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Form 990

Department of the Treasury Internal Revenue Service

# **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)

► The organization may have to use a copy of this return to satisfy state reporting requirements

2010

OMB No 1545-0047

Open to Public Inspection

A Fo	r the	2010 ca	lendar year, or tax year begi	nning 01-01-2010 and ending 12-31-2	010			
<b>B</b> Ch	eck ıf a	pplicable	C Name of organization NATIONAL FIRE PROTECTION AS	SSOCIATION		D Emp	oloyer	identification number
☐ Add	lress cl	nange	Doing Business As			04-	1653	090
∏ Naı	me cha	nge	Doing Business As			E Tele	phone	e number
Init	ial retu	ırn		r if mail is not delivered to street address)	Roo	m/suite (61	7)77	0-3000
Г Тег	mınate	ed	1 BATTERYMARCH PARK					
┌ Am	ended	return	City or town, state or country, a	and ZIP + 4		<b>G</b> Gros	s recei	pts \$ 191,855,088
Г Арр	olication	n pending	QUINCY, MA 02169					
			<b>F</b> Name and address of	principal officer	H(:	) Is thus a group ratur	n for affi	liates? Yes No
			BRUCE MULLEN		''''	- y is this a group retur	II IOI alli	naces ( res ) No
			1 BATTERYMARCH PAR QUINCY,MA 02169	K	H(I	Are all affiliates i	nclude	d?
			,					t (see instructions)
<b>I</b> Ta	x-exen	npt status	<b>▽</b> 501(c)(3) <b>┌</b> 501(c)( )	◀ (insert no )	H(e	Group exemp	tion r	number 🟲
J W	ebsite	e: ► WW	/W NFPA ORG					
<u> </u>					<u> </u>	W	006	M Chata of Land James de MA
	n or or rt I	_	Corporation Trust Associated	lation   Other F	L	Year of formation 1	.896	M State of legal domicile MA
Га			<u> </u>					
	1		_	ssion or most significant activities ECTRICAL AND RELATED AREAS				
<u>3</u>			·					
Activities & Governance								
ē	l _ ·					250/ 6.		
<u> </u>			,	n discontinued its operations or dispose		e than 25% of it	1	1
×			-	erning body (Part VI, line 1a)			3	22
8				ers of the governing body (Part VI, line :			4	21
舅	5	Total nu	mber of individuals employed	I in calendar year 2010 (Part V, line 2a)	)	•	5	339
ਤੁ	6	Total nu	mber of volunteers (estimate	ıfnecessary)			6	4,500
4				m Part VIII, column (C), line 12			7a	1,617,792
	ь	Net unre	lated business taxable incon	ne from Form 990-T, line 34			7b	0
						Prior Year		Current Year
g <sub>i</sub>	8			I, line 1 h)	•	12,124		14,142,723
anua	9			I, line 2g)	·	10,145	<del>'</del>	11,379,832
Reven	10					-8,341	<del>'</del>	7,241,729
	11			(A), lines 5, 6d, 8c, 9c, 10c, and 11e)	. –	41,049	,338	58,258,268
	12			11 (must equal Part VIII, column (A),	line	54,977	,202	91,022,552
	13			Part IX, column (A), lines 1–3)		<u> </u>	,093	4,494,295
	14			art IX, column (A), line 4)			0	0
	15			loyee benefits (Part IX, column (A), line				
\$		10)	, , , ,	, , , , , , , , , , , , , , , , , , , ,		24,318	,080,	24,723,736
Expenses	16a	Profes	sional fundraising fees (Part	IX, column (A), line 11e)			0	0
ਡੌ	ь	Total fu	ndraising expenses (Part IX, columi	n (D), line 25) ▶-0	_			
	17	Other	expenses (Part IX, column (	A), lines 11a-11d, 11f-24f)		29,497	,536	34,944,052
	18			must equal Part IX, column (A), line 25	_	54,223	,709	64,162,083
	19	Reven	ue less expenses Subtract I	ine 18 from line 12		753	,493	26,860,469
<b>8</b> 8					E	eginning of Curr	ent	End of Year
Not Assets or Fund Balances	20	Total	assets (Part X, line 16) .			<b>Year</b> 211,209	614	236,483,205
AB dB	21					44,891	_	37,808,061
2 E	22			act line 21 from line 20	_	166,318	· +	198,675,144
	t II		ature Block		-	100,510	,_,	150,075,111
		_		mined this return, including accompanying	a schedu	es and statements	s. and	to the best of my
know		and belie		ete. Declaration of preparer (other than of				
KIIOW	ieuge.							
		****	**			2011-08-22		
Sign	1	Signa	ature of officer			Date		
Here		BRUG	CE MULLEN SR VICE PRESIDENT & (	CFO				
			or print name and title					
		Print/Type		Preparer's signature JOSEPH GISO	Date	Check if se		PTIN
Paid		preparer's Firm's nar	•					
Prepa	arer							Firm's EIN
Use (		Firm's add	dress F 500 BOYLSTON STREET					Phone no • (617) 761-
			BOSTON, MA 02116					0600
May	he IR	S discus	ss this return with the prepare	er shown above? (see instructions) .				▼ Yes

