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Form **990** 

# **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 1545,0047

		nue Service	y <b>▶</b> 1	The organizati	on may have to	use a copy of th	nis return to sat	isfy state re	porting req	ulrements.	Inspe	ction
A	For th	ne 2009 ca	alendar	year, or tax	year baginning	July 1	, 2009,	and ending	สูนเ	ne 30	, 20, 10	
В	Check if	spblicapie.	Pleaso	C Name of org	anization NFPA	Education an	d Technolog	/ Foundati	on	D Employe	er identificat	tion number
	Address change label or Doing Business As									22		52722
	Name change print or Number and street (or F.O. box if mail is not delivered to street address) Room/suite								1	E Telephor	ie number	
	nutial re		See	3333 N. Ma	yfair Road			2	11	(414)	77.8-	-3344
Terminated Specific City or town, state or country, and ZIP - 4												
		ed return	tions.		, WI 53222-32					G Gross rec	e.pts \$	228,997
		on pending	F Nan	ne and address	of principal office	Eric Lanke			H(a) Is the	a a group return l	or affiliates?	Yes No
			3333 1	N. Mayfair R	oad, #211, Mil	waukee, WI 5	3222					Yes No
1	Tex-ex	empt status	- 🛭	501(c) ( 3 )◀ (	insert no.) 🔲 4	347(a)(1) or 🔲	527		16 "N	io," attach a i	ist (see mstr	ructions)
					/Education/Ed					exemption rium	ber ▶	
				oreilon 🔲 Trust	Association	Other ►	L Yea	er of formation	: 2007	M State of	iegal domicil	ie: JL
Pa		Summ		·								
	1	Briefly de	escribe	the organiza	ation's mission	or most signif	ficant activitie	s: The NF	PA Educ	ation and	rechnolog	<b>9</b> y
		Foundat	lion su	pports prog	rams that exp	and and ener	gize the ways	that fluid	power is	researche	d and tap	ığht
Š		and that	active	ly engages	students in th	e study of hy	draulics and	pneumatic	S			
Ĕ			<b></b>									
Activities & Governance	2	Check this	box ►	if the organ	ization discontinue	ed its operations o	r disposed of mor	re than 25% o	of its net ass	ets.		
<b>≈</b> 5	3	Number (	of votir	ng members	of the governi	ng body (Part	VI, line 1a).			. 3		7
88	4	Number (	of Inde	pendent vot	ing members o	of the governin	g body (Part '	VI, line 1b)		4		
¥	5	Total nun	nber of	f employees	(Part V, line 2	a)				. 5		0
Ā	6	Total nun	nber of	f volunteers	(estimate if ne	cessary)			. , .	. 6		0
	7a	Total gro	ss unre	elated busine	ess revenue fro	m Part VIII, co	ilumn (C), line	12		. 7a		0
	<u>b</u>	Net unrel	lated b	usiness taxa	ble income fro	m Form 990-T	, line 34	<del></del>	<u> </u>	. 7b	****	<u>'0</u>
	ĺ							<u> </u>	Prior Y		Curren	it Year
Φ	8	Contribut	tions ar	nd grants (P	art VIII, Ilne 1h	)		_		220,134		166,422
, L	9	Program	service	e revenue (P	art VIII, line 2g	) <b>.</b>		· ·		380		1,020
Revenue	10	Investme	nt inco	me (Part VII	I, column (A), I	ines 3, 4, and	7d)			8,446		7,918
_					umn (A), lines					715		1.770
	12	Total reve	enue — a	edd lines 8 th	rough 11 (must	equal Part VIII,	column (A), lir	ie 12)		229,675		177,130
	13	Grants as	nd simi	ilar amounts	paid (Part IX,	column (A), lin	es 1-3)			233,260		70,000
	14	Benefits	paid to	or for mem	bers (Part IX, o	column (A), line	⊋4) .	[				
Expenses	15	Salanes,	other co	ompensation,	employee bene	efits (Part IX, co	lumn (A), lines	5-10)				
E C	16a	Professio	nal fun	draising fees	(Part-IX-colun	in (A)-line-line		· · -				
ũ	b	Total fund	draising	g expenses (F	art IX, <u>column</u>	D),4lhe 25) 🖦	<u>U</u>	·				
	17	Other exp	penses	(Part IX, co	lumn (A), lines	11a-11d, 11f-	241)	· · · -		17,683		79,073
	18	Total exp	penses	Add lines 1	3–17 îmust eq raciNige 18∫îrê	ual Part IX, co	lumn (A), line	25)		250,943		149,073
- 0	19	Revenue	less ex	penses. Sub	ract line 18 fre	n inge 1/2 / []].	11. I.T.I		. 1. 10	(21,268)		28,057
ES OF					1 1		<u> </u>	=	eginning of C		End 0	of Year
Asse Bels	1		•	art X, line 16		CALLI	<b></b>	· · · }-		220,863		213,780
# E	121	Total liab	olities (	Part X, line 2	26)	DEN. U	<u></u>	• • •		82,775		38,935 174,845
21	22				s. Subtract line	21 from line 2	20			138,088		174,043
	V 11	Hadar as	and Man of	Block	re that I have exam	un mulm airli focus	ichidina accompa	nyana schadu	oc and state	ments and to	the hest of	my knowledge
		and before	f, it is tru	correct, and	complete Declara	tion of preparer to	ther than officer)	s based on a	il information	of which pre	parer has an	ny knowledge
0:-		1. 7	ر	CADY-	Ja. Va C	) ,			1	11/30	/10	
Sig	•	Slaa	ature of	officer	AC NOT		·	<del></del>	Da	te	110	
He	re		DI	nice	VE DV	ECUTIVE	K NIK	PENTA	$\widehat{\mathcal{A}}$			
		Tiving	X/L	name and tale	1C/ CX	200110		<u> </u>	-/			
		+	_	1/2/2 4/0 14/0	4		Date	Che	ck if	Pregarer's id	entilýing num	ber
		Preparer' signature	5 /	7 / ,	///	$\mathcal{O}$ .		/ self-		(see instructi		
Paid	ļ		-7/)	mhsili	sil an	self	·   <i>1//</i> ·	28/	loyed ► 📙		P0018888	39
	oarer's	Firm's na	ma (or v	ours Cliff	on Gunderson	111P		410	EIN	<del>' - :</del>		<del></del>
Use	Only	if self-em	toloved).		Greenway B		Idleton WI 5	3562		10. ▶ ( 608	) 662	2-7646
Ma	v the	address.	use this		the preparer s				1,,,,,,,			es 🗸 No
					tion Act Notice,				Cat. No. 1	1282Y		990 (2009)
ror	-TIVE	CY ACT SIN	u rapei	LMOLY LEGITO	uori AUL NOBCB,	age nie gehate	~~ NIGA ACTIONS	V.	ا ۱۹۷۰ میکن	UL 1	1 4501	222 (500)

