIDLAND FIRE DEPARTMENT 816 E HALEY ST MIDLAND, MI 48640	38-6004711	Public Charity	0.	13,596.	Cost	One Lucas Chest Compression System &	Operational Support
CITY OF MIDWAY FIRE DEPARTMENT PO BOX 4275 MIDWAY, KY 40347	61-6001871	Public Charity	0.	31,816.	Cost	12 Sets of Bunker Gear (Veridian Coats & Pants)	Operational Support
CITY OF NEWBERRY FIRE DEPT. PO BOX 538 NEWBERRY, SC 29108	57-6000240	Public Charity	0.	30,286.	Cost	One Polaris XT 1000 Utility-Terrain Vehicle (Crew	Operational Support

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CITY OF OAK CREEK FIRE DEPARTMENT 7000 S 6TH ST OAK CREEK, WI 53154	39-6022803	Public Charity	0.	19,840.	Cost	One BullsEye Fire Extinguisher Simulator	Operational Support
CITY OF PEORIA FIRE DEPARTMENT 505 NE MONROE ST PEORIA, IL 61603	37-6001761	Public Charity	0.	25,025.	Cost	Genesis Extrication Equipment (Spreader,	Operational Support
CITY OF RENO FIRE DEPARTMENT PO BOX 1900 RENO, NV 89505	88-6000201	Public Charity	0.	37,920.	Cost	16 Sets of Bunker Gear (Morning Pride HFRP Tail	Operational Support
CITY OF SOUTH FULTON FIRE RESCUE DEPARTMENT - 5440 FULTON INDUSTRIAL BLVD SW - ATLANTA, GA 30336	82-1374843	Public Charity	0.	18,300.	Cost	Two Front-Loading Extractors & two	Operational Support
CITY OF SOUTH TUCSON 1601 S 6TH AVE TUCSON, AZ 85713	86-6000267	Public Charity	0.	22,420.	Cost	Eight sets of Bunker Gear (V-Force Coats, V-Force	Operational Support
CITY OF VIDALIA FIRE DEPARTMENT 302 PINE ST W VIDALIA, GA 30474	58-6000689	Public Charity	0.	16,113.	Cost	Six Sets of Bunker Gear (Globe Coats & Pants, Cairns	Operational Support
CITY OF WINDCREST 8601 MIDCROWN DR WINDCREST, TX 78239	74-1587947	Public Charity	0.	13,596.	Cost	One Lucas 3 Chest Compression Device with	Operational Support
CITY OF YUKON/YUKON FIRE DEPARTMENT - PO BOX 850500 - YUKON, OK 73085	73-6005519	Public Charity	0.	23,190.	Cost	Holmatro Combi Tool, Ram & Accessories	Operational Support
CLAY COUNTY DEPARTMENT OF PUBLIC SAFETY - 2519 SR 16 West - Green Cove Springs, FL 32043	59-6000553	Public Charity	0.	44,650.	Cost	One Rescue ONE Connector Boat & Accessories (Control	Operational Support

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CLAY COUNTY SHERIFF'S OFFICE 901 N ORANGE AVE GREEN CV SPGS, FL 32043	59-6000555	Public Charity	0.	20,000.	Cost	16 Cardiac Science G5 Automated External	Operational Support
COBLE FIRE DEPARTMENT 10309 MILL HOLLOW RD CENTERVILLE, TN 37033	82-2145500	Public Charity	0.	10,250.	Cost	Extrication Equipment: Amkus Combi Tool &	Operational Support
COEUR D'ALENE FIRE DEPARTMENT 300 E FOSTER AVE COEUR D ALENE, ID 83814	82-6000176	Public Charity	0.	18,595.	Cost	Hurst Cutter & Spreader Package	Operational Support
COFFEYVILLE FIRE DEPARTMENT 1206 W 11TH ST COFFEYVILLE, KS 67337	48-6043317	Public Charity	0.	34,900.	Cost	2020 Ram 3500 Single Cab Pickup Truck with Flatbed	Operational Support
COLUMBIA FALLS FIRE DEPARTMENT 130 6TH ST W COLUMBIA FLS, MT 59912	81-6001247	Public Charity	0.	24,198.	Cost	Three MSA Self-Contained Breathing Apparatus &	Operational Support
COLUMBIA FIRE DEPARTMENT 201 Orr Street Columbia, MO 65203	01-2487708	Public Charity	0.	11,940.	Cost	12 High Rise Kits & Accessories (The kits	Operational Support
COMMUNITY FIRE PROTECTION DISTRICT 9411 MARLOWE AVE SAINT LOUIS, MO 63114	43-6005594	Public Charity	0.	16,446.	Cost	Ice and Water Rescue Equipment (Four Rapid	Operational Support
COOK COUNTY BOARD OF COMMISSIONERS ON BEHLAF OF COOK COUNTY FIRE DEPARTMENT - 1200 S HUTCHINSON AVE - ADEL, GA 31620	58-6000808	Public Charity	0.	23,425.	Cost	Hurst Extrication Equipment (Cutter,	Operational Support
CROWN KING FIRE DISTRICT PO BOX 397 CROWN KING, AZ 86343	86-0413174	Public Charity	0.	19,944.	Cost	10 Bendix-King Portable Radios & accessories	Operational Support

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CUDAHY FIRE DEPARTMENT 4626 S PACKARD AVE CUDAHY, WI 53110	39-6005422	Public Charity	0.	18,545.	Cost	Rope Rescue Equipment (Nylon tubular webbing,	Operational Support
DCBE/ACTON VOLUNTEER FIRE DEPARTMENT - 6430 SMOKY HILL CT - GRANBURY, TX 76049	75-1693453	Public Charity	0.	14,760.	Cost	Eight AEDs, 10 CAT Tourniquets and CPR & AED	Operational Support
DREXEL HEIGHTS FIRE DISTRICT 5030 S CAMINO VERDE TUCSON, AZ 85735	86-0278618	Public Charity	0.	16,927.	Cost	One BullsEye Digital Fire Extinguisher Training	Operational Support
DUNDEE TOWNSHIP FIRE DEPARTMENT 664 FIRST ST DUNDEE, MI 48131	38-3505017	Public Charity	0.	13,589.	Cost	One Lucas Chest Compression System &	Operational Support
DUNEDIN FIRE DEPARTMENT 1042 VIRGINIA ST DUNEDIN, FL 34698	85-8012621	Public Charity	0.	36,760.	Cost	Four Bullard NXT Thermal Imaging Cameras with	Operational Support
DURANTS NECK VOLUNTEER FIRE DEPARTMENT - 2087 NEW HOPE RD - HERTFORD, NC 27944	56-1285995	Public Charity	0.	30,856.	Cost	Four Self-Contained Breathing Apparatus &	Operational Support
DURHAM FIRE DEPARTMENT 2008 E CLUB BLVD DURHAM, NC 27704	56-6000225	Public Charity	0.	24,860.	Cost	One Highway Vehicle Stabilization Kit and one	Operational Support
EAST RIDGE FIRE & RESCUE 4214 RINGGOLD RD CHATTANOOGA, TN 37412	62-6018273	Public Charity	0.	26,430.	Cost	Hurst Extrication Equipment (Cutter,	Operational Support
EAU CLAIRE FIRE RESCUE 216 S DEWEY ST EAU CLAIRE, WI 54701	39-6005436	Public Charity	0.	9,585.	Cost	Nine Sections of Rope & Nine Multi-Purpose Devices	43817

