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Form **990-EZ** 

# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Sponsoning organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must fite 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.

For the 2009 calendar year, or tax year beginning and ending Check if C Name of organization D Employer identification number Address change use IRS label or Name change 42-1489121 NSCA EDUCATION FOUNDATION print or type Room/suite E Telephone number Initial return Number and street (or P O box, if mail is not delivered to street address) Termin-Specific 3950 RIVER RIDGE DRIVE NE 319-861-8637 Instruc-Amended return City or town, state or country, and ZIP + 4 F Group Exemption Application pending CEDAR RAPIDS, IA 52402 Number ▶ G Accounting method X Accrual • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Cash Schedule A (Form 990 or 990-EZ). Other (specify) Website: ► WWW.NSCAFOUNDATION.ORG H Check ► I If the organization is not Tax-exempt status (check only one) -  $\times$  501(c) (3 )  $\triangleleft$  (insert no )  $\longrightarrow$  4947(a)(1) or 527 required to attach Schedule B (Form 990 990-EZ, or 990-PF) Check Fig. 1 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 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 119,111. Part | Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I) 77,200. Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 2 6,240. 3 Membership dues and assessments 3 23,795. 4 4 investment income STMT 5 5a Gross amount from sale of assets other than inventory 22,880. Less cost or other basis and sales expenses <22,880.> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 50 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here 57,000 • of contributions a Gross revenue (not including \$ 1,252. reported on line 1) 16,936. 6h b Less direct expenses other than fundraising expenses <15,684.> Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 7a Gross sales of inventory, less returns and allowances 7a Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 10,624. SEE STATEMENT Other revenue (describe 8 79,295. 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 Grants and similar amounts paid (attach schedule) ED

Benefits paid to or for members HECEIVED STMT 7 65,575. 10 10 11 11 6,000. 12 Salaries, other compensation, and employee benefits 12 Professional fees and other payments to independent contract 13 13 Occupancy, rent, utilities, and maintenance 14 14 15 Printing, publications, postage, and shipping 15 SEE STATEMENT 1 ) Other expenses (describe 3,614. 16 16 75,189. 17 Total expenses. Add lines 10 through 16 17 4,106. Excess or (deficit) for the year (Subtract line 17 from line 9) 18 18 19 Net assets or fund balances at beginning of year (from line 27, column (A)) 710,531. (must agree with end-of-year figure reported on prior year's return) 19 35,543. SEE STATEMENT 6 20 Other changes in net assets or fund balances (attach explanation) 20 750,180. Net assets or fund balances at end of year Combine lines 18 through 20 21 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 445,899. 504,942. Cash, savings, and investments 22 22 23 Land and buildings SEE STATEMENT 2 ) 271,183. 24 296,836. Other assets (describe 24 717,082.25 801,778. Total assets SEE STATEMENT 3 ) 51,598. 6,551.2626 Total liabilities (describe 710,531.27 750,180. Net assets or fund balances (line 27 of column (B) must agree with line 21)

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2009)