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

Par	Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: In support of NFPA's mission, the NFPA Education and Technology Foundation is committed to ensuring a bright future for our industry by providing financial support to efforts that advance fluid power technology and expand its applications through educational outreach and knowledge transfer
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code ) (Expenses \$ \$70,000 including grants of \$ \$70,000 ) (Revenue \$ ) The Giving Program consists of two funding mechanisims-gifts and grants. Grants are awarded to projects that strenghten ties between individual researchers and industry and seeks to stimulate interest in fluid power on school campuses across the country. The program seek to provide world-class university research on precompetitive problems of wide interest to the fluid power industry with potential applications within 5 years. Gifts support projects that foster the study of motion control technology from middle through graduate schools with hands-on teaching activities, senior capstone projects, student competitions, the development of teaching tools, etc. No grants were awarded in 2009-10. A total of five gifts were awarded to three universities, one community college and one educational foundation to develop teaching tools in support of fluid power education, to develop and expand fluid pweor curriculum and support student capstone projects using fluid power.
4b	(Code:) (Expenses \$ 30,247 including grants of \$) (Revenue \$ 1,020 )  The Fluid Power Challenge is a skills competition for 8th grade students that exposes students and teachers to real world engineering problem solving using fluid power technicology. A total of 188 middle school students from 22 schools in Wisconsin, Illinois and Minnesota participated in the 2009-10 Challenges.
4c	(Code ) (Expenses \$ 35,000 including grants of \$ ) (Revenue \$ )  Educational Summits, held biennially, are designed to build a community of interest in fluid power among industry leaders, educators and their students. The programs are an important forum for sharing ideas about industry-based research, education, workforce development and for planning successful partnerships.  Poster sessions are featured, providing forum where faculty members and students can showcase projects on education, workforce development and research in fluid power and answer questions from participants. Fortysix students and 32 educators from 23 educational institutions participated in the 2009 Summit.
	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )  Total program services (Describe in Schedule O.)
4e	Total program service expenses ► \$135,247

Par	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	✓	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		1
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		√,
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10		1
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	✓	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25° If "Yes," complete Schedule D, Part X 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° If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12		✓
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			,
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule $E$	13		4
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II.	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		1
20	If "Yes," complete Schedule G, Part III  Did the organization operate one or more hospitals? If "Yes," complete Schedule H	19 20		7
	and the second s			