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ELBERTA VOLUNTEER FIRE DEPARTMENT, INC. - PO BOX 152 - ELBERTA, AL 36530	46-4569110	Public Charity	0.	13,589.	Cost	One Lucas Chest Compression System &	Operational Support
ELGIN FIRE DEPARTMENT 550 SUMMIT ST ELGIN, IL 60120	36-6005862	Public Charity	0.	18,890.	Cost	One Waterwog 2 Rescue Boat	Operational Support
ELOY FIRE DISTRICT 4010 N TOLTEC RD ELOY, AZ 85131	86-0431643	Public Charity	0.	14,113.	Cost	One Lucas Chest Compression System &	Operational Support
ENGLEWOOD AREA FIRE CONTROL DISTRICT - 516 PAUL MORRIS DR - ENGLEWOOD, FL 34223	85-8012529	Public Charity	0.	6,650.	Cost	70 Particulate Coverage Hoods	43817
ESCONDIDO FIRE DEPARTMENT 1163 N CENTRE CITY PKWY ESCONDIDO, CA 92026	95-6000708	Public Charity	0.	23,112.	Cost	Three Bullard QXT Thermal Imaging Camera Bundles &	Operational Support
ESPANOLA FIRE DEPARTMENT 405 N PASEO DE ONATE ESPANOLA, NM 87532	85-6000752	Public Charity	0.	20,875.	Cost	25 Scott Carbon Cylinders	Operational Support
ESTER VOLUNTEER FIRE DEPARTMENT PO BOX 229 ESTER, AK 99725	92-0111226	Public Charity	0.	18,524.	Cost	Hurst Extrication Equipment (Combi Tool,	Operational Support
FAIRBORN FIRE DEPARTMENT 44 W HEBBLE AVE FAIRBORN, OH 45324	31-6001510	Public Charity	0.	26,752.	Cost	Two Lucas 3 Devices and two External Power Supply	Operational Support
FAIRFIELD BENTON EMERGENCY SERVICES - 15 LAWRENCE AVE - FAIRFIELD, ME 04937	01-6000160	Public Charity	0.	13,596.	Cost	One Lucas Chest Compression System &	Operational Support

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FAIRVIEW FIRE DEPARTMENT 7131 BOWIE LAKE RD FAIRVIEW, TN 37062	62-6020111	Public Charity	0.	8,295.	Cost	One Bullard Thermal Imaging Camera & Accessories	44090
FARMINGTON FIRE & RESCUE DEPARTMENT - 153 Farmington Falls Rd - Farmington, ME 04938	01-6000163	Public Charity	0.	29,944.	Cost	One Hurst Cutter Package, One Hurst Spreader	Operational Support
FARMINGTON FIRE DEPARTMENT 301 N AUBURN AVE FARMINGTON, NM 87401	85-6000129	Public Charity	0.	11,860.	Cost	One Gear Washer/Extractor	Operational Support
FENNVILLE AREA FIRE DEPARTMENT 599 W FENNVILLE ST FENNVILLE, MI 49408	38-2599702	Public Charity	0.	7,299.	Cost	Hurst StrongArm & Accessories (multi-purpose	43915
FLORIDA SHERIFFS YOUTH RANCHES PO BOX 2000 BOYS RANCH, FL 32064	23-7303117	Public Charity	0.	6,300.	Cost	Four Powerheart G5 Semi-Automated Automated	44090
FLOWES STORE VOLUNTEER FIRE DEPARTMENT, INC. - 8623 FLOWES STORE RD - CONCORD, NC 28025	58-1344932	Public Charity	0.	24,785.	Cost	Hurst Extrication Equipment (Cutter,	Operational Support
FONTENELLE FOREST 1111 BELLEVUE BLVD N BELLEVUE, NE 68005	47-6026109	Public Charity	0.	5,775.	Cost	Seven Philips Onsite Defibrillators	43817
FORT MORROW FIRE DEPARTMENT 306 N MARION ST WALDO, OH 43356	31-0898587	Public Charity	0.	28,020.	Cost	10 Sets of Coats, Pants, Gloves, Boots, Hoods, Helmets	Operational Support
FRANKENLUST TOWNSHIP FIRE DEPARTMENT - 2401 DELTA RD - BAY CITY, MI 48706	38-6353048	Public Charity	0.	24,355.	Cost	One Bauer High Pressure Breathing Air Compressor,	Operational Support

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FRANKLIN COUNTY SHERIFF'S OFFICE 220 S BEECH ST OTTAWA, KS 66067	48-6038022	Public Charity	0.	12,611.	Cost	10 Zoll AED Plus with Graphical Cover &	Operational Support
FRANKLIN FIRE DEPARTMENT 1800 THORNBURG LN FRANKLIN, IN 46131	35-6001034	Public Charity	0.	18,075.	Cost	Body Armor & Accessories (13 breacher bags, 13	Operational Support
GALLATIN RIVER RANCH RURAL FIRE DISTRICT - PO BOX 109 - MANHATTAN, MT 59741	81-0544631	Public Charity	0.	8,733.	Cost	Three Sets of Jackets, Pants with Suspenders,	43817
GARDINER FIRE/RESCUE 6 CHURCH ST GARDNER, ME 01440	01-6000028	Public Charity	0.	8,862.	Cost	Two FLIR Thermal Imaging Cameras &	43817
GASTON POLICE DEPARTMENT 186 N CARLISLE ST GASTON, SC 29053	57-0608172	Public Charity	0.	6,315.	Cost	Two Zoll AED Pro Semi-Automatic Automated	43915
GASTONIA FIRE DEPARTMENT 260 N MYRTLE SCHOOL RD GASTONIA, NC 28052	56-6000227	Public Charity	0.	7,392.	Cost	Eight Scott Voice Amplifiers & Accessories	43992
GLADSTONE FIRE/EMS 7010 N HOLMES ST KANSAS CITY, MO 64118	44-6005624	Public Charity	0.	25,862.	Cost	10 sets of Bunker Gear (10 Honeywell bunker jackets	Operational Support
GRAND RIDGE VOLUNTEER FIRE DEPARTMENT - PO BOX 180 - GRAND RIDGE, FL 32442	59-1115167	Public Charity	0.	15,318.	Cost	Six Full sets of Bunker Gear (Veridian coats,	Operational Support
GREATER JACKSONVILLE AREA USO, INC. - 6801 ROOSEVELT BLVD - JACKSONVILLE, FL 32212	59-1052424	Public Charity	0.	5,673.	Cost	Three Heartsine Samaritan 450 Automated	43915

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GREEN POND VOLUNTEER FIRE 19629 EASTERN VALLEY RD WOODSTOCK, AL 35188	63-1161567	Public Charity	0.	27,165.	Cost	Hurst Extrication Equipment (Cutter,	Operational Support
GREENSBURG VOLUNTEER FIRE DEPARTMENT - 416 S MAIN ST - GREENSBURG, PA 15601	25-1412764	Public Charity	0.	16,080.	Cost	20 Seek Reveal FirePRO Handheld Personal	Operational Support
HACKS POINT FIRE COMPANY INC. 1185 GLEBE RD EARLEVILLE, MD 21919	52-1670024	Public Charity	0.	13,596.	Cost	One Lucas Chest Compression System &	Operational Support
HANCEVILLE FIRE RESCUE 112 MAIN ST SE HANCEVILLE, AL 35077	63-6001290	Public Charity	0.	27,165.	Cost	Hurst Extrication Equipment (Cutter,	Operational Support
HARDEE COUNTY FIRE RESCUE 149 K D REVELL RD WAUCHULA, FL 33873	59-6000632	Public Charity	0.	23,230.	Cost	Hurst Extrication Equipment (Two Combi Tools &	Operational Support
HAWKINS COUNTY RESCUE SQUAD, INC. 955 E MCKINNEY AVE ROGERSVILLE, TN 37857	62-1052972	Public Charity	0.	23,292.	Cost	18 Sets of Rescue Gear (Fire-Dex Coats, Pants,	Operational Support
HEALTH AND HOSPITAL CORPORATION OF MARION COUNTY - 3838 N RURAL ST - INDIANAPOLIS, IN 46205	35-6005697	Public Charity	0.	5,867.	Cost	One MultiRAE Wireless Gas Monitor, one AutoRAE 2	43915
HENDERSONVILLE POLICE DEPARTMENT 3 EXECUTIVE PARK DR HENDERSONVILLE, TN 37075	62-0809182	Public Charity	0.	18,598.	Cost	140 Stop the Bleed Kits, Five Phillips Automated	Operational Support
HILLSBOROUGH COUNTY SHERIFF'S OFFICE - 2008 E 8TH AVE - TAMPA, FL 33605	59-6000665	Public Charity	0.	22,950.	Cost	18 Cardiac Science G5 Automated External	Operational Support