For	m 990-EZ (2009) NSCA EDUCATION FOUNDATION	1		42-	14891	21 Page 2
	art III Statement of Program Service Accomplishme		Part III )		E	rpenses
Wh	at is the organization's primary exempt purpose? SEE STATEMENT	12			1 ' '	or section 501(c)(3)
	scribe what was achieved in carrying out the organization's exempt put		ise manner, descr	ıbe		4) organizations and 7(a)(1) trusts, optional
	e services provided, the number of persons benefited, and other relevan				for others )	Mag i) trusts, optional
28	CAR CONTROL O					
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	(Grants \$ 50,000.) If this amount includes foreign	arants check here		$\Box$	28a	50,000.
29	SEE STATEMENT 10	grants, oncok nero			100	
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	10 000 \			$\overline{}$		10,000.
	(Grants \$ 10,000 • ) If this amount includes foreign of SEE STATEMENT 11	grants, check here			29a	10,000.
30	SEE STATEMENT II		<del> </del>			
	F 000					F 000
	(Grants \$ 5,000.) If this amount includes foreign	grants, check here			30a	5,000.
31	Other program services (attach schedule) SEE STATEMENT			_	]	
	(Grants \$ 575 • ) If this amount includes foreign	grants, check here		<u> </u>	31a	<u>575.</u>
	Total program service expenses (add lines 28a through 31a)			<u> </u>	32	65,575.
P	art IV List of Officers, Directors, Trustees, and Key E	mployees. List each one ev	en if not compensated	(See the	instructions i	for Part (V)
		4. 7.41	4-1 0	(d) Co	ntributions	, , -
	(a) Name and address	(b) Title and average hours per week devoted to	(c) Compensation	•	mployee	(e) Expense
	(a) Nathe and address	per week devoted to	(If not paid, enter -0)	1	fit plans & eferred	other allowances
		position	J .,		pensation	Concranowances
$\overline{D}$	AN NIX, 3950 RIVER RIDGE DRIVE NE,	DIRECTOR				
	EDAR RAPIDS, IA 52402	1.00	0.		0.	0.
	ON PUSEY, 3950 RIVER RIDGE DRIVE	DIRECTOR		<del> </del>	•	
	E, CEDAR RAPIDS, IA 52402	1.00	0.		0.	0.
	COTT DHAENENS, 3950 RIVER RIDGE	DIRECTOR	0.		<u> </u>	0.
_	RIVE NE, CEDAR RAPIDS, IA 52402	1.00	0.		٥	
		PRESIDENT		-	0.	0.
	HOMAS J. FRERICKS, JR., 3950 RIVER	<b>-</b>	•		•	
	IDGE DRIVE NE, CEDAR RAPIDS, IA	1.00	0.		0.	0.
	ITCH NOLLMAN, 3950 RIVER RIDGE	VICE PRESIDEN	_		•	
	RIVE NE, CEDAR RAPIDS, IA 52402	1.00	0.		0.	0.
_	AUREEN PAJERSKI, 3950 RIVER RIDGE	SEC/TREASURER			_	_
	RIVE NE, CEDAR RAPIDS, IA 52402	1.00	0.	L	0.	0.
	HARLES WILSON, 3950 RIVER RIDGE	DIRECTOR				
DF	RIVE NE, CEDAR RAPIDS, IA 52402	1.00	0.		0.	0.
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Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes   34	Pa	ort V Other Information (Note the statement requirements in the instructions for Part V.)			
33				Yes	No
34 Were any changes made to the organization or governing documents? If "res." attach a conformed copy of the changes  If the organization had income from business activities, such as those reported on lines 2, 69, and 7a (among others), but not reported on Form 990-T.  If the organization had no more from business activities, such as those reported on lines 2, 69, and 7a (among others), but not reported on Form 990-T.  If the organization had no make a unrelated business gloss income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?  If the organization or Form 990-T for this year?  If the organization is form 1740-POL for this year?  If the amount of political expenditures, direct or indirect, as described in the instructions  If the organization or form or form 990-T for 37a	33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		
35 If the organization had morne from business activities, such as these reported on lines 2, 63, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T a. Did the organization in a proper provided on Form 990-T and proxy tax requirements?  35 If Yes, 1sa Kided a tax return on Form 990-T for this year?  36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, complete applicable parts of 5.6 N.  37a Enter amount of political expenditures, direct or indirect, as described in the instructions.  37b If Yes, 1san State Form 1120-PLI for the year?  37b If we reparation before from 7120-PLI for the year?  37c O.  37d If Yes, 2san State Form 1120-PLI for the year?  37d If Yes, 2san State Form 1120-PLI for the year?  37d If Yes, 2san State Form 1120-PLI for the year?  37d If Yes, 2san State Form 1120-PLI for the year?  37d If Yes, 2san State Form 1120-PLI for the year?  37d If Yes, 2san State Form 1120-PLI for the year?  37d If Yes, 2san State Form 1120-PLI for the year?  37d If Yes, 2san State Form 1120-PLI for the year?  37d If Yes, 2san State Form 1120-PLI for the year?  37d If Yes, 2san State Form 1120-PLI for the year?  37d If Yes, 2san State Form 1120-PLI for the year?  37d If Yes, 2san State Form 1120-PLI for the year Yes, 2san State Form 1120-PLI for the year of the Yes, 2san State Form 1120-PLI for the year of the Yes, 2san State Form 1120-PLI for the year of the Yes, 2san State Form 1120-PLI for the year of the Yes, 2san State Form 1120-PLI for the year of the Yes, 2san State Form 1120-PLI for the year of the Yes, 2san State Form 1120-PLI for the Yes, 2san State Form 1120-PLI for the Yes, 2san State Form 1120-PLI for the Yes, 2san State Form 1120-PLI for the Yes, 2san State Form 1120-PLI for the Yes, 2san State Form 1120-PLI for the Yes, 2san State Form 1120-PLI for Yes, 2san State Form 1120-PLI for Yes, 2san State Form 1120-PLI for Yes,	34	•			
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378 Enter amount of political expenditures, direct or indirect, as described in the instructions  Did the organization frien Form 1120-PDL for this year?  389 Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the pend covered by this return?  Did fi'ves, complete Schedule L, Part II and enter the total amount involved  Section 501(c)(7) organizations Enter  a Indiation fees and capital contributions included on line 9  Did Gross receipts, included on line 9, for public use of club facilities  Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0 section 4912 ▶ 0 section 4955 ▶ 0  Dis Section 501(c)(3) organizations Did the organization engage in any section 4958 which was not been reported on any of the organization of tax imposed on organization managers or disqualified persons during the year under sections 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  Did Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  Did Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 886-T  List the states with which a copy of this return is filled ▶ NONE  Telephone no ▶ 319-861-8631  Located at ▶ 3950 R TAVER R IDGE DRIVE NE, SUITE B, CEDAR RAPIDS  ZIP+4 ▶ 52402  At any time during the calendar year, did the organization manatian an office outside of the U S?  If Yes, enter the name of the foreign country ▶  Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 · Check here and			36		X
b Did the organization file Form 1120-POL for this year?  38a Did the organization borrow from, or make any loans to, any officer, director, furstee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?  b If Yes, complete Schedule L, Part II and enter the total amount involved  38b N/A  38a N/A  38a N/A  38b N/A  38b N/A  38b N/A  38b N/A  38b N/A  38b N/A  38b N/A  38b N/A  38ction 501(c)(7) organizations Enter  a Initiation fees and capital contributions included on line 9  b Gross recepts, included on line 9, for public use of club facilities  section 4911 ► 0. section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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 organizations prior Forms 900 or 990-E27 If Yes, complete Shedule L, Part I  c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  40c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  40c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  40c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization and prior the section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization and prior the section	37 a				