Pa	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21	1	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		<b>√</b>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<b>✓</b>
С	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		1
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		✓
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		✓
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		1
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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		<b>√</b>
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
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		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	1	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35	✓	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.	36	1	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	<b>✓</b>	•
_	<u> </u>			

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
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 0			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		1
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		✓
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filling requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
٥-	Prohibited Tax Shelter Transaction?	5с 6а		1
ба	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?	Va		<b>V</b>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	<b>.</b>		
	and services provided to the payor?	7a 7b		<b>V</b>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7.0		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  If "Yes" indicate the number of Forms 8282 filed during the year.	7с		1
	Tes, indicate the number of Forms 5252 filed during the year			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f 7g		<b>✓</b>
_	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	,9	-	
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	<b>organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			ļ
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12	i		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders , ,	i		
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
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	i		

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Part VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and
	for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Section A	A. Governing Body and Management

<u>Sec</u>	tion A. Governing Body and Management			
	! 1		Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent . Lab. 7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			,
	any other officer, director, trustee, or key employee?	2		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct	i		,
	supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		<del></del> -
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		<del>√</del> _
6	Does the organization have members or stockholders?	6	✓	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	1 1		
	of the governing body?	7a	✓_	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? .	7b		✓_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	.		
	the year by the following	1	,	
а	The governing body?	8a	<b>V</b>	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	i l		
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a	-√_	
	tion B. Policies (This Section B requests information about policies not required by the Inte-	ernal		
Hev	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		<b>→</b>
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	44	7	
	form?	11	<b>∀</b>	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	10-	-,	
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	· •	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	401	1	
	nse to conflicts?	12b	Ψ	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	1	
13	Does the organization have a written whistleblower policy?	13	✓	
14	Does the organization have a written document retention and destruction policy?	14	1	<u> </u>
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?			
а	The organization's CEO, Executive Director, or top management official	15a		
b	Other officers or key employees of the organization	15b	ļ	
	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		✓
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			ŀ
_	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			ļ
	the organization's exempt status with respect to such arrangements?	16b		<u> </u>
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ WI and IL			<b></b>
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(or	c)(3)s	only)	
	available for public inspection. Indicate how you make these available. Check all that apply			
	☐ Own website ☐ Another's website ☑ Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of int	erest	
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and reco	ords o	f the	
	organization: NFPA, 3333 N. Mayfair Rd., #211, Milwaukee, WI 5322, 414-778-3376			

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### 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. Use Schedule J-2 if additional space is needed.

- 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. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not co	mpensate	any o	curre	ent	offic	cer, d	irec	tor, or trustee.		
(A)	(B)			(6	C)			(C)	(E)	(F)
Name and Title	Average	Position (check all that apply)						Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Allen Carlson	•							_		
Chairman	0	<b>V</b>		1				0	o	0
R. Edwin Howe	0							0	0	0
Secretary	0	1	ļ	1				0	•	U
Gerald Graf	0							0	o	0
Treasurer		<b>√</b>	<u> </u>	✓		-	├_			
Jon Goreham	0	,						0	0	0
Director Willaim Parks		<b>-</b>	<del> </del>	$\vdash$			┼			
Director	0	1						0	0	0
John Smith	0							0	0	0
Director	U	1		ļ			L	U	U	
Greg Willard	0							0	o	0
Director		✓	-	-		ļ	<u> </u>			
Eric Lanke	2			,		1		0	0	0
Executive Director	-	ļ	<b>}</b>	<b>✓</b>		ļ	┼─			
	1					ļ				

			<del></del>							d Employees (d		(F)	
	(A)	(B) (C)  Average Position (check all that apply) Re							(D)				
	Name and title	Average hours per week	ndividual trustee or director	nstitutional trustee	Officer	ন্ত Key employee	a Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC	con or	stimate mount of other opensate from the ganizate ganizate	of tion e ion ed
				-									
1b	Total		L	I	I		L	<b> </b>			1		
2	Total number of individuals (including but r		to the	ose	liste	ed a	above	) wł	no received me	ore than \$100,	000 in		
	reportable compensation from the organiza	ition ▶ 0											NI.
3	Did the organization list any former office	r, director	or tru	uste	e, k	æγ	emplo	ove	e, or highest o	compensated		Yes	No
4	employee on line 1a? If "Yes," complete So For any individual listed on line 1a, is the s	chedule J	for su	ıch	ındı	vidu	ıal .				3		1
•	the organization and related organizations and individual										4		<b>✓</b>
5	Did any person listed on line 1a receive services rendered to the organization? If "	or accrue /es," comp	comp lete	oens S <i>ch</i>	satio edu	on f le J	from a	any uch	unrelated org	anization for	5		1
Se	ction B. Independent Contractors												
1	Complete this table for your five highest cocompensation from the organization.	mpensate	d ind	epe	nde	nt c	contra	cto	rs that receive	d more than \$	100,00	0 of	
	(A) Name and business add	ress							(B) Description of s	ervices		C) ensation	n
_													
—													
								1		İ			

