

PUBLIC DISCLOSURE COPY

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-1150

2009

Open to Public Inspection

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
▶ *The organization may have to use a copy of this return to satisfy state reporting requirements.*

A For the 2009 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"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE FIRE FIGHTERS FOUNDATION OF HOUSTON Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 1221 MCKINNEY ST. STE. 2100 City or town, state or country, and ZIP + 4 HOUSTON, TX 77010
D Employer identification number 20-4370896	
E Telephone number (713) 547-2084	
F Group Exemption Number ▶	
• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).	
G Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶	
I Website: ▶ WWW.FFFHOUSTON.COM	
J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
K Check <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.	
L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 196,682.	

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)																																																																	
Revenue	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>1</td><td>Contributions, gifts, grants, and similar amounts received</td><td>1</td><td style="text-align: right;">177,147.</td></tr> <tr><td>2</td><td>Program service revenue including government fees and contracts</td><td>2</td><td></td></tr> <tr><td>3</td><td>Membership dues and assessments</td><td>3</td><td></td></tr> <tr><td>4</td><td>Investment income</td><td>4</td><td style="text-align: right;">263.</td></tr> <tr><td>5a</td><td>Gross amount from sale of assets other than inventory</td><td>5a</td><td></td></tr> <tr><td>5b</td><td>Less: cost or other basis and sales expenses</td><td>5b</td><td></td></tr> <tr><td>5c</td><td>Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)</td><td>5c</td><td></td></tr> <tr><td>6</td><td>Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/></td><td></td><td></td></tr> <tr><td>6a</td><td>Gross revenue (not including \$ 60,300. of contributions reported on line 1)</td><td>6a</td><td style="text-align: right;">19,000.</td></tr> <tr><td>6b</td><td>Less: direct expenses other than fundraising expenses</td><td>6b</td><td style="text-align: right;">31,259.</td></tr> <tr><td>6c</td><td>Net income or (loss) from special events and activities (Subtract line 6b from line 6a)</td><td>6c</td><td style="text-align: right;">-12,259.</td></tr> <tr><td>7a</td><td>Gross sales of inventory, less returns and allowances</td><td>7a</td><td></td></tr> <tr><td>7b</td><td>Less: cost of goods sold</td><td>7b</td><td></td></tr> <tr><td>7c</td><td>Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)</td><td>7c</td><td></td></tr> <tr><td>8</td><td>Other revenue (describe ▶ OTHER INCOME)</td><td>8</td><td style="text-align: right;">272.</td></tr> <tr><td>9</td><td>Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8</td><td>9</td><td style="text-align: right;">165,423.</td></tr> </table>	1	Contributions, gifts, grants, and similar amounts received	1	177,147.	2	Program service revenue including government fees and contracts	2		3	Membership dues and assessments	3		4	Investment income	4	263.	5a	Gross amount from sale of assets other than inventory	5a		5b	Less: cost or other basis and sales expenses	5b		5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c		6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>			6a	Gross revenue (not including \$ 60,300. of contributions reported on line 1)	6a	19,000.	6b	Less: direct expenses other than fundraising expenses	6b	31,259.	6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	-12,259.	7a	Gross sales of inventory, less returns and allowances	7a		7b	Less: cost of goods sold	7b		7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		8	Other revenue (describe ▶ OTHER INCOME)	8	272.	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	165,423.
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Expenses	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>10</td><td>Grants and similar amounts paid (attach schedule) STMT 2</td><td>10</td><td style="text-align: right;">119,021.</td></tr> <tr><td>11</td><td>Benefits paid to or for members</td><td>11</td><td></td></tr> <tr><td>12</td><td>Salaries, other compensation, and employee benefits</td><td>12</td><td></td></tr> <tr><td>13</td><td>Professional fees and other payments to independent contractors</td><td>13</td><td style="text-align: right;">8,526.</td></tr> <tr><td>14</td><td>Occupancy, rent, utilities, and maintenance</td><td>14</td><td></td></tr> <tr><td>15</td><td>Printing, publications, postage, and shipping</td><td>15</td><td></td></tr> <tr><td>16</td><td>Other expenses (describe ▶ SEE STATEMENT 1)</td><td>16</td><td style="text-align: right;">33,073.</td></tr> <tr><td>17</td><td>Total expenses. Add lines 10 through 16</td><td>17</td><td style="text-align: right;">160,620.</td></tr> </table>	10	Grants and similar amounts paid (attach schedule) STMT 2	10	119,021.	11	Benefits paid to or for members	11		12	Salaries, other compensation, and employee benefits	12		13	Professional fees and other payments to independent contractors	13	8,526.	14	Occupancy, rent, utilities, and maintenance	14		15	Printing, publications, postage, and shipping	15		16	Other expenses (describe ▶ SEE STATEMENT 1)	16	33,073.	17	Total expenses. Add lines 10 through 16	17	160,620.																																
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Net Assets	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>18</td><td>Excess or (deficit) for the year (Subtract line 17 from line 9)</td><td>18</td><td style="text-align: right;">4,803.</td></tr> <tr><td>19</td><td>Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)</td><td>19</td><td style="text-align: right;">50,460.</td></tr> <tr><td>20</td><td>Other changes in net assets or fund balances (attach explanation)</td><td>20</td><td></td></tr> <tr><td>21</td><td>Net assets or fund balances at end of year. Combine lines 18 through 20</td><td>21</td><td style="text-align: right;">55,263.</td></tr> </table>	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	4,803.	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	50,460.	20	Other changes in net assets or fund balances (attach explanation)	20		21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	55,263.																																																
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Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	50,460.	22 style="text-align: right;">55,263.
23	Land and buildings		23
24	Other assets (describe ▶)		24
25	Total assets	50,460.	25 style="text-align: right;">55,263.
26	Total liabilities (describe ▶)	0.	26 style="text-align: right;">0.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	50,460.	27 style="text-align: right;">55,263.