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39 Section 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities  39b N/A  40b X	b		550		<del></del>
a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities  40 Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0 . section 4912 ▶ 0 . section 4915 ▶ 0 .  b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4956 excess benefit transaction during the year or is it aware that it engaged in an excess benefit fransaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations promise poly-EZP If Yes,* complete Schedule L, Part I  c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization.  d Section 501(c)(3) and 501(c)(4) organizations as the organization a party to a prohibited tax shelter transaction? If Yes,* complete Form 8886-T  List the states with which a copy of this return is filed ▶ NONE  122 The organizations books are in care of ▶ LINDA MCCOY  Telephone no ▶ 319-861-8631  Located at ▶ 3950 RIVER RIDGE DRIVE NE, SUITE B, CEDAR RAPIDS  2IP+4 ▶ 52402  b 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 ▶  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U S ?  if Yes,* enter the name of the foreign country ▶  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendary ear, did the organization maintain an office outside of the U S ?  if Yes,* enter t	39		1		
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Section 501(c)(3) organizations Enter amount of fax imposed on the organization during the year under section 4911 ▶ 0 . section 4912 ▶ 0 . section 4955 ▶ 0 .  b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If Yes, complete Schedule L, Part I  c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 8886-T  List the states with which a copy of this return is filed ▶ NONE  Telephone no ▶ 319-861-8631  Located at ▶ 3950 RIVER RIDGE DRIVE NE, SUITE B, CEDAR RAPIDS ZIP+4 ▶ 52402  b 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 accounts).  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If Yes, enter the name of the foreign country ▶  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If Yes, enter the name of the foreign country ▶  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Pyes No  Did the organization maintain any donor			1 1		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4955 ▶ 0 .  b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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-EZ7 if "Yes," complete Schedule L, Part I 40b X  c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization and that the transaction organization and the foreign and the analysis of the complete form 8886-T  tax all organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  tax the states with which a copy of this return is filed ▶ NONE  ### COOY Telephone no ▶ 319-861-8631  Located at ▶ 3950 RIVER RIDGE DRIVE NE, SUITE B, CEDAR RAPIDS ZIP+4 ▶ 52402  b 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 in a foreign country (such as a bank account, securities account, or other financial accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U S?  If "Yes," enter the name of the foreign country ▶  See the instructions for exceptions and filing requirements for Form 7D F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U S?  If "Yes," enter the name of the foreign country ▶  Section 4947(a)(1) nonexempt charitable trusts filin			†		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If Yes," complete Schedule L, Part 1  2 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  3 C Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes," complete Form 8886-T  List the states with which a copy of this return is filed.  NONE  1 List the states with which a copy of this return is filed.  NONE  2 Telephone no 319-861-8631  Located at \$3950 RIVER RIDGE DRIVENE, SUITE B, CEDAR RAPIDS. ZIP+4 \$52402  DATE AND THE CENTRAL ACCOUNTY Such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial accounts.  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.  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside of the U S?  If Yes, enter the name of the foreign country.  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside of the U S?  If Yes, enter the name of the foreign country.  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of					
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or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  40e  All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  41 List the states with which a copy of this return is filed  NONE  42a The organization's books are in care of LINDA MCCOY  Cocated at  3950 RIVER RIDGE DRIVE NE, SUITE B, CEDAR RAPIDS  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 accounts.  C At any time during the calendar year, did the organization maintain an office outside of the US?  If "Yes," enter the name of the foreign country  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  C At any time during the calendar year, did the organization maintain an office outside of the US?  If "Yes," enter the name of the foreign country  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  C At any time during the calendar year, did the organization maintain an office outside of the US?  If "Yes," enter the name of the foreign country  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  13 Section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ  14 List the states with which a copplete divided of Form 990 must be completed instead of Form 990 must be completed instead of Form 990-EZ	C		700		<del></del> -
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List the states with which a copy of this return is filed NONE  The organization's books are in care of LINDA MCCOY  Tolephone no 319-861-8631  Located at 3950 RIVER RIDGE DRIVE NE, SUITE B, CEDAR RAPIDS  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 accounts)  If "Yes," enter the name of the foreign country  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  C At any time during the calendar year, did the organization maintain an office outside of the US?  If "Yes," enter the name of the foreign country  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Yes No  Yes No  Yes No  Yes No  Tolephone no 319-861-8631  ZIP +4 52402  Yes No  42b X  Yes No  At any time during the calendar year, did the organization maintain an office outside of the US?  If "Yes," enter the name of the foreign country  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Yes No  Yes No  Yes No  Yes No  Section 4947 (a) (1) nonexempt charitable dentity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ			40e		Х
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	45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be			
Form <b>990-EZ</b> (2009)		completed instead of Form 990-EZ	45	]	X
			Form 99	0-EZ (	2009)