Par			Program Serve O contains a res			art III			
1	Briefly	describe the org	anızatıon's mıssıo	n					
			E THE WORLDWI ISUS CODES AN					Y OF LIFE BY PROV	IDING
2		organization und or Form 990 or 99	ertake any signifi 90-EZ?	cant program se	rvices during th	e year which wer	e not listed on	┌ Yes ┌ No	
	If "Yes,	," describe these	new services on S	Schedule O					
3		_	se conducting, or	_	-	wit conducts, an	y program • • • •	┌ Yes ┌ No	
	If "Yes,	," describe these	changes on Sche	dule O					
4	Section	n 501(c)(3) and 5	rpose achievemer 01(c)(4) organiza e total expenses,	ations and section	on 4947(a)(1) tr	usts are required	to report the am	y expenses nount of grants and	
4a	(Code		) (Expenses \$	16,122,266	including grants of	f <b>\$</b>	0 ) (Revenue \$	52,322,436 )	
								IN ADDITION TO CODES GUIDES AND TRAINING M	
4b	(Code		) (Expenses \$	10,725,835	ıncludıng grants ol	f \$ 14:	3,600 ) (Revenue \$	0)	
	CODES HAZARI	AND STANDARDS ADDS IN ALL ASPECTS O	OOPTION, USE, AND E	NFORCEMENT OF T	HESE DOCUMENTS	SERVE TO MINIMIZE	THE POSSIBILITY AN	MINATION OF TIMELY COI D EFFECTS OF FIRE AND TEES, EACH OF WHICH	
	(Code		) (Expenses \$	8,376,521	ıncludıng grants of	f \$ 22	2,400 ) (Revenue \$	2,140,430 )	
	MEMBE		NATIONS SIXTEEN IN					HE UNITED STATES, OVER RTUNITY FOR FIELD	ALL
	Other	program service:	s (Describe in Sc	hedule O ) <b>See</b> a	also Additional D	ata for Descript	ion		
		nses \$	-	cluding grants o		,328,295 ) (Rev		11,832,220)	
	Total	program service e	expenses <b>)</b> -\$	51.860.85	2				

Part IV Checklist of Required Schedule
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			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 😼	2	Yes	
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
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	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
Ь	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
Ь	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, Parts I and IV	14b	Yes	
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 U S ? If "Yes," complete Schedule F, Parts II and IV	15		No
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 U S ? If "Yes," complete Schedule F, Parts III and IV.	16		No
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 (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		Νο
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
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	Yes	
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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	Yes	
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-24d and complete Schedule K. If "No," go to line 25	24a		No
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) 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		Νο
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		No
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		No
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		No
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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	Yes	
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	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Yes Vo			
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		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm <b>990</b>	(2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance

Enter the number reported in Sox 3 of Form 1056. Enter-0- if not applicable.  Dist the organization comply with becks withholding rules for reportable payments to venders and reportable.  Dist the organization comply with becks withholding rules for reportable payments to venders and reportable.  Dist the organization comply with becks withholding rules for reportable payments to venders and reportable.  Enter the number of analyzing suggested as Farm W-3, Transmitted if Wage and Tay.  The sum of the		Check if Schedule O contains a response to any question in this Part V		.୮			
be enter the number of Forms W-26 included in line 1a. Enter-0- if not applicable  Did the organization comply with backor withfolding rures for reportable payments to ventors and reportable garming (pambling) with one of the complex of the compl				Yes	No		
be Enter the number of Forms W-2G included in line 1a. Enter-0- if not applicable   1b   0   0   0   0   0   0   0   0   0	•						
but the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (pambling) winnings to price winners?  Schements flied for the calendar year ending with or within the year covered by this 2 3339  If all least one is reported on line 2a, and the organization file all required federal employment tax returns?  Note: If the sum of lines 2a, and the organization file all required federal employment tax returns?  Note: The sum of lines 2a, and the organization file all required federal employment tax returns?  Note: The sum of lines 2a, and the organization file all required federal employment tax returns?  Note: The sum of lines 2a, and 2a is greater than 250, you may be required to -file (see instructions)  Did the organization and a cale is greater than 250, you may be required to -file (see instructions)  If the region of the sum of lines 2a, and the organization has cale thereof in, or a signature or other authority over, a financial account in a foreign country; leads as bank account, securities account, or other financial accounts.  Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  Sa instruction for folling requirements for form ID E-90-22-1, Report of Foreign Bank and Financial Accounts.  Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  Sa in the organization of soft plan requirements for form ID E-90-22-1, Report of Foreign Bank and Financial Accounts.  Was the organization aparty to a prohibited tax shelter transaction and aparty for a prohibited as shelter transaction?  Sa in the organization of the foreign country in the comparation of the members of the form Back-17.  Does the organization of the soft plan and the prohibition of the stream of the foreign and the organization has a contribution of the stream and the foreign and the organization country in the organization of the foreign and the organization of the foreign and the organization of the	b						
gammo (gambling) winnings to prise winner?  Let the the univers of emblowers expended on Form #3.7 Answorthal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this 2s 2s 350 pt.  If all least one is reported on line 2s, did the organization file all irregarded defant embloyment tax returns?  2s		<b>1b</b> 0					
Ester the number of employees reported on Form W-3, Transmitted of Wage and Tise  Zal 3339  A 1939  A 1940  A 1940 A 1940 A 1940 A 1940  A 1940 A 1940 A 1940 A 1940  A 1940 A 1940 A 1940 A 1940  A 1940 A 1940 A 1940 A 1940  A 1940 A 1940 A 1940 A 1940  A 1940 A 1940 A 1940 A 1940  A 1940 A 1940 A 1940 A 1940  A 1940 A 1940 A 1940 A 1940 A 1940  A 1940 A 1940 A 1940 A 1940 A 1940  A 1940 A 1940 A 1940 A 1940  A 1940 A 1940 A 1940 A 1940 A 1940  A 1940 A 1940 A 1940 A 1940 A 1940  A 1940 A 1940 A 1940 A 1940 A 1940  A 1940 A 1940 A 1940 A 1940 A 1940  A 1940 A 1940 A 1940 A 1940 A 1940 A 1940 A 1940  A 1940 A	С		1c	Yes			
Section 4.5   1985							
Difference on the reported on line 2a, did the organization file all requires federal employment tax returns?    Note, if the sum of lines 1 and 2 as ig resete than 250, you may be required to -file (see instructions)							
Note, if the sum of lines 1a and 2 as greater than 250, you may be required to e-file (see instructions)  Dut the imparization have unrelated business gross income of \$1,000 or more during the year?  If If Yes, this it filed a Form 990-T for this year? If You, provide an explanation in Schedule 0.  At any time during the calendar year, do the organization have an interest in, or a signature or other authority accounts?  If If Yes, this it filed a Form 990-T for this year? If You, provide an explanation in Schedule 0.  At any time during the calendar year, do the organization have an interest in, or a signature or other authority accounts?  If If Yes, the organization is protego country.  See instructions for filing frequencements for Form TD F90-22 1, Report of Foreign Bank and Financial Accounts.  Was the organization is partly to a prohibited tax shelter transaction at early time during the tax year?  Did any taxable partly notify the organization that it was or is a partly to a prohibited tax shelter transaction?  If If Yes, to line 5a or 5b, dot the organization file form 8880-17  Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization folde with every solication an express statement that such contributions or grits were not tax deductible?  Does the organization that may receive deductible contributions under section 170(c).  Does the organization shall excelled the province of the value of the goods or services provided?  If Yes, find the organization include with every solicitation an express statement that such contributions or grits were not tax deductible?  To this the organization self, excelled accounts of the subject of the payor.  If Yes, find the organization self, excelled accounts of the subject of the payor.  If Yes, find the organization self, excelled accounts and the province or contribution or quality of the organization self excelled accounts of the subject of the payor of the pa	b						
Due the organization have unrelated business gross income of \$1,000 or more during the year?  If 'Yes,' has it filed a Form 990-T for this year? If 'Wo,' provide an explanation in Schedule 0.  At any time during the callendar year, did the organization have an interest in, or a signature or other authority organization account in a foreign country (such as a bank account, securities account, or other financial accounts).  If 'Yes,' shart the name of the foreign country   See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.  Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  So Did any texable party notify the organization file Form 8886-T?  So Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization state and the start of the start of the organization state and the start of the start of the organization state and the start of the start of the start of the organization state and the start of the start of the organization receive a payment in excess of \$7 S made party as a contribution and party for goods and services provided to the payor?  If 'Yes,' did the organization indefine the donor of the value of the goods or services provided?  Did the organization receive a payment in excess of \$7 S made party as a contribution and party for goods and services provided to the payor?  If 'Yes,' and the organization motify the donor of the value of the goods or services provided?  To be the organization receive a payment in excess of \$7 S made party as a contribution and party for goods and services provided to the payor?  If the organization receive a payment in excess of \$7 S made party as a contribution and party for which it was required to the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  To be the organization receive any entire the payor?  If the organization receive any entire the payor?		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes			
Second							
At any time during the calendar year, did the organization have an interest in, or a signature or other authority vers. In fining requirements for form TO F 98-22 1, Report of Foreign Bank and Financial Accounts.    Filt Yea, Filt the organization is partly to a prohibited lax shelter transaction at any time during the tax year?   Sa   In Yea, Filt the organization before the organization for organization for organization for organization for organization for organization solicit any contributions that were not tax deductible?   Sc   Organization solicit any contributions that were not tax deductible?   Sc   Organization solicit any contributions that were not tax deductible?   Sc   Organization solicit any contributions that were not tax deductible?   Sc   Organization solicit any contributions that were not tax deductible?   Organization solicit any contributions that were not tax deductible?   Organization solicit any contributions under section 170(c)   Organization that may receive deductible contributions under section 170(c)   Organization that may receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?   Organization that may receive deductible contributions under section 170(c)   Organization that may receive deductible contributions under section 170(c)   Organization that may receive deductible contributions under section 170(c)   Organization that may receive deductible contributions under section 170(c)   Organization that may receive deductible contributions under section 170(c)   Organization that may receive deductible contributions under section 170(c)   Organization that may receive deductible contributions under section 170(c)   Organization selection 170(c)   Organization sel			3a	Yes			
over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts)    11 * Ves.*, enter the name of the foreign country	Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes			
### A PART OF THE PROPRESS OF							
Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  So   Miles   Mi			4a		N		
Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a   In the property of	b						
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  50   11		See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
bill dany taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b   17 Yes" to line 5 a or 5b, did the organization file Form 8886-17?  5c   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?  16 17 Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c)  16 17 Yes," did the organization notify the donor of the value of the goods or services provided?  16 17 Yes," did the organization notify the donor of the value of the goods or services provided?  16 17 Yes," did the organization notify the donor of the value of the goods or services provided?  17 16 17 Yes," indicate the number of Forms 8282 filed during the year.  17 17 Yes," indicate the number of Forms 8282 filed during the year.  18 16 Yes, indicate the number of Forms 8282 filed during the year.  19 16 the organization receive any funds, directly or indirectly, on a personal benefit contract?  10 If the organization receive any funds, directly or indirectly, on a personal benefit contract?  17 18 19 Yes, indicate the number of Forms 8282 filed during the year.  18 19 10 Yes, indicate the number of Forms 8282 filed during the year organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8289 as required?  19 10 Yes, indicate the number of Forms 8282 filed during the year?  10 10 Yes, indicate the number of Forms 8282 filed during the year?  10 10 Yes, indicate the number of Forms 8282 filed during the year?  10 10 Yes, indicate the number of Forms 8282 filed during the year?  10 10 Yes, indicate the number of Forms 8282 filed during the year organization make any taxable distributions under section 49667  10 18 18 18 18 18 18 18 18 18 18 18 18 18		Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N		
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In which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  13c	ь	Enter the amount of reserves the organization is required to maintain by the states					
13c		in which the organization is licensed to issue qualified health plans					
a Did the organization receive any payments for indoor tanning services during the tax year?	C						
	а	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N		