Par	: VII	Statement of Revenue		· .				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts	1a	Federated campaigns .	1a				-	
grai		Membership dues .	1b					
ts, (	1	Fundraising events	1c	5,860				
a g	ı	Related organizations	1d	90,000				
ı, S		Government grants (contributions).	1e					
Contributions, gifts, grants and other similar amounts	١.	All other contributions, gifts, grants,		]				
		and similar amounts not included above		70,562				
		Noncash contributions included in lines 1a	-1f \$					
	h	Total. Add lines 1a-1f	. ▶	166,422				
age.		T F		Business Code			}	
Program Service Revenue	2a	Team Fees-Fluid Power Challe		900099	1,020			
č	b							
Š	C							
Se	d						-	
ran	e	All						
rog	T	All other program service revenue <b>Total.</b> Add lines 2a–2f		<b>•</b>	4.020			
	g				1,020		-	
	3	Investment income (including div	idends	s, interest, and	4,650			4,650
	١.	other similar amounts)			4,030			4,000
	4 5	Income from investment of tax-exem Royalties	pt bon	d proceeds				<u> </u>
	~	(i) Real	•	(ii) Personal			<u> </u>	<del> </del>
	6.	Gross Rents		(1) 1 01001101				
	ı	Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)		•				
	!	` (), 0:	ies	(II) Other				
	/a	CIUSS amount from Sales U	4,140	(4 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -				
	h	Less cost or other basis						
	D		0,872					
	c	Gain or (loss)	3,268					
		Net gain or (loss) .	,		3,268			3,268
Revenue	ļ	Gross income from fundrais events (not including \$						
ķ		of contributions reported on line						
		See Part IV, line 18	a .	5,625				
Other	ь	Less. direct expenses .	b	4,805				
ō		Net income or (loss) from fundra	isıng e	vents <b>&gt;</b>	820			820
	02	Gross income from gaming activit	00					
		See Part IV, line 19 .	a	7,140				
		Less direct expenses,	b	6,190				
	С	Net income or (loss) from gaming	g activ	ıtıes . ▶	950			950
	10a	Gross sales of inventory, le	ess	ĺ				
		returns and allowances	а					
		Less: cost of goods sold .	b					
	С	Net income or (loss) from sales of	invent					
		Miscellaneous Revenue		Business Code	ļ			
	11a					<u> </u>		
	b							
	С						-	-
	_	All other revenue						
	е 12	Total. Add lines 11a–11d . Total revenue. See instructions		· · ·	177,130			9,688
	-	Total Totaliaci Occ manaciona		<u> </u>	117,130}		J	0,000

# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	Section 501(c)(3) and 501 All other organizations must complete colu			olete columns (B), (	C), and (D).
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	70,000	70,000		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees .				
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				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits		,		
10	Payroll taxes				<u></u> -
11	Fees for services (non-employees)				
а	Management				
b	Legal	2,736		2,736	
C	Accounting	5,500		5,500	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees .	1,498		1,498	
g	Other .	5,270	5,270		
12	Advertising and promotion .	75		75	
13	Office expenses				· · · · · · · · · · · · · · · · · · ·
14	Information technology .	46		46	
15	Royalties				
16	Occupancy				
17	Travel .	1,664	1,664		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	35,000	35,000	(10,995)	10,995
20	Interest				
21	Payments to affiliates .				
22	Depreciation, depletion, and amortization				
23	Insurance	760		760	
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	credit card fees	2,121		2,121	
b	supplies	17,358	17,012	346	
c	telephone & postage	1,001	257	207	537
d e	catering	6,044	6,044		
_	All other expenses				
25 26	Total functional expenses. Add lines 1 through 24f  Joint costs. Check here ▶ ☐ if following	149,073	135,247	2,294	11,532
20	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X **Balance Sheet** (A) Beginning of year (B) End of year 32,148 69,970 1 Cash - non-interest-bearing 30,316 2 25,575 Savings and temporary cash investments . . . 2 Pledges and grants receivable, net . . . 3 3 378 725 4 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 Receivables from other disqualified persons (as defined under section 6 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L . 6 7 Assets Notes and loans receivable, net 8 Inventories for sale or use 750 9 769 Prepaid expenses and deferred charges Land, buildings, and equipment cost or 10a other basis. Complete Part VI of Schedule D 10b 10c **b** Less: accumulated depreciation 119,449 Investments-publicly traded securities 11 154,563 11 12 12 Investments-other securities. See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 14 14 Intangible assets Other assets, See Part IV, line 11 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 220.863 16 213.780 17 525 17 560 Accounts payable and accrued expenses, 18 Grants payable 80,000 18 35,000 2.250 19 19 3,375 Deferred revenue 20 Tax-exempt bond liabilities . . 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L , . . 22 23 23 Secured mortgages and notes payable to unrelated third parties . . . 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities. Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 82,775 26 38,935 Organizations that follow SFAS 117, check here > / and **Fund Balances** complete lines 27 through 29, and lines 33 and 34. 96,232 150,123 27 27 Unrestricted net assets 41,856 28 24,722 28 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ □ ŏ and complete lines 30 through 34. 30 Assets 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds Net 33 174,845 Total net assets or fund balances 138,088 33 Total liabilities and net assets/fund balances 220,863 213,780