Form 990	EŻ (2009) NSCA EDUCATION FOUNDATIO	N		42-14891	21 Page 4
Part V	Section 501(c)(3) organizations and section 4 organizations and section 4947(a)(1) nonexempt charitable and 51.				
office 47 Did 1 48 Is th 49a Did 1 b If "Yo 50 Com	the organization engage in direct or indirect political campaign activities e? If "Yes," complete Schedule C, Part I the organization engage in lobbying activities? If "Yes," complete Sche organization a school as described in section 170(b)(1)(A)(II)? If "Yes the organization make any transfers to an exempt non-charitable related es," was the related organization a section 527 organization? In the organization of compensation from the organization. If there is none, enter \$100,000 of compensation from the organization.	nedule C, Part II s," complete Schedule E organization? es (other than officers, directors			Yes No 46
	(a) Name and address of each employee paid more than \$100,000 NONE	(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
<b>51</b> Com	I number of other employees paid over \$100,000  Inplete this table for the organization's five highest compensated independental	dent contractors who each recei	ved more than \$100,	000 of compensat	ion from the
	(a) Name and address of each independent contractor paid more	than \$100,000	(b) Type of ser	vice (c)	Compensation
d Tota	I number of other independent contractors each receiving over \$100,000	0	<b>&gt;</b>		
Sign Here	Under penalties of perjury, I declare that I have examined this return, including a correct, and complete Declaration of preparer (other than officer) is based on all some strength of the st		knowledge	knowledge and belie   8-/2- Date	f, it is true,
Paid Preparer's Use Only	Firm's name (or yours RSM MCGLADREY, CNC.	8-11-2010 emp	ck if self- ployed Prep	arer's identifying nun	nber (See instr.)
May the II	address and ZIP+4  CEDAR RAPIDS, IA 52401  RS discuss this return with the preparer shown above? See instructions		Phon no	e► 319-29 ► X	