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

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax			
	year			
b	Enter the number of voting members included in line 1a, above, who are independent			
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	evenue Code.)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
	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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		V	
	Describe in Cabadida O the masses of any weed by the ansampte to accomply Farm 200	11a	Yes	
D	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
ь	Other officers or key employees of the organization	15b	Yes	
	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	Yes	
Ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b	Yes	
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed ►CA, MA			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(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 interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization BRUCE MULLEN
  1 BATTERYMARCH PARK

QUINCY,MA 02169 (617)770-3000

# 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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organ		elated o	rgan	ızatı	on c	omper	sate	d any current office	er, director, or trust	ee
(A) Name and Title	(B) A verage hours	Posi	(C) Position (ch that app					<b>(D)</b> Reportable compensation from the	(E) Reportable compensation	<b>(F)</b> Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See Additional Data Table										
-										
			<u> </u>							

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

		_												
	(A) Name and Title Average hours per			tion ( that a	che		II		compensation co		(E) Reportable compensatior from related		(F) Estima imount of compens	other
		week (describe	Indi <i>o</i> rk	Institutional Trustee		Ke)	Highest compensat employee		organız	ation (W- 9-MISC)	organizations (W- 2/1099-		from t rganızatı	he on and
		hours for	vidi. ∄rec	utic	Q	<u>ē</u>	8 Q	ᡖ			MISC)		relate organiza	
		related	ğ ‡ ‡	hal	Office	emplo;ee	플	Former					-	
		organizations in	Individual tiustee or director	Trus		90	ens Selection							
		Schedule O)	m m	6										
See A	dditional Data Table													
							-							
1b	Sub-Total							►						
С	Total from continuation sheets						<b>F</b>							
d	Total (add lines 1b and 1c) .							•		2,551,469	189,86	2	8	92,780
2	Total number of individuals (incl \$100,000 in reportable compen					ted	above	) who	receive	d more tha	n			
													v <sub></sub>	
3	Did the organization list any <b>for</b>	<b>mer</b> officer, direc	tor or t	ruste	e. k	ev e	mplov	ee.o	r highes	t compens	ated employee		Yes	No
	on line 1a? If "Yes," complete Sci				• •	•	•	•				3		Νo
4	For any individual listed on line													
	organization and related organiz	ations greater th	nan \$15 • •	•	• 07 1	f "Y •	es," co • •	mple •	te Sched	ule J for suc		4	Yes	
5	Did any person listed on line 1a									anızatıon o	r individual for			
	services rendered to the organiz	cation <i>e it "Yes,"</i> (	Lompiet	e scn	eaul	e J fo	or suct	ı pers	• O∏ •		•	5		No
Se	ection B. Independent Con	tractors												
1	Complete this table for your five \$100,000 of compensation from			ndep	ende	ent c	ontra	ctors	that rec	eived more	than			
		(A)									(B)		(C)	
	Nar	me and business ad	dress							Descri	ption of services		Compen	sation

(A) Name and business address	(B) Description of services	(C) Compensation				
FIELD COMPANIES INC 385 PLEASANT ST WATERTOWN, MA 02472	PRINTING	2,388,519				
LINDENMEYER BOOK PUBLISHING CO 990 WASHINGTON ST DEDHAM, MA 02026	PRINTING	1,142,508				
UNITED PARCEL POST PO BOX 7247-0244 PHILADELPHIA, PA 19170	FREIGHT	1,136,186				
BFI PRINTING CO 602 BEDFORD ST WHITMAN, MA 02382	PRINTING	945,363				
TRANS CANADA POWER MARKETING 110 TURNPIKE RD WESTBOROUGH, MA 01581	UTILITY	806,590				
Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶9						

# Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).									
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</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	4,431,895	4,431,895						
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	62,400	62,400						
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	3,634,111		3,634,111					
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	14,482,778	12,580,717	1,902,061					
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,747,793	1,579,644	1,168,149					
9	Other employee benefits	2,332,492	1,618,291	714,201					
10	Payroll taxes	1,526,562	1,058,110	468,452					
а	Fees for services (non-employees) Management								
b	Legal	72,099		72,099					
c	Accounting	82,000		82,000					
d	Lobbying								
е	Professional fundraising services See Part IV, line 17								
f	Investment management fees	450,972		450,972					
g	Other	632,609	268,693	363,916					
12	Advertising and promotion	345,802	345,802						
13	Office expenses	1,800,702	1,382,219	418,483					
14	Information technology								
15	Royalties	325,280	325,280						
16	Occupancy	85,171	85,171						
17	Travel	1,843,659	1,551,903	291,756					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials								
19	Conferences, conventions, and meetings	3,644,213	3,444,169	200,044					
20	Interest								
21	Payments to affiliates								
22	Depreciation, depletion, and amortization	1,383,591	783,640	599,951					
23	Insurance	442,676	306,833	135,843					
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)								
а	OUTSIDE SERVICES	9,230,569	7,949,131	1,281,438					
b	POSTAGE FREIGHT & MAIL	6,817,519	6,752,778	64,741					
c	PRINTING & PAPER	3,469,990	3,432,822	37,168					
d	CONTRACT EXPENSE	3,343,718	3,343,718						
e	BUILDING EXPENSES	877,696	461,850	415,846					
f	All other expenses	95,786	95,786						
25	Total functional expenses. Add lines 1 through 24f	64,162,083	51,860,852	12,301,231	0				
26	<b>Joint costs.</b> Check here ▶ ┌ If following								
	SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a								
	combined educational campaign and fundraising solicitation				000 (3.01.0)				