Form **990** (2009)

Page	1	2

Pai	t XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990:   Cash  Accrual  Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
22	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		1
	Were the organization's financial statements audited by an independent accountant?	2b	✓	ļ
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
•	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	1	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			İ
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both:			İ
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	<b> </b>		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Form **990** (2009)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

## **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.

OMB No 1545-0047 Open to Public

Department of the Treasury Inspection Internal Revenue Service Name of the organization Employer identification number NFPA Education and Technology Foundation 22 3952722 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.) 1 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) 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) Я A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives: (1) more than 33½ % 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 331/4 % 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 c Type III-Functionally integrated **b** Type II d ☐ Type III-Other e Dy 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) 11g(II) (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(m) Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (III) Type of organization (iv) is the organization (v) Did you notify (vi) Is the (vii) Amount of in col (i) listed in your organization (described on lines 1-9 the organization in organization in col support above or IRC section governing document' col (i) of your (i) organized in the (see instructions)) support? Yes Yes Yes No No No

Total

Pai	t II Support Schedule for Org					and 170(b)(1	)(A)(vi)
	(Complete only if you chec	ked the box (	on line 5, /, c	or 8 of Part I.)			
	tion A. Public Support						
Ca	lendar 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.")		80,358	226,426	220,134	166,422	693,340
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 , ,		80,358	226,426	220,134	166,422	693,340
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)		-				473,224
6	Public support. Subtract line 5 from line 4.						220,116
Sec	tion B. Total Support						
Ca	llendar year (or fiscal year beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4		80,358	226,426	220,134	166,422	693,340
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		50	909	8,446	7,919	17,324
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
0	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
1	Total support. Add lines 7 through 10 .						710,664
2	Gross receipts from related activities, etc	(see instruction	ons) , ,			12	19,915
3	First five years. If the Form 990 is for organization, check this box and stop he	ere			-	ear as a sectio	n 501(c)(3)
	tion C. Computation of Public Su						
4	Public support percentage for 2009 (line		•	, column (f))		14	<u>%</u>
5	Public support percentage from 2008 Sci				!	15	%
6a	33% % support test—2009. If the organiand stop here. The organization qualifies	as a publicly s	supported organ	nization			▶ □
b	33% % support test—2008. If the organization qua				and line 15 is 3	33% % or more,	check this .▶ □
17a	10%-facts-and-circumstances test—20 more, and if the organization meets the "forganization meets the "facts-and-circumstances".	acts-and-circur	nstances" test,	check this box a	and <mark>stop here.</mark>	Explain in Part	IV how the
b	more, and if the organization meets the 'f organization meets the "facts-and-circumsta	facts-and-circum ances" test The	nstances" test, c organization qua	heck this box a difies as a public	ind <b>stop here.</b> ly supported or	Explain in Part ganization .	IV how the .▶ ⊑
0	Drivete foundation If the organization did	I not chock a ba	v on line 13 16	16b 17a or 1	7h check this !	nay and see inc	tructions >

	dule A (Form 990 or 990-EZ) 2009	-l	a author d'in C	hadiar FOO!	.\(0)		Page
Fa	rt III Support Schedule for Organ (Complete only if you checke				1)(2)		
Sec	ction A. Public Support			······································		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	V'
C	alendar 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").  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 7a	Total. Add lines 1 through 5  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 8	Add lines 7a and 7b Public support (Subtract line 7c from						
<u></u>	tine 6) Stion B. Total Support			<u> </u>			<u> </u>
	alendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	(a) 2000	(3) 2000	(6) 2007	( <b>d</b> ) 2000	(E) 2000	(i) Total
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C 11	Add lines 10a and 10b  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 to organization, check this box and stop I	nere , ,			n, or fifth tax y	ear as a secti	on 501(c)(3) ▶ [
Sec 15 16	Public support percentage for 2009 (In Public support percentage from 2008 S	e 8, column (	divided by lin	ne 13, column	(f))	15 16	%