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HOODLAND FIRE DISTRICT #74 69634 E HIGHWAY 26 WELCHES, OR 97067	93-0688151	Public Charity	0.	23,178.	Cost	Holmatro Extrication Equipment (Cutter,	Operational Support
HOUSTON COUNTY FIRE DEPARTMENT 200 CARL VINSON PKWY WARNER ROBINS, GA 31088	58-6000843	Public Charity	0.	18,372.	Cost	Eight Gas Monitor Kits & Calibration Equipment	Operational Support
HOUSTON POLICE DEPARTMENT 8402 LARSON ST HOUSTON, TX 77061	74-6001164	Public Charity	0.	27,084.	Cost	Zodiac FC 420 Rigid Inflatable Boat, Evinrude	Operational Support
HUNTINGTON BEACH FIRE DEPARTMENT 2000 MAIN ST HUNTINGTN BCH, CA 92648	95-6000723	Public Charity	0.	24,774.	Cost	Six Scott RIT Packs, Cylinders & Accessories	Operational Support
IDYLLWILD FIRE PROTECTION DISTRICT PO BOX 656 IDYLLWILD, CA 92549	33-0071827	Public Charity	0.	24,098.	Cost	Three Self Contained Breathing Apparatus,	Operational Support
IOWA FIRE DEPARTMENT PO BOX 815 IOWA, LA 70647	72-0985901	Public Charity	0.	24,980.	Cost	One Rescue One Connector Boat, 40 hp Motor, Trailer	Operational Support
IRMO FIRE DISTRICT 6017 SAINT ANDREWS RD COLUMBIA, SC 29212	57-1011306	Public Charity	0.	12,593.	Cost	Four Dell Tablets & Accessories (Havis Docking	Operational Support
JACKSON COUNTY FIRE DISTRICT #4 PO BOX 1400 SHADY COVE, OR 97539	93-6035244	Public Charity	0.	24,266.	Cost	22 Scott 4500 psi Carbon Fiber SCBA Cylinders	Operational Support
JACKSON TOWNSHIP EMERGENCY AMBULANCE SERVICES, INC. - PO BOX 452 - NEW PARIS, IN 46553	00-6787029	Public Charity	0.	31,384.	Cost	One Lifepak 15 Monitor/Defibri llator & Accessories	Operational Support

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(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
JEFFERSON CITY FIRE DEPARTMENT 104 CITY CENTER DR JEFFERSON CTY, TN 37760	62-6000317	Public Charity	0.	16,620.	Cost	Six Sets of Bunker Gear (Globe Jackets & Pants)	Operational Support
JUAB SPECIAL SERVICE FIRE DISTRICT 740 S MAIN ST NEPHI, UT 84648	87-0669525	Public Charity	0.	13,503.	Cost	One Polaris Ranger 1000 EPS UTV with Winch, Top,	Operational Support
K9S UNITED INC. 101 MARKETSIDE AVE STE 404-106 PONTE VEDRA, FL 32081	47-3857900	Public Charity	0.	13,902.	Cost	14 K9 Combination Temperature Alarm &	Operational Support
KALISPELL FIRE DEPARTMENT 312 1ST AVE E KALISPELL, MT 59901	81-6001281	Public Charity	0.	18,930.	Cost	Eight Sets of Jackets & Pants (PPE)	Operational Support
KAYSVILLE POLICE DEPARTMENT 80 N MAIN ST KAYSVILLE, UT 84037	87-6000238	Public Charity	0.	24,926.	Cost	10 Portable Motorola APX 6000 Series Radios	Operational Support
KEARNEY POLICE DEPARTMENT 2025 A AVE KEARNEY, NE 68847	47-6006243	Public Charity	0.	14,730.	Cost	10 Lifepak CR2 Semi-Automatic Defibrillators & Accessories	Operational Support
KIOWA FIRE PROTECTION DISTRICT PO BOX 321 KIOWA, CO 80117	84-0979756	Public Charity	0.	24,385.	Cost	6000 PSI Compressor & accessories (Fill station,	Operational Support
KLEINMAN FAMILY HOLDINGS, INC. - #6 - 1463 COLUMBIA FALLS STAGE - COLUMBIA FALLS, MT 59912	83-4654365	Public Charity	0.	8,263.	Cost	COVID-19 FOOD REIMBURSEMENT	43921
KOUTS VOLUNTEER FIRE DEPARTMENT PO BOX 325 KOUTS, IN 46347	35-6027278	Public Charity	0.	10,922.	Cost	Hurst Extrication Equipment (Battery-Operat	Operational Support

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LACROSSE FIRE DEPARTMENT 20421 North State Road 121 Lacrosse, FL 32658	59-1426943	Public Charity	0.	29,388.	Cost	Amkus Cutter, Spreader, Ram, Ram Extension Kit &	Operational Support
LAFAYETTE FIRE DEPARTMENT 401 N 111TH ST LAFAYETTE, CO 80026	98-0371500	Public Charity	0.	21,739.	Cost	Hurst Cutter, Spreader, & Accessories	Operational Support
LAKE MOHAVE RANCHOS FIRE DISTRICT PO BOX 611 DOLAN SPRINGS, AZ 86441	86-0527455	Public Charity	0.	18,605.	Cost	Eight Sets of Bunker Gear (Innotex Pants & Coats, Black	Operational Support
LAKE MONTICELLO VOLUNTEER RESCUE SQUAD - 14 SLICE RD - PALMYRA, VA 22963	51-0202346	Public Charity	0.	13,589.	Cost	One Lucas Chest Compression System &	Operational Support
LAKEFRONT MANAGEMENT AUTHORITY 6001 STARS AND STRIPES BLVD NEW ORLEANS, LA 70126	46-1477471	Public Charity	0.	7,975.	Cost	Five Physio Control LIFEPAK CR2 Automated	43992
LAKEWOOD HEALTH SYSTEM 49725 COUNTY 83 STAPLES, MN 56479	41-1842965	Public Charity	0.	13,596.	Cost	One Lucas Chest Compression System &	Operational Support
LARAMIE COUNTY FIRE DISTRICT 8 1050 County Road 210 Cheyenne, WY 82009	15-5672156	Public Charity	0.	34,488.	Cost	Five SCBAs, Facepieces & Cylinders	Operational Support
LAUREL VOLUNTEER RESCUE SQUAD, INC. - 14910 BOWIE RD - LAUREL, MD 20707	52-6044884	Public Charity	0.	10,625.	Cost	Hurst Extrication Equipment (Combi-Tool &	Operational Support
LEESBURG TOWNSHIP FIRE DEPARTMENT 12985 STATE ROUTE 347 MARYSVILLE, OH 43040	31-1025991	Public Charity	0.	29,299.	Cost	12 Sets of Structural Firefighting Gear (Fire-Dex	Operational Support

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LIBERTY TOWNSHIP FIRE DEPARTMENT 408 N 600 E Selma, IN 47383	05-0562629	Public Charity	0.	17,610.	Cost	Five Sets of Bunker Gear (Five Globe Jackets, Five	Operational Support
LIBERTY TOWNSHIP FIRE DEPARTMENT 4001 LOGAN WAY YOUNGSTOWN, OH 44505	34-6001676	Public Charity	0.	13,376.	Cost	One Lucas Chest Compression System &	Operational Support
LINCOLN PARK FIRE DEPARTMENT 1355 CLEOPHUS PKWY LINCOLN PARK, MI 48146	38-6004632	Public Charity	0.	13,596.	Cost	One Lucas Chest Compression System &	Operational Support
LIONS OF GLENDALE VOLUNTEER FIRE DEPARTMENT - 405 E MAIN ST - GLENDALE, KY 42740	00-0441080	Public Charity	0.	21,690.	Cost	Fire Hose, Nozzles, Monitor & Accessories	Operational Support
LITTLE FALLS FIRE DEPARTMENT 17 PATERSON AVE LITTLE FALLS, NJ 07424	22-6002038	Public Charity	0.	13,596.	Cost	One Lucas Chest Compression System &	Operational Support
LODI POLICE DEPARTMENT 1 MEMORIAL DR LODI, NJ 07644	22-6002044	Public Charity	0.	23,304.	Cost	Eight Motorola APX6000 Portable Radios &	Operational Support
LONGBOAT KEY FIRE RESCUE 5490 GULF OF MEXICO DR LONGBOAT KEY, FL 34228	59-6017152	Public Charity	0.	27,805.	Cost	Hurst Cutter, Spreader, Ram & Accessories	Operational Support
LOS ANGELES COUNTY FIRE DEPARTMENT 5801 S EASTERN AVE COMMERCE, CA 90040	95-6000927	Public Charity	0.	22,763.	Cost	Four Bullard Thermal Imaging Cameras	Operational Support
LUNA PIER VOLUNTEER FIRE DEPARTMENT - 4357 BUCKEYE ST - LUNA PIER, MI 48157	38-1718420	Public Charity	0.	14,519.	Cost	One Zoll Autopulse System & Accessories	Operational Support