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			8,323,901	1	8,010,224
	2	Savings and temporary cash investments		25,301,653	2	20,404,222	
	3	Pledges and grants receivable, net		3	_		
	4	Accounts receivable, net		3,089,482	4	4,111,543	
	5	Receivables from current and former officers, directors, trustee highest compensated employees Complete Part II of	employees, and				
		Schedule L		5			
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ , and contributing esponsoring organizations of section $501(c)(9)$ voluntary emploorganizations (see instructions)	ers, and				
÷.		Schedule L			6		
Assets	7	Notes and loans receivable, net				7	_
₹	8	Inventories for sale or use			10,718,817	8	9,454,471
	9	Prepaid expenses and deferred charges		1,503,368	9	1,592,493	
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	101,494,176			
	ь	Less accumulated depreciation	10Ь	50,707,510	52,762,937	10c	50,786,666
	11	Investments—publicly traded securities	102,368,163	11	134,962,701		
	12	Investments—other securities See Part IV, line 11		12			
	13	Investments—program-related See Part IV, line 11			13		
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			7,141,293	15	7,160,885
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .			211,209,614	16	236,483,205
	17	Accounts payable and accrued expenses .			7,658,075	17	9,465,355
	18	Grants payable				18	_
	19	Deferred revenue	15,932,855	19	15,878,795		
	20	Tax-exempt bond liabilities		20			
68	21	Escrow or custodial account liability Complete Part IV of Schedu		21	-		
bilities	22	Payables to current and former officers, directors, trustees, ker employees, highest compensated employees, and disqualified					
Lial		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third partie	s .			23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			21,300,407	25	12,463,911
	26	Total liabilities. Add lines 17 through 25			44,891,337	26	37,808,061
٠,		Organizations that follow SFAS 117, check here ► 🗸 and com	plet e l	ines 27			
Fund Balances		through 29, and lines 33 and 34.					
an I	27	Unrestricted net assets			166,240,277	27	198,590,144
<u>е</u>	28	Temporarily restricted net assets		78,000	28	85,000	
Ξ	29	Permanently restricted net assets			29		
₫		Organizations that do not follow SFAS 117, check here 🕨 🦵 a	nd con	nplet e			
ō		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds	•			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other f	unds			32	
Net	33	Total net assets or fund balances			166,318,277	33	198,675,144
	34	Total liabilities and net assets/fund balances			211,209,614	34	236,483,205

Pa	Check if Schedule O contains a response to any question in this Part XI			. [~	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		91 (	022,55
2	Total expenses (must equal Part IX, column (A), line 25)	2			162,08
3	Revenue less expenses Subtract line 2 from line 1	3			360,469
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		166,3	318,27
5	Other changes in net assets or fund balances (explain in Schedule O)	5		5,4	196,39
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		198,6	575,14
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII		•	<u>Г</u>	
		_		Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?	[	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain its Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were on a separate basis, consolidated basis, or both  Separate basis  Consolidated basis  Both consolidated and separated basis	issued			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	ie	3a	Yes	
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b	Yes	

**Employer identification number** 

#### 33433232000361

OMB No 1545-0047

2040

Open to Public Inspection

### **SCHEDULE A**

(Form 990 or 990EZ)