% 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) . % 18 Investment income percentage from 2008 Schedule A, Part III, line 17 . . . . . . 19a 331/4 % support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 331/2 %, and line 17 is not more than 33½ %, check this box and **stop here**. The organization qualifies as a publicly supported organization ightharpoonup331/3 % support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3 %, and line 18 is not more than 331/3 %, check this box and stop here. The organization qualifies as a publicly supported organization 🕨 🗌 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions >

	orm 990 or 990-EZ) 20						Page 4
Part IV	Supplemental Part II, line 17	Information. a or 17b; and	Complete this Part III, line 12.	part to provide Provide any o	the explanation ther additional in	s required by formation. See	Part II, line 10, instructions.
	•••••						
							••••
						•	••••
							••••
							• • • • • • • • • • • • • • • • • • •
					***************************************		
						·	

#### SCHEDULE D (Form 990)

### Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047 20N9 Open to Public

Department of the Treasury Inspection ▶ Attach to Form 990. ▶ See separate instructions. Internal Revenue Service Employer identification number Name of the organization 3952722 NFPA Education and Technology Foundation 22 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year . . Aggregate contributions to (during year) Aggregate grants from (during year) . 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised Yes No funds are the organization's property, subject to the organization's exclusive legal control? 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? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space 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 2a Total number of conservation easements 2b Total acreage restricted by conservation easements 2c Number of conservation easements on a certified historic structure included in (a) . 2d Number of conservation easements included in (c) acquired after 8/17/06. . . Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 」Yes ☐ No 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . In Part XIV, 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1 \$ . . . . . . . . . . . . . . . . . . If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X .

Pag	Р	2

Par	Organizations Maintain	ing Collections	of Art, Histo	rical	Treasures,	or Otl	ner Similar	Assets (c	ontinued)
3	Using the organization's acquisition collection items (check all that app		other records,	check	any of the f	ollowii	ng that are a	significant	use of its
а	Public exhibition		d 🗀	Loa	an or exchan	ge pro	ograms		
b	Scholarly research		e 🗀	Oth	ner				
C	Preservation for future general	itions							
4	Provide a description of the organi Part XIV	zation's collection	ns and explain	how t	hey further tl	ne org	anızatıon's e	xempt pur	pose in
5	During the year, did the organization assets to be sold to raise funds rather	solicit or receive der than to be maint	donations of an	t, histor	rical treasures organization's	, or ot collec	ther similar tion? .	. <u> </u>	es 🔲 No
Par	t IV Escrow and Custodial IV, line 9, or reported an					swere	d "Yes" to F	Form 990,	Part
	Is the organization an agent, truste included on Form 990, Part X?					s or c	other assets		es 🗌 No
b	If "Yes," explain the arrangement is	n Part XIV and co	mplete the fol	lowing	table:				
								Amount	
	Beginning balance					1c			
d	Additions during the year .					1d			
е	Distributions during the year .					1e	·		
f	Ending balance		:.:		•	1f			——————————————————————————————————————
b	Did the organization include an am If "Yes," explain the arrangement	n Part XIV				•			es L No
Par	t V Endowment Funds. Co	<del></del>	- <del>                               </del>				<del> </del>		
		(a) Current year	(b) Prior yea	ar	(c) Two years ba	ack (c	d) Three years ba	ack (e) Fou	r years back
1a	Beginning of year balance.								
	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities and programs								
	Administrative expenses . End of year balance								
2	Provide the estimated percentage	of the year end ba	alance held as	;					
а	Board designated or quasi-endowi	ment ▶	%						
b	Permanent endowment ▶	%							
С	Term endowment ▶	%							
3a	Are there endowment funds not in t	he possession of t	the organizatio	n that	are held and	admın	nstered for th	ie	
	organization by.							( <u> </u>	Yes No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ıi)	
	If "Yes" to 3a(ii), are the related org					•		. <u>3b</u>	
4	Describe in Part XIV the intended to					. V I	20 10	<del></del>	
Par	t VI Investments—Land, B								
	Description of investment	(a) Cost or o		b) Cost basis (			cumulated reciation	(d) Boo	ok value
1a	Land , , , , ,						<del></del>		
b	Buildings ,								
С	Leasehold improvements								
d	Equipment , ,								
	Other	<u>.                                    </u>							
Tota	. Add lines 1a through 1e. (Column (d)	must equal Form !	990, Part X, co.	lumn (E	3), line 10(c) )		. ▶		