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MADISON COUNTY FIRE AND RESCUE 1314 W BASE ST MADISON, FL 32340	59-6000722	Public Charity	0.	27,775.	Cost	Hurst Extrication Equipment (Cutter,	Operational Support
MADISON FIRE DEPARTMENT 253 SW HORRY AVE MADISON, FL 32340	59-6000367	Public Charity	0.	29,680.	Cost	Ten Sets of Bunker Gear (Morning Pride Coats & Pants,	Operational Support
MADISON FIRE DEPARTMENT 316 W DAYTON ST MADISON, WI 53703	39-6005507	Public Charity	0.	5,017.	Cost	One Sim Pad PLUS CPR Feedback Device with	43992
MANITOU SPRINGS FIRE DEPARTMENT 620 MANITOU AVE MANITOU SPGS, CO 80829	84-6000692	Public Charity	0.	10,014.	Cost	ROSC-U Mechanical CPR Device & Accessories	Operational Support
MANSURA VOLUNTEER FIRE DEPARTMENT 1808 LEGLISE ST MANSURA, LA 71350	72-1129936	Public Charity	0.	19,860.	Cost	Holmatro Extrication Equipment (Cutter,	Operational Support
MANTENO COMMUNITY FIRE PROTECTION DISTRICT - 13 S WALNUT ST - MANTENO, IL 60950	36-2800425	Public Charity	0.	20,156.	Cost	Three Ferno EZ-Glide Stair Chairs with Powerflexx	Operational Support
MARIANNA FIRE-RESCUE 4425 CLINTON ST MARIANNA, FL 32446	59-6000370	Public Charity	0.	27,165.	Cost	Hurst Cutter, Spreader, Ram & Accessories	Operational Support
MARION COUNTY FIRE DISTRICT #1 300 CORDON RD NE SALEM, OR 97317	93-6013766	Public Charity	0.	14,801.	Cost	28 Seek FirePro Thermal Imaging	Operational Support
MARION COUNTY VOLUNTEER FIRE STATION 5 DOYLE - 2964 HIGHWAY 26 E - BUENA VISTA, GA 31803	80-0037512	Public Charity	0.	26,339.	Cost	TNT Extrication Equipment (Spreader,	Operational Support

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MARION FIRE DEPARTMENT 3933 KATZ DR MARION, IA 52302	42-6004932	Public Charity	0.	21,350.	Cost	One Can-Am Defender ATV & Accessories (charger	Operational Support
MARSHALL AREA EMS 119 INDUSTRIAL DR MARSHALL, WI 53559	39-1779629	Public Charity	0.	13,596.	Cost	One Lucas 3 Chest Compression System &	Operational Support
MARYVILLE FIRE DEPARTMENT 402 W BROADWAY AVE MARYVILLE, TN 37801	62-6000353	Public Charity	0.	23,328.	Cost	Eight Sets of Coats, Pants with Suspenders,	Operational Support
MATHISTON FIRE AND RESCUE - TOWN OF MATHISTON - PO BOX 178 - MATHISTON, MS 39752	64-0535025	Public Charity	0.	20,570.	Cost	Amkus Extrication Equipment (Spreader,	Operational Support
MAYER FIRE DISTRICT 11975 S STATE ROUTE 69 MAYER, AZ 86333	52-1558039	Public Charity	0.	9,359.	Cost	One Lifeline Automated Chest Compression	44090
MERRIONETTE PARK FIRE DEPARTMENT 3165 W 115TH ST MERRIONETT PK, IL 60803	36-6008523	Public Charity	0.	24,000.	Cost	Hurst Extrication Equipment (Cutter,	Operational Support
MESA COMMUNITY COLLEGE/FIRE SCIENCE, EMT, PARAMEDIC DEPARTMENT - 1833 W SOUTHERN AVE - MESA, AZ 85202	86-0185552	Public Charity	0.	17,613.	Cost	Three QuikClot Hemorrhage Control Training Kits,	Operational Support
MIAMI TOWNSHIP POLICE DEPARTMENT 5900 MCPICKEN DR MILFORD, OH 45150	31-6000588	Public Charity	0.	28,308.	Cost	42 Sets of Ballistic Helmets with Up-Armor Tiles	Operational Support
MIDFIELD FIRE AND RESCUE 725 Bessemer Super Highway Midfield, AL 35228	63-6004105	Public Charity	0.	27,165.	Cost	Hurst Extrication Equipment (Cutter,	Operational Support

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MIDNIGHT SUN COUNCIL, BOY SCOUTS OF AMERICA - 1400 GILLAM WAY - FAIRBANKS, AK 99701	92-0027314	Public Charity	0.	7,528.	Cost	Three backboards, three Automated	43915
MIDWAY VOLUNTEER FIRE DEPARTMENT 9729 OSR MIDWAY, TX 75852	75-2231100	Public Charity	0.	21,705.	Cost	Hurst Extrication Equipment (Cutter,	Operational Support
MIDWAY VOLUNTEER FIRE RESCUE 50 MLK BLVD. Midway, FL 32343	59-2723706	Public Charity	0.	31,680.	Cost	Amkus Extrication Equipment (Cutter,	Operational Support
MILFORD FIRE DEPARTMENT PO BOX 336 MILFORD, ME 01757	01-6000270	Public Charity	0.	17,050.	Cost	North Atlantic Inflatables Rescue Boat & Accessories	Operational Support
MINNETONKA FIRE DEPARTMENT 14550 MINNETONKA BLVD MINNETONKA, MN 55345	41-6005379	Public Charity	0.	33,550.	Cost	26 Cardiac Science G5 Automated External	Operational Support
MOBILE COUNTY EMERGENCY MEDICAL SERVICES - PO BOX 289 - SEMMES, AL 36575	63-1058881	Public Charity	0.	20,931.	Cost	Airtraq Video Laryngoscope WIFI Camera & Accessories	Operational Support
MOHAVE VALLEY FIRE DISTRICT 4151 Willow Drive Mohave Valley, AZ 86440	86-0411090	Public Charity	0.	24,400.	Cost	Fire Hoses (83 - 50ft .sec. 1.75 in. hose, 20 -100 ft.	Operational Support
MURRAY COUNTY SCHOOL SYSTEM 1004 GREEN RD CHATSWORTH, GA 30705	58-6000293	Public Charity	0.	15,481.	Cost	12 Philips Onsite Defibrillators, 8 Philips	Operational Support
MUSKEGON CHARTER TOWNSHIP FIRE DEPARTMENT - 1117 S WALKER RD - MUSKEGON, MI 49442	38-6006915	Public Charity	0.	17,284.	Cost	One Vetter Air Bag Lifting System, Eight Power Hawk	Operational Support