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Part III Statement of Program Service Accomplishments (See the instructions for Part III.)	Expenses <small>(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)</small>
What is the organization's primary exempt purpose? SEE STATEMENT 5	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	
28 GRANT GIVEN TO THE HOUSTON FIRE DEPARTMENT FOR AN ADVANCED RESCUE SYSTEM, METRO FIRE APPARATUS, AND VARIOUS OTHER SUPPLIES. (Grants \$ <u>77,893.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	28a 77,893.
29 SEE STATEMENT 4 (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a 29,560.
30 GRANT GIVEN TO THE HOUSTON FIRE DEPARTMENT FOR VARIOUS TOOLS AND SAFETY EQUIPMENT. (Grants \$ <u>23,524.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	30a 23,524.
31 Other program services (attach schedule) SEE STATEMENT 6 (Grants \$ <u>17,604.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	31a 17,604.
32 Total program service expenses (add lines 28a through 31a)	32 148,581.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
WILLIAM E. KING, 1221 MCKINNEY ST. STE. 2100, HOUSTON, TX 77010	PRESIDENT & BOARD CHAIRMAN 5.00	0.	0.	0.
BOBBY SINGH, 1221 MCKINNEY ST. STE. 2100, HOUSTON, TX 77010	BOARD MEMBER 1.00	0.	0.	0.
JEFF DINERSTEIN, 1221 MCKINNEY ST. STE. 2100, HOUSTON, TX 77010	BOARD MEMBER & TREASURER 5.00	0.	0.	0.
GEORGE HITTNER, 1221 MCKINNEY ST. STE. 2100, HOUSTON, TX 77010	BOARD MEMBER & SECRETARY 1.00	0.	0.	0.
BRIAN DINERSTEIN, 1221 MCKINNEY ST. STE. 2100, HOUSTON, TX 77010	BOARD MEMBER 1.00	0.	0.	0.
C.C. LEE, 1221 MCKINNEY ST. STE. 2100, HOUSTON, TX 77010	BOARD MEMBER 1.00	0.	0.	0.
JANE PAGE, 1221 MCKINNEY ST. STE. 2100, HOUSTON, TX 77010	BOARD MEMBER 1.00	0.	0.	0.
LEE VELA, 1221 MCKINNEY ST. STE. 2100, HOUSTON, TX 77010	BOARD MEMBER 1.00	0.	0.	0.
GEORGE EBELT, 1221 MCKINNEY ST. STE. 2100, HOUSTON, TX 77010	BOARD MEMBER 1.00	0.	0.	0.
JENNIFER MCEWAN, 1221 MCKINNEY ST. STE. 2100, HOUSTON, TX 77010	BOARD MEMBER 1.00	0.	0.	0.
BRAD DEUTSER, 1221 MCKINNEY ST. STE. 2100, HOUSTON, TX 77010	BOARD MEMBER 1.00	0.	0.	0.
NORMAN NOLASCO, 1221 MCKINNEY ST. STE. 2100, HOUSTON, TX 77010	BOARD MEMBER 1.00	0.	0.	0.
STEVEN SELTZER, 1221 MCKINNEY ST. STE. 2100, HOUSTON, TX 77010	BOARD MEMBER 1.00	0.	0.	0.

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Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

		Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		X
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000

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: JEFF S. DINERSTEIN, TREASURER Date: _____

Paid Preparer's Use Only Preparer's signature: WJH Date: 3/11/10 Check if self-employed: Preparer's identifying number (See Instr.): _____

Firm's name (or yours if self-employed), address, and ZIP + 4: UHY ADVISORS TX, LLC
12 GREENWAY PLAZA, SUITE 200
HOUSTON, TX 77046 EIN: _____ Phone no.: 713-960-1706

May the IRS discuss this return with the preparer shown above? See instructions Yes No