Page	-3

Schedule D (Form 990) 2009	0 F 000 D 1	/ L	Page •
Part VII Investments—Other Securities			<del></del>
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
Financial derivatives			
Closely-held equity interests			
Other			
		4	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12)			
Part VIII Investments—Program Relate	d. See Form 990. Part	X. line 13.	
(a) Description of investment type	(b) Book value	(c) Method of valuation	
(a) becomplied of intestition type	(5) 25511 12155	Cost or end-of-year market value	
			<del></del>
T. 1. (0.1 4.) 1 1 200 D-1 V 1. (D) I 10.1 D			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 ) ►  Part IX Other Assets. See Form 990, Pa	rt V line 15		
Calci Assets, Occ Form 550, Fe	(a) Description	(b) Book	value
			.,
Total. (Column (b) must equal Form 990, Part X, col		<u> ▶  </u>	
Part X Other Liabilities. See Form 990,	1		
1. (a) Description of liability	(b) Amount		
Federal income taxes			
	<u> </u>		
		<del> </del>	
		<del></del>	
		<del></del>	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)			
2. FIN 48 Footnote. In Part XIV, provide the text of	f the footnote to the organ	ization's financial statements that reports the	
organization's liability for uncertain tax positions u	inder FIN 48	·	

Sche	dule D (Form 990) 2009		Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial S	tatements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9  rt XII Reconciliation of Revenue per Audited Financial Statements With Revenue		
		e per neturi	
1	Total revenue, gains, and other support per audited financial statements	<del></del>	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		
a	Net unrealized gains on investments	-	
b	Donated services and use of facilities		
C	recoveries of prior year grants	-	
d	Other (Describe in Fair XIV.)		
e	Add lines 2a through 2d	3	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	investment expenses not included on Form 556, Fact vin, into 75	-	
b	Other (Describe in Part XIV.)  Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
_	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expense		
1	Total expenses and losses per audited financial statements	1	
2			
	Amounts included on line 1 but not on Form 990, Part IX, line 25.  Donated services and use of facilities	1	
a	Prior year adjustments	7	
0	Titor year adjustments		
c d		7	
	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
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		
a h	Other (Describe in Part XIV.)	7	
C	other (bescribe in rait xiv.)	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Pa	t XIV Supplemental Information		
and	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III. lines 1a a 2b; Part V, line 4, Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d a part to provide any additional information.		
Eff	ective July 1, 2009, the Association adopted a new accounting standard "Accounting for Un	certainty in Inco	me Taxes",
wh	ich creates a single model to address accounting for uncertainty in tax positions. It clarifies	the accounting	for
inc	ome taxes by prescribing a minimum recognition threshold a tax position is required to mee	et before being re	ecognized
in t	he consolidated financial statements. It also provides guidance on derecognition, measure	ment, classificat	ion,
inte	erest and penalties, disclosure and transition. Management has determined that the Associa	ation has no mat	erial
un	certain tax positions that would require recognition.		

scheanie D (Form	1 990) 2009	Page 3
Part XIV	Supplemental Information (continued)	
		· · · · · · · · · · · · · · · · · · ·
		<b>-</b>
		<b>-</b>

# SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Open to Publi

OMB No. 1545-0047

Inspection

Employer identification number

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

ŝ (h) Purpose of grant or assistance research & educ. Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use 3952722 ☑ Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and . . . . . . . . . (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of non-cash assistance (d) Amount of cash grant 50,000 Part IV and Schedule I-1 (Form 990) if additional space is needed (c) IRC section if applicable the selection criteria used to award the grants or assistance? Part | General Information on Grants and Assistance state gov 41-6007513 NFPA Education and Technology Foundation (b) EIN Church St. SE, Minneapolis, MN \* 1 (a) Name and address of organization University of Minessota, 111 or government Part II

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations

Enter total number of section 501(c)(3) and government organizations

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Cat. No 50055P

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Schedule I (Form 990) 2009

Page 2

Schedule I (Form 990) 2009

(f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Recipients are required to submit periodic and final reports detailing the use of the resources provided. These reports are reviewed to ensure that the resources Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book. FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant are being used as described in the original application that was received (b) Number of recipients (a) Type of grant or assistance Part III

# SCHEDULE O (Form 990)

## Supplemental Information to Form 990

200

Employer identification number

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

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OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990.