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NAVARRE BEACH FIRE RESCUE INC. 1413 UTILITY DR NAVARRE, FL 32566	59-3107247	Public Charity	0.	14,111.	Cost	Paratech Air Lifting Bag System & Accessories	Operational Support
NEW SMYRNA BEACH FIRE DEPARTMENT 1400 STATE ROAD 44 NEW SMYRNA, FL 32168	59-6000387	Public Charity	0.	30,920.	Cost	Amkus Extrication Equipment (Cutter,	Operational Support
NEWBERRY HIGH SCHOOL SPORTS MEDICINE DEPARTMENT - 3113 MAIN ST - NEWBERRY, SC 29108	57-6000388	Public Charity	0.	6,400.	Cost	Five Zoll Automated External Defibrillators	43817
NEWBURGH HEIGHTS FIRE DEPARTMENT 4105 HARVARD AVE NEWBURGH HTS, OH 44105	34-6002011	Public Charity	0.	12,646.	Cost	Genesis Extrication Equipment (Combination	Operational Support
NOBLE TOWNSHIP VOLUNTEER FIRE DEPARTMENT INC. - PO BOX 153 - UNION MILLS, IN 46382	20-0471663	Public Charity	0.	21,676.	Cost	14 Sets of Bunker Gear, Extractor & Dryer (Fire	Operational Support
NORTH BANNOCK COUNTY FIRE DISTRICT 444 E CHUBBUCK RD CHUBBUCK, ID 83202	47-2774744	Public Charity	0.	22,088.	Cost	Three MSA Evolution 6000 Thermal Imaging	Operational Support
NORTH DAVIS FIRE DISTRICT 381 N 3150 W WEST POINT, UT 84015	76-0792740	Public Charity	0.	27,469.	Cost	Hurst Extrication Equipment (1 Hurst Edraulic	Operational Support
NORTH FOND DU LAC FIRE DEPARTMENT 16 GARFIELD ST N FOND DU LAC, WI 54937	39-6006332	Public Charity	0.	13,638.	Cost	Groves Ready Rack Dryer, Groves Ready Rack Hose	Operational Support
NORTH MUSKEGON FIRE DEPARTMENT 1102 RUDDIMAN DR N MUSKEGON, MI 49445	38-6004721	Public Charity	0.	13,596.	Cost	One Lucas 3 Chest Compression System and	Operational Support

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NORTH POLE FIRE DEPARTMENT 110 LEWIS ST NORTH POLE, AK 99705	92-6001585	Public Charity	0.	7,780.	Cost	One Respirator Fit Tester	43817
NORTHEAST MIDLAND COUNTY VOLUNTEER FIRE DEPARTMENT - 3810 N COUNTY ROAD 1130 - MIDLAND, TX 79705	79-2293149	Public Charity	0.	18,300.	Cost	Eight Harris XG-25P Portable Radios &	Operational Support
NORTHFIELD VILLAGE FIRE DEPARTMENT 10271 NORTHFIELD RD NORTHFIELD, OH 44067	34-6002060	Public Charity	0.	25,545.	Cost	13 Sets of Turnout Pants and Coats (PPE)	Operational Support
NORTHVIEW VOLUNTEER FIRE DEPARTMENT - PO BOX 4 - KODAK, TN 37764	58-1310085	Public Charity	0.	28,430.	Cost	Hurst Extrication Equipment (Cutter,	Operational Support
OKLAHOMA STATE UNIVERSITY FOUNDATION - 400 South Monroe Stree - Stillwater, OK 74074	73-6097060	Public Charity	0.	17,862.	Cost	Two 14 ft INMAR Hypalon Search & Rescue	Operational Support
PACE FIRE RESCUE DISTRICT 4773 PACE PATRIOT BLVD PACE, FL 32571	51-0655402	Public Charity	0.	24,860.	Cost	TNT Rescue Extrication Equipment (Spreader,	Operational Support
PAINESVILLE TOWNSHIP FIRE DEPARTMENT - 550 HARDY RD - PAINESVILLE, OH 44077	34-6002138	Public Charity	0.	39,540.	Cost	TNT Extrication Equipment (Spreader,	Operational Support
PALMER LAKE POLICE DEPARTMENT PO BOX 208 PALMER LAKE, CO 80133	18-2806364	Public Charity	0.	5,501.	Cost	15 Ballistic Vests (GH PRO VEST LEVEL 11 Bulletproof	44090
PARAMUS EMERGENCY MEDICAL SERVICES 80 N STATE RT 17 PARAMUS, NJ 07652	22-6002186	Public Charity	0.	13,596.	Cost	One Lucas Chest Compression System &	Operational Support

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PASQUOTANK-CAMDEN EMS 1144 C N ROAD ST ELIZABETH CTY, NC 27909	56-6000328	Public Charity	0.	6,465.	Cost	Special Response Unit Supplies (75 Black	44090
PECAN GROVE VOLUNTEER FIRE DEPARTMENT - 727 PITTS RD - RICHMOND, TX 77406	76-0069658	Public Charity	0.	27,160.	Cost	Ten Sets of Bunker Gear (Veridian Coats & Pants,	Operational Support
PHENIX CITY FIRE RESCUE 1111 BROAD ST PHENIX CITY, AL 36867	63-6001343	Public Charity	0.	15,800.	Cost	Eight Cardiac Science G5 Automated External	Operational Support
PIGEON FORGE FIRE DEPARTMENT PO BOX 1350 PIGEON FORGE, TN 37868	62-0677423	Public Charity	0.	19,980.	Cost	18 Cardiac Science Powerheart G5 Automated	Operational Support
PIKE COUNTY SHERIFF'S OFFICE 120 W CHURCH ST TROY, AL 36081	63-6001676	Public Charity	0.	24,700.	Cost	One RescueOne Gen2 Connector Boat, Trailer & Accessories	Operational Support
PINCH VOLUNTEER FIRE DEPARTMENT, INC. - PO BOX 477 - PINCH, WV 25156	55-0567519	Public Charity	0.	13,596.	Cost	One Lucas 3 Chest Compression System &	Operational Support
PLANTATION POLICE DEPARTMENT 451 NW 70TH TER PLANTATION, FL 33317	85-8012646	Public Charity	0.	18,805.	Cost	2020 Polaris Ranger Crew 1000 Premium & Accessories	Operational Support
PLATTEVILLE FIRE DEPARTMENT 303 Main Street Platteville, CO 80651	84-0754706	Public Charity	0.	9,708.	Cost	14 Ballistic Vests with Patches and Helmets	43817
PLEASANT GROVE FIRE AND RESCUE 501 PARK RD PLEASANT GRV, AL 35127	63-6001348	Public Charity	0.	27,165.	Cost	Hurst Extrication Equipment (Cutter,	Operational Support

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PLEASANT HILL GOSHEN FIRE & RESCUE 85880 1ST ST EUGENE, OR 97405	82-5370804	Public Charity	0.	21,760.	Cost	Extrication Equipment: Holmatro Two Tool Pump,	Operational Support
POLLOCKSVILLE VOLUNTEER FIRE DEPARTMENT, INC. - PO BOX 219 - POLLOCKSVILLE, NC 28573	56-1304250	Public Charity	0.	23,202.	Cost	Hurst Extrication Equipment (Spreader,	Operational Support
PONCE INLET FIRE RESCUE 4680 S PENINSULA DR PONCE INLET, FL 32127	59-1265432	Public Charity	0.	24,570.	Cost	Hurst Extrication Equipment (Cutter,	Operational Support
PORT JERVIS FIRE DEPARTMENT 20 HAMMOND ST PORT JERVIS, NY 12771	14-6002383	Public Charity	0.	33,743.	Cost	Hurst Extrication Equipment (Cutter,	Operational Support
POTOSI VOLUNTEER FIRE DEPARTMENT INC. - 1622 - ABILENE, TX 79602	75-2924147	Public Charity	0.	24,135.	Cost	Eight sets of Structural Turnout Gear (Globe coat,	Operational Support
PRICHARD POLICE DEPARTMENT 216 E PRICHARD AVE PRICHARD, AL 36610	63-3001350	Public Charity	0.	22,140.	Cost	36 Galls Bulletproof Vests (with level II	Operational Support
PROSPECT PARK FIRE DEPARTMENT 106 BROWN AVE PROSPECT PARK, NJ 07508	22-6002229	Public Charity	0.	18,543.	Cost	Four Portable Multi-Gas Meters, Two Argus Mi-TIC	Operational Support
PUERTO RICO FIRE DEPARTMENT, BAYAMON - PO BOX 13325 - SAN JUAN, PR 90008	66-0433481	Public Charity	0.	25,350.	Cost	Holmatro Extrication Equipment and Four Sets of	Operational Support
PUERTO RICO FIRE DEPARTMENT, CAYEY PO BOX 13325 SAN JUAN, PR 90008	66-0433481	Public Charity	0.	23,588.	Cost	A variety of firefighting equipment (Holmatro	Operational Support