Name of the organization

NATIONAL FIRE PROTECTION ASSOCIATION

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section

**Public Charity Status and Public Support** 

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

04-1653090

	rganı			e foundation because						isti uctivi	13
L	- Gain			on of churches, or as	•			•	•		
- !	<u>'</u>			I in <b>section 170(b)(1</b>				ection 170	(D)(1)(A)(I).		
- }	<u>'</u>			perative hospital ser				n 170/h)/1	1)(A)(iii)		
ı	,	A medi	cal research	n organization operat ty, and state	_					1)(A)(iii)	. Enter the
i	Γ	An orga	nızatıon op	erated for the benefit	of a college	or univers	ity owned or c	perated by	a government	al unit de	scribed in
		section	170(b)(1)(	A)(iv). (Complete Pa	art II )						
,	Γ	A feder	al, state, or	local government or	government	al unit desc	rıbed ın <b>sect</b>	ion 170(b)(	(1)(A)(v).		
,	Γ	describ	ed ın	at normally receives  A)(vi) (Complete Pa		l part of its	support from	a governm	nental unit or fr	om the ge	eneral public
3	Г			described in section		<b>A)(vi)</b> (Co	mplete Part II	[ )			
)	<u></u>		•	at normally receives			·	•	ributions, mem	bership fe	es, and gross
	•	_		ities related to its ex							-
				oss investment incor	·	_			, ,		
		acquire	d by the org	janization after June	30,1975 S	ee <b>section</b>	<b>509(a)(2).</b> (C	omplete Pa	art III )	·	
)	$\Gamma$			janized and operated							
L	Γ	one or i	more public	ganized and operated ly supported organiza bes the type of supports <b>b</b> Type II	ations descri orting organi	bed in sect zation and	ion 509(a)(1	) or section s 11e thro	n 509(a)(2) So ugh 11h	ee section	• •
: 	I	other the section If the ocheck the Since A	nan foundati 509(a)(2) rganization his box ugust 17,2 g persons?	ox, I certify that the con managers and other received a written de 2006, has the organizectly or indirectly co	ner than one etermination zation accep	or more pul from the IR ted any gift	blicly support	ed organization on from an	ations describe pe II or Type I y of the	ed in sect	ion 509(a)(1) or
		and (III)	below, the	governing body of the	e the suppor	ted organız	ation?			1	1g(i)
		(ii) a fa	mily membe	er of a person describ	oed in (i) abo	ve?				11	Lg(ii)
		(iii) a 3	5% control	led entity of a persor	n described i	n (ı) or (ıı) a	above?			11	lg(iii)
•		Provide	the following	ng information about	the supporte	ed organizat	tion(s)				
(i) Name support organiza		e of (ii) (described on orted EIN lines 1-9 above		(iv) Is the organizati col (i) list your gove docume	ion in ted in rning	(v) Did you no organizat col (i) o	tify the tion in fyour	(vi) Is th organizat col (i) org	e ion in anized	(vii) A mount of support	
				(see instructions))	Yes	No	Yes	No	Yes	No	
								_			

Total

# Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1) (A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	dider rate III. If the	organización i	ans to quanty t	maci the tests	iisted below, pie	case complet	c raic III.
S	ection A. Public Support		_				
Cale	endar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	( <b>d)</b> 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual						
	grants ")						
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						
	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)						
6	Public Support. Subtract line 5 from						
Ü	line 4						
S	ection B. Total Support	1				I	
	endar year (or fiscal year beginning						
Cur	in) ►	(a) 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	( <b>d)</b> 2009	(e) 2010	(f) Total
7	A mounts from line 4						
8	Gross income from interest,						
0	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
-	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV )						
11	Total support (Add lines 7						
	through 10)						
12	Gross receipts from related activities	es, etc (See inst	ructions )			12	
13	First Five Years If the Form 990 is f	or the organization	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	nızatıon,
	check this box and <b>stop here</b>	_	r		•	. , . , -	<b>▶</b> ┌॔
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2010	(lıne 6 column (	f) divided by line	11 column (f))		14	
15	Public Support Percentage for 2009	Schedule A Par	rt II line 14			15	
							<del> </del>
16a	<b>33 1/3% support test—2010.</b> If the				line 14 is 33 1/3%	or more, chec	
	and <b>stop here.</b> The organization qua	•				2.2.4.204	<b>▶</b> [
b	33 1/3% support test—2009. If the				oa, and line 15 is :	1/3% or mor کد	. <del>-</del>
17-	box and <b>stop here.</b> The organization				12 16 1C	handler - 4.4	▶
r/a	10%-facts-and-circumstances test-						ın.
	is 10% or more, and if the organization made			•			
	in Part IV how the organization mee	is the facts and	circumstances"	test ine organiz	acion quanifies as	a publicly supp	orted F
<b>L</b>	organization 10%-facts-and-circumstances test-	_2000 Ifthe era	anization did not	chack a hay an lu	no 13 165 166 5	or 17a and line	F1
ט	15 is 10% or more, and if the organ						
	Explain in Part IV how the organizat			•		<u>-</u>	clv
	supported organization	aon meets the 16	aces and circuitis	tances test life	. organization qual	iiiies as a publi	ETY ▶ ¯
18	Private Foundation If the organizati	on did not check	a box on line 13	. 16a. 16b. 17a o	r 17b. check this	box and see	- 1
	instructions	a.a not ender		, , 0 0 , 7 0 0	. 2. 2, 511558 61115		<b>▶</b> □

#### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support					•		
Cale	ndar year (or fiscal year beginning in) ►	(a) 2006	<b>(b)</b> 2007	(c) 2008	( <b>d)</b> 2009	<b>(e)</b> 2	010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	10,829,704	11,018,311	14,816,306	12,124,100	14	,142,723	62,931,144
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	51,768,022	78,608,724	67,956,993	52,770,918	72	,250,284	323,354,941
3	Gross receipts from activities that are not an unrelated trade or							
4	business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its							
5	behalf The value of services or facilities furnished by a governmental unit to the organization without charge							
6 7a	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified	62,597,726	89,627,035	82,773,299	64,895,018	86	,393,007	386,286,085
b	persons A mounts 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	781,228	17,499,338	4,581,498	4,821,299	20	,663,676	48,347,039
С	Add lines 7a and 7b	781,228	17,499,338	4,581,498	4,821,299	20	,663,676	48,347,039
8	Public Support (Subtract line 7c							337,939,046
Se	from line 6 ) ection B. Total Support							
	ndar year (or fiscal year	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 20	010	(f) Total
9	beginning in) A mounts from line 6	62,597,726	89,627,035	82,773,299	64,895,018		,393,007	386,286,085
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	19,254,612	17,181,265	15,678,523	15,780,854		,154,756	84,050,010
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
c	Add lines 10a and 10b	19,254,612	17,181,265	15,678,523	15,780,854	16	,154,756	84,050,010
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	2,872,297	3,078,920	2,054,266	1,652,409	1	,617,792	11,275,684
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)			391,406	262,323		222,643	876,372
13	Total support (Add lines 9, 10c,	84,724,635	109,887,220	100,897,494	82,590,604	104	,388,198	482,488,151
14	11 and 12)  First Five Years If the Form 990 is check this box and stop here	for the organizati	on's first, second	, thırd, fourth, or	lfifth tax year as a	section!	501(c)(3	i) organization,
6-	ction C. Computation of Pub	lic Support D	arcantaca					
15	Public Support Percentage for 201			13 column (f))		15		70 040 %
16	Public support percentage from 20			.,,		16		72 830 %
Se	ction D. Computation of Inv	estment Inco	me Percenta	ge				
17	Investment income percentage for				n (f))	17		17 420 %