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

## **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. ► See separate instructions.

20047

Open to Public Inspection

**Employer identification number** 

NSCA EDUCATION FOUNDATION 42-1489121 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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. 🔟 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 that describes the type of supporting organization and complete lines 11e through 11h a 💹 Type I **b** Type II c \_\_\_ Type III - Functionally integrated d \_\_\_\_ Type III · Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). if the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11q(iii) Provide the following information about the supported organization(s). h

i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	in cot (i) li	organization sted in your document?	organizati	notify the on in col support?	(vi) Is organizatio (i) organize U S	the on in col ed in the ?	(vii) Amount of support
	<u> </u>	(see instructions))	Yes	No	Yes	No	Yes	No	
							·		
-									
		-							
	- <del></del>								
al									

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

Schedule A (Form 990 or 990-EZ) 2009

Schedule A	(Form	990 or	990-EZ	2009
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Page 2

PE	rt II Support Schedule for	Organizations	s Described in	Sections 170	0(b)(1)(A)(iv) ar	nd 170(b)(1)(A)(	vi)
	(Complete only if you checke	d the box on line 5	5, 7, or 8 of Part I.	)			
Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</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	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf					<u>.</u>	
3	The value of services or facilities						
	furnished by a governmental unit to	·			ľ		
	the organization without charge						
4	Total. Add lines 1 through 3	, , ,					
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)						
	Public support. Subtract line 5 from line 4	<u> </u>		<u> </u>			
	ction B. Total Support	( ) 0005	#1.0000		T		
	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 4			·	<del></del>		
8	Gross income from interest,	ļ					
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business		<del>-</del>			-	
•	activities, whether or not the			1			
	business is regularly carried on						
10	Other income. Do not include gain	-					
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc (see instruction	ons)	<i>t</i>	<u> </u>	12	
	First five years. If the Form 990 is for	•	•	d, fourth, or fifth t	ax vear as a sectio		
	organization, check this box and stop				,		▶□
Sec	tion C. Computation of Publi	c Support Per	rcentage				
14	Public support percentage for 2009 (li	ne 6, column (f) dr	vided by line 11, o	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 or	ganization did not	check the box or	line 13, and line	14 is 33 1/3% or m	ore, check this box	c and
	stop here. The organization qualifies a		•				▶□
	33 1/3% support test - 2008. If the or				line 15 is 33 1/3%	or more, check the	s box
	and stop here. The organization quali						▶□
	10% -facts-and-circumstances test						
	and if the organization meets the "fact					rt IV how the organ	ization
	meets the "facts-and-circumstances"						▶
	10% -facts-and-circumstances test						0% or
	more, and if the organization meets th						
	organization meets the "facts-and-circ						▶∐
18	Private foundation. If the organization	ı dıd not check a b	oox on line 13, 16	a, 16b, 17a, or 17t	o, check this box a	ind see instructions	<u></u>