NFPA Education and Technology Foundation 3952722 22 Part VI, Section A, #9 - Allen Carlson, Sun Hydraulics Corp., 1500 W. University Parkway, Sarasota, FL 34243, Greg Willard, Quality Control Corporation, 7315 W. Wilson Avenue, Chicago, IL 60656, William Parks, Deltrol Fluid Products, 3001 Grant Avenue, Bellwood, IL 60104, Gerald L. Graf, Ph.D, Caterpillar Inc., 2200 Channahon Road, Joliet, IL 60436, R. Edwin Howe, Enfield, Technologies, 35 Nutmeg Drive, 1st Floor, Trumbull, CT 06611, Jon Goreham, Alro Steer Corp., 4501 James place, Melrose Park, IL 60160, John Smith, ROSS Controls, 1250 Stephenso Highway, Troy, MI 48083 Part VI, Section B, #11A - The Current and Immediate Past Chairmen of the NFPA Audit and Investment Committee who are also the Current and Immediate Past Treasurers review Form 990 before it is filed with the IRS. Part VI, Section B, #12c - All Board members are required to complete a Conflict of Interest form annually. Forms are collected at the beginning of each fiscal year. Part VI, Section C, #19 - The organization makes its governing documents, conflict of interest policy and financial statements available to the public upon request. Part XI, 2c - The organization has not changed its oversight process or selection process during the tax year.

# SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Se ▶ Attach to Form 990.

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2009

OMB No 1545-0047

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(f)
Direct controlling entity Employer identification number (f) Direct controlling 3952722 Identification of Related Tax-Exempt Organizations (Complete If the organization answered "Yes" to Form 990, Part IV, line 34 because it entity ۲X (e)
Public charity status
(if section 501(c)(3)) (e) End-of-year assets 22 **Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) (d) Exempt Code section 501(c)(6) (d) Total income (c)
Legal domicile (state
or foreign country) Legal domicile (state or foreign country) trade association (b) Primary activity Primary activity had one or more related tax-exempt organizations during the tax year.) National Fluid Power Association, 3333 North Mayfair Rd., Surte 211, Milwaukee, WI 53222-3219 (a)
Name, address and EIN of related organization (a)
Name, address, and EIN of disregarded entity NFPA Education and Technology Foundation Name of the organization Part I Part II

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Schedule R (Form 990) 2009

Yes No managing partner? Percentage ownership General or Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, Ξ Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) Share of end-of-year assets 6 (h)
Disproportionate
allocations? ş Yes Share of total income (g)
Share of end-of-year
assets line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Type of entity (C corp, S corp, or trust) (f) Share of total income Direct controlling entity Û Predominant income (related, excluded from tax under sections 512-514) Legal domicite (state or foreign country) (d) (d) (Direct controlling entity Primary activity (c) Legal domicile (state or foreign country) Name, address, and EIN of related organization Primary activity Name, address, and EIN of related organization Part IV Part III

Schedule R (Form 990) 2009

Page 3

Schedule R (Form 990) 2009

Transactions With Related Organizations (Complete of the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.) Part V

Note Complete ling 4 is any author in linked in Date H III or IV of this achaefula			Yes	ş
	in Parts II–IV?			
		,		\
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		5	†	,
<b>b</b> Giff. grant, or capital contribution to other organization(s)		2	1	,
o Giff grant or cantral contribution from other organization(s)		1	>	
		7		,
d Loans or loan guarantees to or for other organization(s)	•	2		
e Loans or loan quarantees by other organization(s)		1e		>
		**		`
f Sale of assets to other organization(s)		=	+	<b>,</b>
a Pirchase of assets from other organization(s)	•	19		`
		f		>
Exchange of assets		7		
i Lease of facilities, equipment, or other assets to other organization(s)		=		>
			_	
i Lease of facilities equinoment or other assets from other organization(s)		1		>
1 Total control of quipties of the control of the c		¥		>
		7		,
Performance of services or membership or fundraising solicitations by other organization(s)		- !	<b>\</b>	•
m Sharing of facilities, equipment, mailing lists, or other assets			<b>,</b>	
n Sharing of paid employees		£	>	ļ
o Beimblinsement haid to other prognization for expenses		10	`	
		1p		>
p neimborsement paid by other organization for expenses				
		7		`
Other transfer of cash or property to other organization		5	$\dagger$	•
r Other transfer of cash or property from other organization(s)		<b>-</b>		>
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	relationships and trai	nsaction th	reshol	ds.
(a)	<b>(a)</b>	҈ .		
Name of other organization	Iransaction type (a⊣r)	Amount involved	nvolved	
National Fluid Power Association	ပ		90,000	000
(2)				
(3)				
(+)				
(5)				
(9)				1
	Pohoo	lulo B (Eorg	0000 000	8

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.) Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(e)	(g)	(0)	٤		(e)	ε	(6)		Ξ
Name, address, and EIN of entity	Primary activity	nicile	Are all p	artners	Share of	Disproportionate		Gen	General or
			501(c)(3) organizations?	)(3) Itlans?	assets		of Schedule K-1 (Form 1065)	bar	trer?
			Yes	8		Yes No	0	Yes	Š
		•							
				·					
				, , , , , ,					
							Schedule R (Form 990) 2009	)66 W.	) 2009