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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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		288,369.	250,564.	206,571.	177,147.	922,651.
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		288,369.	250,564.	206,571.	177,147.	922,651.
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)						219,990.
6 Public support. Subtract line 5 from line 4.						702,661.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4		288,369.	250,564.	206,571.	177,147.	922,651.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		367.	859.	1,006.	263.	2,495.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)				26,121.	19,273.	45,394.
11 Total support. Add lines 7 through 10						970,540.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input checked="" type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2009. 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 type="checkbox"/>		
b 33 1/3% support test - 2008. 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 - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		
<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		
<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"/>		

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Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. 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 - 2008. 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

PUBLIC DISCLOSURE COPY

Schedule of Contributors

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

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

Name of the organization

Employer identification number

THE FIRE FIGHTERS FOUNDATION OF HOUSTON

20-4370896

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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization 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), and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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 line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions
for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

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Name of organization

Employer identification number

THE FIRE FIGHTERS FOUNDATION OF HOUSTON

20-4370896

Part I **Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	_____	\$ 9,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	_____	\$ 22,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	_____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	_____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	_____	\$ 48,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	_____	\$ 7,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		GALA (event type)	(event type)	(total number)	
Revenue	1 Gross receipts	79,300.			79,300.
	2 Less: Charitable contributions	60,300.			60,300.
	3 Gross income (line 1 minus line 2)	19,000.			19,000.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	31,259.			31,259.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(31,259)
	11 Net income summary. Combine line 3, column (d), and line 10				-12,259.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
	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. Combine line 1, column (d), and line 7				

		Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____			
a Is the organization licensed to operate gaming activities in each of these states?	9a		
b If "No," explain: _____			
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b If "Yes," explain: _____			
11 Does the organization operate gaming activities with nonmembers?	11		
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?	12		

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		Yes	No								
13 Indicate the percentage of gaming activity operated in: <table border="1" style="margin-left: 20px; border-collapse: collapse;"> <tr> <td style="width: 15%;">a The organization's facility</td> <td style="width: 10%; text-align: center;">13a</td> <td style="width: 10%;"></td> <td style="width: 10%; text-align: right;">%</td> </tr> <tr> <td>b An outside facility</td> <td style="text-align: center;">13b</td> <td></td> <td style="text-align: right;">%</td> </tr> </table>	a The organization's facility	13a		%	b An outside facility	13b		%			
a The organization's facility	13a		%								
b An outside facility	13b		%								
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name ▶ _____ Address ▶ _____											
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a										
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.											
c If "Yes," enter name and address of the third party: Name ▶ _____ Address ▶ _____											
16 Gaming manager information: Name ▶ _____ Gaming manager compensation ▶ \$ _____ Description of services provided ▶ _____ _____ _____ <input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> 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?	17a										
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 ▶ \$ _____											

THE FIRE FIGHTERS FOUNDATION OF HOUSTON PUBLIC DISCLOSURE COPY

20-4370896

FORM 990-EZ OTHER EXPENSES STATEMENT 1

DESCRIPTION	AMOUNT
BANK FEES	1,037.
DUES & SUBSCRIPTIONS	446.
OFFICE EXPENSES	2,030.
PROGRAM EXPENSES	29,560.
TOTAL TO FORM 990-EZ, LINE 16	33,073.

FORM 990-EZ CASH GRANTS AND ALLOCATIONS STATEMENT 2

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
HOUSTON FIRE DEPARTMENT 1205 DART STREET HOUSTON, TX 77007	NONE	119,021.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		119,021.

FORM 990-EZ INFORMATION REGARDING TRANSFERS STATEMENT 3
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

990-EZ PG 2

STATEMENT 4

EXPENSES USED TO RECOGNIZE AND HONOR HOUSTON FIRE FIGHTERS FOR THEIR SERVICES AND TO EDUCATE AND ENHANCE THE PUBLIC'S UNDERSTANDING AND AWARENESS OF THE HOUSTON FIRE DEPARTMENT.

TO ASSIST AND IMPROVE THE HOUSTON FIRE DEPARTMENT AND ITS FACILITIES.

THE ORGANIZATION WAS FORMED TO SUPPORT THE OPERATIONS AND MEMBERSHIP OF THE FIRE DEPARTMENT, TO ENHANCE ITS EFFECTIVNESS AND TO EDUCATE AND ENHANCE PUBLIC UNDERSTANDING.

FORM 990-EZ

OTHER PROGRAM SERVICES

STATEMENT

6

DESCRIPTIONGRANTSEXPENSES

GRANT GIVEN TO THE HOUSTON FIRE DEPARTMENT TO DEFRAY COSTS ASSOCIATED WITH FUNERAL EXPENSES FOR TWO FALLEN FIREFIGHTERS.

9,000.

9,000.

GRANT GIVEN TO THE HOUSTON FIRE DEPARTMENT TO DEFRAY COSTS ASSOCIATED WITH MAINTAINING VALOR AWARDS COMMITTEE, PIPES & DRUMS ORGANIZATION AND HONOR GUARD.

8,604.

8,604.

TOTAL TO FORM 990-EZ, LINE 31

17,604.17,604.