Sa	ction A. Public Support	Jryanizations	Described in	Section 509(a)	(Complete only	If you checked the b	ox on line 9 of Part I
	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(a) 2007	(m 2000	(-) 0000	(O.T.)
	Gifts, grants, contributions, and	(a) 2005	(b) 2008	(c) 2007	(d) 2008	(e) 2009	(f) Total
'							
	membership fees received (Do not	251 420	356,234.	216 040	2 5 6 0	02 440	
_	include any "unusual grants.")	331,430.	330,234.	210,040.	2,560.	83,440.	1,009,720.
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	56,299.	52,590.	26,212.		1,252.	136,353.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization'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	407,737.	408,824.	242,260.	2,560.	84,692.	1,146,073.
7 a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	137,508.	144,738.	123,651.		25,000.	430,897.
t	Arnounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the		•	•			200/2010
	amount on line 13 for the year	127 500	144 720	100 (51		0.5 0.00	0.
	Add lines 7a and 7b	137,508.	144,738.	123,651.		25,000.	430,897.
	Public support (Subtract line 7c from line 6)						715,176.
	ction B. Total Support			<del></del>		Γ*	
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6	407,737.	408,824.	242,260.	2,560.	84,692.	1,146,073.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties	11,626.	18,581.	28,190.	11,313.	22 705	02 505
_	and income from similar sources	11,020.	10,301.	20,190.	11,313.	23,795.	93,505.
E	Unrelated business taxable income						
	(less section 511 taxes) from businesses	,					
	acquired after June 30, 1975	11 (2)	10 501	20 100	11 010	00 505	
	Add lines 10a and 10b	11,626.	18,581.	28,190.	11,313.	23,795.	93,505.
''	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	1,879.	1,521.	1,245.	551.	10,624.	15,820.
13	assets (Explain in Part IV.)  Total support (Add lines 9, 10c, 11, and 12)	421,242.	428,926.	271,695.	14,424.	119,111.	1,255,398.
	First five years. If the Form 990 is for						
	check this box and stop here	and organization o		, 1001til, 01 littly tw	cycui as a section	1 30 1 (c)(o) organiza	x:ion, ▶□
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2009 (li			olumo (fi)		15	56.97 %
	Public support percentage from 2008		•	Sidifiii (i))			F 0 0 C
	ction D. Computation of Inves				<del>-</del>	16	59.86 %
				- 40   (0)			7 / 5
	Investment income percentage for 200		•	e 13, column (1))		17	7.45 %
18	Investment income percentage from 2			a haa 4.4 11		18	5.47 %
193	33 1/3% support tests - 2009. If the						
	more than 33 1/3%, check this box an						<b>►</b> [X]
Þ	33 1/3% support tests - 2008. If the						nd
00	line 18 is not more than 33 1/3%, chec						▶⊢
20	Private foundation. If the organization	i did not check a b	oox on line 14, 19a	, or 19b, check this			<b>P</b>
					Sch	edule A (Form 990	or 990/1 2009

#### **SCHEDULE G**

(Form 990 or 990-EZ) Department of the Treasury

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

Open To Public Inspection

Internal Revenue Service ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Name of the organization **Employer identification number** NSCA EDUCATION FOUNDATION 42-1489121 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or □□ No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

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 (c) Other events **(b)** Event #2 (d) Total events INDUSTRY PUTTING NONE (add col. (a) through CONCERT CHALLENGE col. (c)) (event type) (total number) (event type) Revenue 55,500 2,752. 58,252. Gross receipts 55,500 1,500. Less: Charitable contributions 57,000. 1,252 1,252. Gross income (line 1 minus line 2) 4 Cash prizes Noncash prizes Direct Expenses Rent/facility costs 6 Food and beverages Entertainment 11,755. 5,180. Other direct expenses 16,935 10 Direct expense summary Add lines 4 through 9 in column (d) 11 Net income summary Combine line 3, column (d), and line 10 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. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes 3 Rent/facility costs 5 Other direct expenses Yes Yes % Yes Volunteer labor No 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: Does the organization operate gaming activities with nonmembers? 11 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?