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PUERTO RICO FIRE DEPARTMENT, PONCE FIRE STATION - PO BOX 13325 - SAN JUAN, PR 90008	66-0433481	Public Charity	0.	24,773.	Cost	A Variety of Firefighting Equipment & PPE (Holmatro	Operational Support
QUINCY FIRE DEPARTMENT 906 VERMONT ST QUINCY, IL 62301	37-6000378	Public Charity	0.	13,277.	Cost	Two Portable Gear Dryers (Capacity for four sets of	Operational Support
RAMSEY COUNTY SHERIFF'S OFFICE 425 St Paul, MN 55101	41-6005875	Public Charity	0.	24,031.	Cost	26 Ballistic Helmets	Operational Support
REGIONAL FIRE & RESCUE DEPARTMENT, INC. - 7951 W MCCARTNEY RD - CASA GRANDE, AZ 85194	20-1533415	Public Charity	0.	27,777.	Cost	10 Sets of Bunker Gear (Lion Coats & Pants with	Operational Support
REMERTON FIRE DEPARTMENT 1757 POPLAR ST VALDOSTA, GA 31601	58-1026451	Public Charity	0.	15,320.	Cost	Eight sets of Bunker Gear (Jainesville coats, pants &	Operational Support
RICHLAND TOWNSHIP VOLUNTEER FIRE DEPARTMENT - 1321 SCALP AVE - JOHNSTOWN, PA 15904	25-1300417	Public Charity	0.	23,732.	Cost	17 Paratech High Pressure Air Bags, Dual Deadman	Operational Support
RIDGEWAY FIRE DEPARTMENT 133 S MAIN ST RIDGEWAY, OH 43345	34-1518696	Public Charity	0.	21,044.	Cost	Communications Equipment (Wireless Intercoms,	Operational Support
RIPON AREA FIRE DISTRICT 515 ASPEN ST RIPON, WI 54971	26-2992578	Public Charity	0.	17,430.	Cost	42 Motorola Pagers	Operational Support
RIVERVIEW FIRE PROTECTION DISTRICT 9933 DIAMOND DR SAINT LOUIS, MO 63137	43-6004338	Public Charity	0.	24,706.	Cost	One Inmar Inflatable Boat & Water Rescue	Operational Support

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
RURAL DELTANA VOLUNTEER FIRE DEPARTMENT - PO BOX 524 - DELTA JCT, AK 99737	92-0159017	Public Charity	0.	19,548.	Cost	One Unimac 30lb Washing Machine/Extractor, One Bunker	Operational Support
SACRAMENTO POLICE DEPARTMENT 5770 FREEPORT BLVD SACRAMENTO, CA 95822	94-6000410	Public Charity	0.	38,135.	Cost	29 Zoll Automated External Defibrillators	Operational Support
SAFETY HARBOR FIRE DEPARTMENT 750 MAIN ST SAFETY HARBOR, FL 34695	60-3569687	Public Charity	0.	26,085.	Cost	Hurst Extrication Equipment (Cutter,	Operational Support
SALEM FIRE EMS 216 South Broas Street Salem, VA 24153	54-6001593	Public Charity	0.	7,459.	Cost	Two 14' Self-Bailing Rafts	43817
SALTILLO FIRE DEPARTMENT P.O. Box 1426 Saltillo, MS 38866	64-0635863	Public Charity	0.	27,165.	Cost	Hurst Extrication Equipment (Cutter,	Operational Support
SANTAQUIN FIRE DEPARTMENT 275 W MAIN ST SANTAQUIN, UT 84655	87-6000900	Public Charity	0.	11,212.	Cost	Trailer (Element Trailer with color upgrade,	Operational Support
SATELLITE BEACH FIRE DEPARTMENT 1390 SOUTH PATRICK DR SATELLITE BCH, FL 32937	85-8015931	Public Charity	0.	27,165.	Cost	Hurst Extrication Equipment (Spreader,	Operational Support
SCIOTO TOWNSHIP FIRE DEPARTMENT 3737 OSTRANDER RD OSTRANDER, OH 43061	31-6400950	Public Charity	0.	12,250.	Cost	25 Voice Amplifiers for SCBA Masks	Operational Support
SCIOTO VALLEY FIRE DISTRICT 100 N FRONT ST LA RUE, OH 43332	31-0945844	Public Charity	0.	9,624.	Cost	12 Ballistic Vests (Universal Level IIIA	44090

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SEVIER COUNTY VOLUNTEER FIRE DEPARTMENT - 149 INDUSTRIAL PARK DR - SEVIERVILLE, TN 37862	62-1186133	Public Charity	0.	20,100.	Cost	10 SCOTT Self-Contained Breathing Apparatus, 15	Operational Support
SHENANDOAH FIRE DEPARTMENT 400 W SHERIDAN AVE SHENANDOAH, IA 51601	42-6005200	Public Charity	0.	24,600.	Cost	One Polaris 1000 XP Crew Ranger and one Kimtek	Operational Support
SIERRA MADRE FIRE DEPARTMENT 242 W SIERRA MADRE BLVD SIERRA MADRE, CA 91024	95-6000796	Public Charity	0.	14,888.	Cost	One Lucas 3 Chest Compression System &	Operational Support
SILVERHILL POLICE DEPARTMENT PO BOX 309 SILVERHILL, AL 36576	63-0458419	Public Charity	0.	11,466.	Cost	14 Galls Ballistic Vests (Level IIIA Vest with	Operational Support
SMYRNA FIRE DEPARTMENT 315 S LOWRY ST SMYRNA, TN 37167	62-6012665	Public Charity	0.	35,295.	Cost	Three Mobile LED Light Towers	Operational Support
SNI-VALLEY FIRE PROTECTION DISTRICT - 1600 S BROADWAY - OAK GROVE, MO 64075	43-1214755	Public Charity	0.	22,732.	Cost	30 Sets of Lion VersaPro Brush Gear (Versa Pro	Operational Support
SOUTH DAVIS METRO FIRE SERVICE AREA - PO BOX 1547 - BOUNTIFUL, UT 84011	81-2207317	Public Charity	0.	43,630.	Cost	100 Personal Escape Systems (NFPA 1983 Escape Use.	Operational Support
SOUTH KALISPELL VOLUNTEER FIRE DEPARTMENT ASSOCIATION - PO Box 621 - Kalispell, MT 59901	30-0645503	Public Charity	0.	17,528.	Cost	27 Motorola XPR 3500e VHF Portable Radios &	Operational Support
SOUTH MADISON COUNTY FIRE PROTECTION DISTRICT - 639 YANDELL RD - CANTON, MS 39046	71-0881344	Public Charity	0.	9,830.	Cost	One Large ADA Compliant Inflatable Fire House	43817