18 Investment income percentage from 2009 Schedule A, Part III, line 17

 17
 17 420 %

 18
 17 160 %

19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Schedule A (Fo	orm 990 or 990-EZ) 2010	Pag
Part IV	<b>Supplemental Information.</b> Supplemental Information. Complete this required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. additional information. (See instructions).	•

Facts And	Circumstances	Test

Schedule A (Form 990 or 990-EZ) 2010

DLN: 93493292000361

## OMB No 1545-0047

#### **SCHEDULE C** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B

INAI	me of the organization FIONAL FIRE PROTECTION ASSOCIATIO	N			ntıfıcatıon number
	AT A Complete if the co	ganization is exempt und	lor costion FO1/	04-1653090	
للڌ	•			-	organization.
	•	ganization's direct and indirect p	olitical campaign act	tivities in Part IV	
	Political expenditures			•	\$
	Volunteer hours				
a l'	t I-B Complete if the or	ganization is exempt und	ler section 501(	c)(3).	
	Enter the amount of any excis	e tax incurred by the organization	n under section 4955	5 <b>-</b>	\$
	Enter the amount of any excis	e tax incurred by organization ma	anagers under sectio	n 4955 🕨	\$
	If the organization incurred a	section 4955 tax, did it file Form	4720 for this year?		┌ Yes ┌ No
а	Was a correction made?				┌ Yes ┌ No
b	If "Yes," describe in Part IV				
a r	t I-C Complete if the or	ganization is exempt und	ler section 501(	c) except section 50	1(c)(3).
	Enter the amount directly exp	ended by the filing organization fo	or section 527 exem	pt function activities 🕨	\$
	Enter the amount of the filing exempt funtion activities	organization's funds contributed t	o other organization	s for section 527 ▶	\$
	Total exempt function expend	itures Add lines 1 and 2 Enter h	ere and on Form 112	20-POL, line 17b	\$
	Did the filing organization file	Form 1120-POL for this year?			Yes No
	amount of political contributio				· ·
	separate segregated fund or a	(b) Address			(e) A mount of politic contributions receive and promptly and directly delivered to separate political organization.
		political action committee (PAC	) If additional space	(d) A mount paid from filing organization's	(e) A mount of politic contributions receive and promptly and directly delivered to separate political
		political action committee (PAC	) If additional space	(d) A mount paid from filing organization's	(e) A mount of political contributions received and promptly and directly delivered to separate political organization.
		political action committee (PAC	) If additional space	(d) A mount paid from filing organization's	(e) A mount of politics contributions receive and promptly and directly delivered to separate political organization.

Sc	hedule C (Form 990 or 990-EZ) 2010						Page <b>2</b>	
P	art II-A Complete if the organization under section 501(h)).	is ex	cempt under	section 501(c	)(3) and fi	led Form 5768		
A B	Check   If the filing organization belongs to a Check   If the filing organization checked bo			" provisions apply	/			
	Limits on Lobbying E (The term "expenditures" means a			)		<b>(a)</b> Filing Organization's Totals	<b>(b)</b> Affiliated Group Totals	
<u>1</u> a	Total lobbying expenditures to influence public o	pinion	(grass roots lob	oyıng)				
b	Total lobbying expenditures to influence a legisl	atıve b	ody (direct lobby	ıng)				
c	Total lobbying expenditures (add lines 1a and 1	b)						
d	Other exempt purpose expenditures							
е	Total exempt purpose expenditures (add lines 1	c and :	Ld)					
f	Lobbying nontaxable amount Enter the amount columns	from th	e following table	ın both				
	If the amount on line 1e, column (a) or (b) is:	The	lobbying nontaxa	ble amount is:				
	Not over \$500,000	20%	of the amount on lin	e 1e				
	Over \$500,000 but not over \$1,000,000	\$100	,000 plus 15% of the	excess over \$500,00	0			
	Over \$1,000,000 but not over \$1,500,000	\$175	,000 plus 10% of the	excess over \$1,000,0	000			
	Over \$1,500,000 but not over \$17,000,000	\$225	,000 plus 5% of the	excess over \$1,500,00	00			
	Over \$17,000,000	\$1,00	00,000					
	Grassroots nontaxable amount (enter 25% of lir	ne 1 f)						
_	Subtract line 1g from line 1a If zero or less, ent	-						
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -						
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h d	or line 11, did the	organization file F	orm 4720 rep	(a) Filing Organization's Totals  20 reporting  complete all of the fon page 4.)	┌ Yes ┌ No	
	4-Year Av (Some organizations that made a columns below. See t	secti	on 501(h) ele		havè to co		ne five	
	Lobbying Exp	endit	ures During 4	l-Year Averag	jing Period			
	Calendar year (or fiscal year							

	Lobbying Expendit	ures During 4	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	<b>(d)</b> 2010	<b>(e)</b> Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
С	Total lobbying expenditures					
d	Grassroots non-taxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768
	(election under section 501(h)).