Sche	dule G (Form 990 or 990-EZ) 2009 NSCA EDUCATION FOUNDATION	42.	-140	917	T Pa	age 3
					Yes	No
	ndicate the percentage of gaming activity operated in:					
	- · · · · · · · · · · · · · · · · · · ·	13a	%			
	<u>-</u>	13b	%			
14	Enter the name and address of the person who prepares the organization's gaming/special events books a	nd records:				
ı	Name					
,	Address ►	<del></del>				
15a (	Does the organization have a contract with a third party from whom the organization receives gaming rever	nue?		15a		
	f 'Yes,' enter the amount of gaming revenue received by the organization ▶\$ and	the amount				
	of gaming revenue retained by the third party ►\$  f "Yes," enter name and address of the third party:					
CI	res, enter hame and address of the third party.					
1	Name	·				
,	Address ►					
16 (	Gaming manager information:					
١	Name ▶	н.				
(	Gaming manager compensation ► \$		-			
	Description of services provided		]			
	Director/officer Employee Independent contractor					
	Mandatory distributions:					
	s the organization required under state law to make charitable distributions from the gaming proceeds to					
	etain the state gaming license?		- 1-	17a		
	inter the amount of distributions required under state law to be distributed to other exempt organizations or prognization's own exempt activities during the tax year > \$	r spent in the				

FORM 990-EZ	OTHER EXPENSES	·	STATEMENT	1
DESCRIPTION			AMOUNT	
BANK CHARGES TRAVEL COSTS			2,3	59. 27.
PRINTING & DESIGN- GENERAL PROPOSTAGE	MOTION		1,2	
TOTAL TO FORM 990-EZ, LINE 16			3,6	14.
FORM 990-EZ	OTHER ASSETS		STATEMENT	2
DESCRIPTION		BEG. OF YEAR	END OF YEA	AR
PLEDGES AND GRANTS RECEIVABLE		55,750.	22,00	00.
ACCOUNTS RECEIVABLE		70,000.	35,50	
PUBLICLY TRADED SECURITIES		139,865.	228,03	
OTHER ASSETS		5,568.	11,30	05.
TOTAL TO FORM 990-EZ, LINE 24		271,183.	296,83	36.
FORM 990-EZ	OTHER LIABILITIES		STATEMENT	3
DESCRIPTION		BEG. OF YEAR	END OF YEA	AR
DUE TO NSCA		6,551.	38,59	98.
DEFERRED CONCERT SPONSORSHIPS		0.	8,00	
DEFERRED REVENUE		0.	5,00	
TOTAL TO FORM 990-EZ, LINE 26		6,551.	51,59	98.
FORM 990-EZ	OTHER REVENUE		STATEMENT	
DESCRIPTION			AMOUNT	
MBNA CREDIT CARD AFFINITY REVEN			82 9,80	24.

FORM 990-EZ	GAIN	(LOSS)	FROM PU	BLICLY	TRAI	DED SI	ECURITIES	STATEMENT	5 
DESCRIPTION			OSS PRICE	CO OTHE	ST (		EXPENSE OF SALE	NET GAIN	
REALIZED LOSS ON INVESTMENTS			0.		22	,880.	0	. <22,8	880.>
TO FORM 990-EZ	, LINE	5			22	880.	0	<22,8	880.>
FORM 990-EZ	OTHER	CHANGES	IN NET	ASSETS	OR	FUND	BALANCES	STATEMENT	6
DESCRIPTION								AMOUNT	
UNREALIZED GAI	N ON I	NVESTMEN	TS					35,5	43.
TOTAL TO FORM	990-EZ	, LINE 2	0					35,5	43.

FORM 990-EZ CASH GRANTS AND ALLOCA	ATIONS	STATEMENT 7
CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUNT
ESPA SUPPORT ESPA 7150 WINTON DRIVE SUITE 300 INDIANAPOLIS, IN 46268	NONE	50,000.
STUDENT SCHOLARSHIPS VARIOUS	NONE	15,000.
STUDENT MEMBERSHIPS VARIOUS	NONE	575.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		65,575.

FORM 990-EZ	990-EZ INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS					8
DIRECTLY O	GANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, R INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL NTRACT?	[	]	YES	[X]	NO
	GANIZATION, DURING THE YEAR, PAY PREMIUMS, R INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?.	• [	]	YES	[X]	NO

990-EZ PG 2

STATEMENT

9

ESPA SUPPORT- THE BOARD DESIGNATED FUNDS FOR THE ELECTRONIC SYSTEMS PROFESSIONAL ALLIANCE, AN IRC SECTION 501(C)(6) ORGANIZATION PROVIDING TRAINING & CERTIFICATION SERVICES, WHICH HAS DEVELOPED PROGRAMS TO FURTHER THE ELECTRONIC SYSTEMS INDUSTRY IN EDUCATIONAL INSTITUTIONS. THE FUNDING IS DESIGNED FOR OUTREACH EFFORTS AND SCHOLARSHIPS.