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(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
SOUTH METRO FIRE PROTECTION DISTRICT - 611 W FOXWOOD DR - RAYMORE, MO 64083	43-1189325	Public Charity	0.	11,087.	Cost	Gas Monitors (One Multi-Rae Lite Gas Monitor, Five	Operational Support
SOUTHERN YAVAPAI FIRE DEPARTMENT 9000 S MAGBY DR KIRKLAND, AZ 86332	86-0840807	Public Charity	0.	30,079.	Cost	Ten Sets of Bunker Gear (Lion V-Force Coats & Pants,	Operational Support
ST. JOHNS COUNTY SHERIFF'S OFFICE 4015 LEWIS SPEEDWAY ST AUGUSTINE, FL 32084	59-6000829	Public Charity	0.	24,700.	Cost	20 Cardiac Science G5 Automated External	Operational Support
ST. JOSEPH FIRE DEPARTMENT 401 S 7TH ST SAINT JOSEPH, MO 64501	12-0493457	Public Charity	0.	23,296.	Cost	25 sets of Turnout Pants	Operational Support
ST. JOSEPH'S HEALTH FOUNDATION 703 MAIN ST PATERSON, NJ 07503	22-2448138	Public Charity	0.	27,193.	Cost	Two Lucas Chest Compression Systems &	Operational Support
ST. TAMMANY PARISH FIRE PROTECTION DISTRICT # 6 - 79029 HIGHWAY 437 - COVINGTON, LA 70435	72-1129501	Public Charity	0.	9,871.	Cost	One Lifeline Automated Chest Compression	44090
ST. VINCENT'S HOME 1009 1ST ST SW ROANOKE, VA 24016	54-0524904	Public Charity	0.	5,160.	Cost	Four Zoll AED Plus Automates External Defibrillators	43817
STAR FIRE PROTECTION DISTRICT 11665 W STATE ST STAR, ID 83669	82-0339377	Public Charity	0.	24,594.	Cost	One Zodiac Rescue Boat, Evinrude Motor and	Operational Support
STARKVILLE FIRE DEPARTMENT 503 E LAMPKIN ST STARKVILLE, MS 39759	64-6001082	Public Charity	0.	21,308.	Cost	Two INMAR Rescue Inflatable Boats, Two	Operational Support

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
STEESE VOLUNTEER FIRE DEPARTMENT 800 WILLIAM C LEARY LN FAIRBANKS, AK 99712	92-0118544	Public Charity	0.	11,058.	Cost	One Washer-Extractor with base, sanitizer, and	Operational Support
STEPHENS CITY VOLUNTEER FIRE & RESCUE DEPARTMENT - 5346 MULBERRY ST - STEPHENS CITY, VA 22655	54-6048742	Public Charity	0.	25,508.	Cost	Nine Sets of Structural Firefighting Coats, Pants,	Operational Support
STEPHENVILLE FIRE DEPARTMENT 1301 PECAN HILL RD STEPHENVILLE, TX 76401	75-6000677	Public Charity	0.	25,150.	Cost	Ten Sets of Bunker Gear (FireDex FXR Coats & Pants)	Operational Support
SUISUN CITY FIRE DEPARTMENT 701 CIVIC CENTER BLVD SUISUN CITY, CA 94585	94-6000437	Public Charity	0.	30,688.	Cost	One Zodiac Red Inflatable Boat, one Yamaha 50 hp	Operational Support
SUN PACIFIC ENERGY, INC. - #2 107799 RIDGELINE DRIVE KENNEWICK, WA 99337	91-0782626	Public Charity	0.	7,111.	Cost	COVID-19 FOOD REIMBURSEMENT	43931
TATTNALL COUNTY SCHOOL SYSTEM 146 E BRAZELL ST REIDSVILLE, GA 30453	58-6000324	Public Charity	0.	9,106.	Cost	Six Debiftech Lifeline Automated External	43817
TEGA CAY FIRE DEPARTMENT 1195 STONECREST BLVD FORT MILL, SC 29708	62-1165357	Public Charity	0.	11,351.	Cost	One Spark Jet Ski & One Tandem Trailer (to pull a	Operational Support
TERREBONNE PARISH FIRE PROTECTION DISTRICT NO. 4A - 6129 GRAND CAILLOU RD - HOUMA, LA 70363	72-1284596	Public Charity	0.	24,929.	Cost	ONE Boat 1660 Connecting Boat with Accessories (1	Operational Support
THE COMMUNITY FIRE COMPANY OF PERRYVILLE - 920 PRINCIPIO FURNACE RD - PERRYVILLE, MD 21903	52-1437290	Public Charity	0.	24,405.	Cost	Three Self-Contained Breathing Apparatus and	Operational Support

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

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THE INDEPENDENCE FUND 9013 PERIMETER WOODS DR CHARLOTTE, NC 28216	26-0322088	Public Charity	0.	25,000.	Cost	Funding for all-terrain wheelchair and adaptive	Operational Support
THE TOWN OF IRON RIVER EMS, WI PO BOX 485 IRON RIVER, WI 54847	39-6005948	Public Charity	0.	14,497.	Cost	Zoll AutoPulse System	Operational Support
THE UNIVERSITY OF ARIZONA EMERGENCY MEDICAL SERVICE - 1209 E University Blvd - Tucson, AZ 85719	74-2652689	Public Charity	0.	22,538.	Cost	One Zoll X Series Defibrillator/Monitor	Operational Support
THE YOUNG MEN'S CHRISTIAN ASSOCIATION (YMCA) OF FLORIDA'S FIRST COAST, INC. - 40 E ADAMS ST - JACKSONVILLE, FL 32202	59-0638514	Public Charity	0.	24,995.	Cost	18 Powerheart G5 Automated External Defibrillators	Operational Support
THOMAS COUNTY SCHOOLS 200 N PINETREE BLVD THOMASVILLE, GA 31792	58-6000328	Public Charity	0.	5,976.	Cost	Six Philips HeartStart On-Site Automated	43992
TIMBERLAKE FIRE PROTECTION DISTRICT - PO BOX 810 - ATHOL, ID 83801	82-0509163	Public Charity	0.	13,679.	Cost	Two Portable Radios (Two APX 8000 All Band Portable	Operational Support
TITUSVILLE FIRE DEPARTMENT 550 S WASHINGTON AVE TITUSVILLE, FL 32796	85-8012621	Public Charity	0.	15,288.	Cost	The Aeroclave Room Decontamination System &	Operational Support
TODD MISSION VOLUNTEER FIRE DEPARTMENT - 21718 FM 1774 - PLANTERSVILLE, TX 77363	90-0782968	Public Charity	0.	19,140.	Cost	TNT Spreader, Cutter & Accessories	Operational Support
TOOMBS COUNTY BOARD OF COMMISSIONERS, ON BEHALF OF TOOMBS-MONTGOMERY EMS - 509 MAPLE DR - VIDALIA, GA 30474	58-6000895	Public Charity	0.	13,596.	Cost	One Lucas Chest Compression System &	Operational Support

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
TOWN OF JONES CITY POLICE PO BOX 720 JONES, OK 73049	73-6067935	Public Charity	0.	14,945.	Cost	20 Bulletproof Vests (Armor Express Razor Level II Soft	Operational Support
TOWN OF PROSPER PO BOX 307 PROSPER, TX 75078	75-6000642	Public Charity	0.	19,303.	Cost	One Kawasaki Mule UTV with Accessories (LED lights,	Operational Support
TOWN OF WELLTON FIRE DEPARTMENT 28634 OAKLAND AVE WELLTON, AZ 85356	86-0254075	Public Charity	0.	24,312.	Cost	Six Sets of Bunker Gear (Morning Pride Coats & Pants,	Operational Support
TOWN OF WESTVILLE FIRE DEPARTMENT P.O. Box 146 Westville, OK 74965	73-6061064	Public Charity	0.	19,121.	Cost	Swiftwater Rescue Equipment (Webbing,	Operational Support
TOWNS COUNTY EMS PO BOX 629 HIWASSEE, GA 30546	58-1249934	Public Charity	0.	7,890.	Cost	17 Kenwood NX-5200 Digital Radios, 10	43817
TROY VOLUNTEER FIRE DEPARTMENT PO BOX 25 TROY, SC 29848	81-4359260	Public Charity	0.	21,275.	Cost	Holmatro Extrication Equipment (Spreader,	Operational Support
TURNER COUNTY SHERIFF'S OFFICE 400 S. Main Ave. Parker, SD 57053	46-6000346	Public Charity	0.	24,661.	Cost	Polaris Ranger Crew XP 1000 & Accessories (Emergency	Operational Support
UNION ROAD VOLUNTEER FIRE DEPARTMENT - 4060 UNION RD - GASTONIA, NC 28056	23-7415898	Public Charity	0.	16,002.	Cost	12 Sets of Ballistic Gear (Helmets & Bulletproof	Operational Support
UPPER CAPTIVA FIRE & RESCUE DISTRICT - 4511 Hodgepodge Lane - Captiva, FL 33924	85-8012598	Public Charity	0.	21,408.	Cost	Two Bump Impact Helmets with Mounts & Two Night	Operational Support