990-EZ PG 2

STATEMENT 10

STUDENT SCHOLARSHIPS- THIS YEAR THE FOUNDATION OFFERED SCHOLARSHIPS TO QUALIFYING STUDENTS FOR USE IN A COLLEGE OR UNIVERSITY FOR INDUSTRY CAREERS. TEN INDIVIDUAL SCHOLARSHIPS WERE GRANTED FOR \$1,000.

990-EZ PG 2

STATEMENT 11

STUDENT SCHOLARSHIPS FROM NAMED SCHOLARSHIP CONTRIBUTION- IN 2008, COMMITTED \$5,000 PER YEAR FOR FOUR YEARS TOWARD A NAMED SCHOLARSHIP FUND. THE QUALIFICATIONS FOR THE SCHOLARSHIP ARE THE SAME AS THE GENERAL STUDENT SCHOLARSHIPS. TWO SCHOLARSHIPS IN THE AMOUNT OF \$2,500 WERE AWARDED THIS YEAR.

990-EZ PG 2 STATEMENT 12

TO PROVIDE EDUCATION AND PROMOTE EDUCATIONAL OPPORTUNITIES FOR INDIVIDUALS PURSUING CAREERS IN THE ELECTRONIC SYSTEMS INDUSTRY.

FORM 990-EZ	OTHER PROGRAM SERVICES	S'	PATEMENT	13
DESCRIPTION		GRANTS	EXPENSE	S
ORGANIZATION PROVIDING INCLUDING EDUCATION OPPOSED \$5,000 WORTH OF AT \$25 EACH). THE FOUND MEMBERSHIPS TOTALING \$5	N, AN IRC SECTION 501(C)(6) SERVICES TO ITS MEMBERS PORTUNITIES - THE FOUNDATION F STUDENT MEMBERSHIPS (VALUED DATION PAID FOR 23 STUDENT 575. THE PURPOSE OF PROVIDING D ACCLIMATE THE STUDENTS WITH	575.	5	75.
TOTAL TO FORM 990-EZ, I	LINE 31	575.	5	75.

Form **8868** (Rev. April 2009)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev 4-2009)

•	ou are filing for an Automatic 3-Month Extension, complete only Part I and check this box	- far\	► X			
•	ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of the ot complete Part II unless you have already been granted an automatic 3-month extension on a previously					
Par						
	poration required to file Form 990-T and requesting an automatic 6-month extension - check this box and co	molete				
Part I	·		▶ □			
	er corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request a income tax returns.	n exter	nsion of time			
noted (not a you m	ronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electron utomatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or caust submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic for government of the file of Chanties & Nonprofits.	ncally r onsolid	f (1) you want the additional lated Form 990-T. Instead,			
Туре			Employer identification number			
print	NSCA EDUCATION FOUNDATION		42-1489121			
File by to due date filing you return 5	ntor   Number, street, and room or suite no. If a P.O. box, see instructions.					
instruct						
Chec	k type of return to be filed (file a separate application for each return).					
X	Form 990					
Tel	LINDA MCCOY $-$ 3950 RIVER RIDGE DRIVE NI e books are in the care of $\blacktriangleright$ RAPIDS, IA 52402 ephone No. $\blacktriangleright$ 319-861-8631 FAX No. $\blacktriangleright$ 319-366-4164 he organization does not have an office or place of business in the United States, check this box		UITE B - CEDAR			
• If t	his is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the If it is for part of the group, check this box   If it is for part of the group, check this box is and attach a list with the names and EINs of all					
	I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time un AUGUST 15, 2010 , to file the exempt organization return for the organization named is for the organization's return for   X calendar year 2009 or		The extension			
	tax year beginning, and ending		<u>.</u> .			
2	If this tax year is for less than 12 months, check reason: Initial return Final return	Change in accounting period				
	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$			
_	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated	"				
	tax payments made. Include any prior year overpayment allowed as a credit.	3ь	\$			
	Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,		-			
	deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).  See instructions.	3c	s N/A			

LHA

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.