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

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UPPER HOMINY VOLUNTEER FIRE & RESCUE DEPARTMENT - B.O. BOX 190 - CANDLER, NC 28715-9393	56-1645319	Public Charity	0.	36,750.	Cost	Zoll X Series 12 Lead Defibrillator Monitor	Operational Support
V1 RESTAURANT GROUP, LLC - #12 9120 SW HALL BLVD TIGARD, OR 97223	81-2685589	Public Charity	0.	6,036.	Cost	COVID-19 FOOD REIMBURSEMENT	43931
WARREN COUNTY FIRE DEPARTMENT 169 HIGHWAY 80 WARRENTON, GA 30828	58-6000904	Public Charity	0.	24,911.	Cost	Ten Sets of Coats, Pants, Boots, Gloves, Hoods and	Operational Support
WARRENSVILLE HEIGHTS FIRE DEPARTMENT - 4301 WARRENSVILLE CENTER RD - WARRENSVL HTS, OH 44128	34-6002992	Public Charity	0.	20,757.	Cost	Three FLIR Thermal Imaging Cameras, Two	Operational Support
WARRIOR WELLNESS SOLUTIONS 732 9TH ST DURHAM, NC 27705	27-1320064	Public Charity	0.	25,000.	Cost	Funding to deliver comprehensive personalized	Operational Support
WASHOE COUNTY SHERIFF'S OFFICE 911 E PARR BLVD RENO, NV 89512	88-6000138	Public Charity	0.	18,633.	Cost	2021 Can-Am Outlander Max 1000Xt (Equipped with	Operational Support
WATERTOWN FIRE DEPARTMENT 106 JONES ST WATERTOWN, WI 53094	39-6005640	Public Charity	0.	13,596.	Cost	One Lucas 3 Chest Compression Device with	Operational Support
WAVERLY VOLUNTEER FIRE AND RESCUE COMPANY - PO BOX 96 - WAVERLY, WV 26184	62-1377498	Public Charity	0.	18,280.	Cost	Eight sets of Bunker Gear (Globe GXCEL coats & pants)	Operational Support
WAYNE GENERAL HOSPITAL EMS 950 MATTHEW DR WAYNESBORO, MS 39367	64-6001528	Public Charity	0.	22,005.	Cost	Four Intubrite Video Larngoscopes & Accessories	Operational Support

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WAYNE POLICE DEPARTMENT 33701 MICHIGAN AVE WAYNE, MI 48184	38-6037548	Public Charity	0.	11,532.	Cost	Three Motorola APX6000 Portable Radios &	Operational Support
WEST CARROLLTON FIRE DEPARTMENT 300 E CENTRAL AVE W CARROLLTON, OH 45449	31-6001092	Public Charity	0.	13,596.	Cost	One Lucas Chest Compression System &	Operational Support
WEST LAFAYETTE FIRE DEPARTMENT 300 NORTH ST W LAFAYETTE, IN 47906	35-6001233	Public Charity	0.	22,005.	Cost	Amkus Extrication Equipment (Spreader,	Operational Support
WEST UNIVERSITY FIRE DEPT. 3800 UNIVERSITY BLVD HOUSTON, TX 77005	74-6001167	Public Charity	0.	16,820.	Cost	Hurst Extrication Equipment (Cutter,	Operational Support
WEST YORK AMBULANCE, INC. 320 E BERLIN RD YORK, PA 17408	23-2792660	Public Charity	0.	28,426.	Cost	One LifePak 15 Monitor/Defibrillator & Accessories	Operational Support
WHITE ROCK FIRE PROTECTION DISTRICT - p.o.box 397 - Pineville, MO 64956	84-2248701	Public Charity	0.	18,965.	Cost	TNT Rescue Extrication Equipment (Spreader,	Operational Support
WIND LAKE VOLUNTEER FIRE COMPANY, INC. - 7857 S LOOMIS RD - WIND LAKE, WI 53185	26-2534066	Public Charity	0.	11,099.	Cost	Four Sets of Bunker Gear (Lion V-Force Coat & Pants)	Operational Support
WINNABOW VOLUNTEER FIRE DEPARTMENT Winnabow Vol. Fire Department PO Box Winnabow, NC 28479	56-1362282	Public Charity	0.	14,769.	Cost	Five sets of Bunker Gear (Honeywell structural	Operational Support
WINTER HAVEN POLICE DEPARTMENT 551 3RD ST NW WINTER HAVEN, FL 33881	59-6000453	Public Charity	0.	28,700.	Cost	70 Ballistic Helmets	Operational Support

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YMCA OF THE TREASURE COAST 1700 SE MONTEREY RD STUART, FL 34996	85-8012560	Public Charity	0.	5,527.	Cost	Three Lifepak CR Plus Automated External	43915
YORK AREA UNITED FIRE & RESCUE 50 COMMONS DR YORK, PA 17402	04-1500979	Public Charity	0.	13,978.	Cost	Safety Rope & Accessories (7-200' 1/2' rope(2Yel,	Operational Support
YORK SPRINGS VOLUNTEER FIRE COMPANY - 312 MAIN ST - YORK SPRINGS, PA 17372	23-1985896	Public Charity	0.	13,632.	Cost	One Lucas Chest Compression System &	Operational Support

**Firehouse Subs Public Safety
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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	1	14,000.	0.		
Scholarships	12	64,240.	0.		

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

Part I, Line 2:

The Organization provides grant funding pursuant to the exempt mission of the Organization. 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)**

Compensation Information

OMB No. 1545-0047

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

2020

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization **Firehouse Subs Public Safety Foundation, Inc.**

Employer identification number
20-3588745

Part I Questions Regarding Compensation

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.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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 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.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> 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?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- 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?
- b** Any related organization?
- 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?
- b** Any related organization?
- 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

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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2020

**Firehouse Subs Public Safety
Foundation, Inc.**

Schedule J (Form 990) 2020

20-3588745

Page 2

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 Executive Director	(i)	156,407.	27,504.	11,149.	15,416.	29,294.	239,770.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							

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

2020

Open to Public
Inspection

Name of the organization	Firehouse Subs Public Safety Foundation, Inc.	Employer identification number	20-3588745
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Form 990, Part I, Line 1, Description of Organization Mission:

To impact the lifesaving capabilities of first responders and public safety organizations by providing equipment and resources.

Form 990, Part III, Line 4c, Program Service Accomplishments:

the purchase of critical equipment for first responders, better preparing them for future events. From victims, volunteers, first responders and other nonprofit organizations, the Foundation is able to positively impact lifesaving capabilities and collaborate with like organizations at the scene and beyond.

Form 990, Part III, Line 4d, Other Program Services:

U.S. Military:

2014 saw the establishment and facilitation of our military guideline. veterans from all military branches, injured in the line of duty, have the opportunity to request and receive adaptive tools and equipment to enhance their quality of life. Additional support includes collaborations with other military nonprofits, such as Wounded Warrior Project, K9s for Warriors & the Independence Fund, allowing the foundation to partner with like organizations, increasing the scope of our impact.

Scholarships and Continued Education:

It takes a special type of individual to choose to be a first

Name of the organization Firehouse Subs Public Safety Foundation, Inc.	Employer identification number 20-3588745
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responder. the foundation provides financial resources for these men and women pursuing a career path in public safety. These men and women put their life on the line everyday to protect others. The foundation partners with accredited schools on scholarship programs for individuals pursuing a career in the public safety sector as well as partnering with scholarship programs that will help advance first responder's careers.

Expenses \$ 158,172. including grants of \$ 120,285. 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 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 designated the Director and the accounting department to perform

Name of the organization **Firehouse Subs Public Safety
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a detailed review. The board then reviewed and approved the Form 990 prior to filing.

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
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.

Name of the organization **Firehouse Subs Public Safety
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Part XII, Line 2c

The process has not changed from prior years.

Multiple horizontal lines for text entry.