	(election under section 501(h)).					
		(a	a)		(b)	
		Yes	No	1	Amoun	it
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?		No			
Ь	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		_		
С	Media advertisements?		Νo			
d	Mailings to members, legislators, or the public?		Νo			
е	Publications, or published or broadcast statements?		Νo			
f	Grants to other organizations for lobbying purposes?		Νo			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes				7,168
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo			
i	Other activities? If "Yes," describe in Part IV		Νo			
j	Total lines 1c through 1i					7,168
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo			
b	If "Yes," enter the amount of any tax incurred under section 4912					
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c	)(5),	or s	ectio	n
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		[	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		
	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes".	III-À,			ectio	n
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a				
b	Carryover from last year	2b				
С	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				
D.	Supplemental Information	•				

#### Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier Return Reference Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493292000361

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury

**Supplemental Financial Statements** 

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

Open to Public

rnal F	venue Service	orm 990. ► See separate instructions.			Tuspec	поп
			Emp	loyer identificat	ion numbe	er
iAI I	VALUE FROTECTION ASSOCIATION		04-1	1653090		
Par	Employer identification num   COMALTIRE PROTECTION ASSOCIATION	Comple	te if the			
	organization answered "Yes" to Form 99		,	<b>L. Td.</b> and all	<u> </u>	
	atal mumban at and afternan	(a) Donor advised funds	(	b) Funds and ot	neraccou	nts
	·					
			or advi	sed	☐ Yes	Г№
	ised only for charitable purposes and not for the ber		•		┌ Yes	┌ No
ar	II Conservation Easements. Complete	ıf the organization answered "Yes" to	o Form	n 990, Part IV,	line 7.	
	Preservation of land for public use (e g , recreat Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qual	on or pleasure) Preservation of an Preservation of a c	ertified	d historic structi		a
				Held at the E	nd of the	Year
_			2a			
b	otal acreage restricted by conservation easements	•	2b			
С	lumber of conservation easements on a certified his	storic structure included in (a)	2c			
d	lumber of conservation easements included in (c) a	cquired after 8/17/06	2d			
	he taxable year -  Number of states where property subject to conserv  Does the organization have a written policy regardin	ation easement is located <b>F</b>			┌ Yes	∏ No
	Staff and volunteer hours devoted to monitoring, ins	pecting and enforcing conservation easem	ients di	uring the year 🛌		
	mount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easements	during	; the year ► \$ _		
	·	2(d) above satisfy the requirements of sec	tion		☐ Yes	┌ No
	palance sheet, and include, if applicable, the text of	the footnote to the organization's financial	•			
art			or Oth	ner Similar A	ssets.	
	art, historical treasures, or other similar assets held	for public exhibition, education or researc	ch in fui			e,
_	nistorical treasures, or other similar assets held for	public exhibition, education, or research ii			•	
	i) Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$		
	ii) Assets included in Form 990, Part X			<b>F</b> \$		
	f the organization received or held works of art, hist ollowing amounts required to be reported under SFA		r finan			
	Revenues included in Form 990, Part VIII, line 1	<del>-</del>		<b>▶</b> \$		
				· +		

**b** Assets included in Form 990, Part X

ar	<b>Titl</b> Organizations Maintaining Co	llections of Art	, His	toric	cal Tre	easui	res, or (	<u> Oth</u>	<u>er Simila</u>	ar Ass	ets (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	y of th	e foll	owing th	iat are	a signific	ant	use of its o	ollectio	on	
а	Public exhibition		d	Γ	Loan o	rexch	ange prog	ram	s			
b	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ın hov	v they	further	the o	rganızatıo	n's e	exempt pur	pose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								mılar	Г	Yes	┌ No
Pai	t IV Escrow and Custodial Arrang						answere	ed "`	Yes" to Fo	orm 99	90,	
	Part IV, line 9, or reported an an											
la	Is the organization an agent, trustee, custod included on Form 990, Part X?					ions o	r other as	sets	not	Γ	Yes	Г No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ing ta	ble		ı			-		
										A mo	ount	
с 	Beginning balance							1c				
d	Additions during the year							1d				
e	Distributions during the year							1e				
f	Ending balance							1f				
la	Did the organization include an amount on Fo	orm 990, Part X, line	e 21?							Γ	Yes	∏ No
	If "Yes," explain the arrangement in Part XIV											
Pa	rt V Endowment Funds. Complete										<b>(-)</b> [	aara Daal
a	Beginning of year balance	(a)Current Year 6,393,224	(D	Prior '	rear ,987,694		o Years Bad 177,		<b>d)</b> Three Yea	rs Back	(e)Four Y	ears back
b	Contributions	4,000,000			0		6,000,0					
c	Investment earnings or losses	495,618		1	,405,530		-1,189,	_				
d	Grants or scholarships	·			,			+				
e	Other expenditures for facilities	240,000										
	and programs											
f	Administrative expenses											
g	End of year balance	10,648,842		6	,393,224		4,987,	594				
2	Provide the estimated percentage of the yea	r end balance held a	as									
а	Board designated or quasi-endowment 🕨											
b	Permanent endowment 🕨 100 000 %											
c	Term endowment ▶											
Ba	Are there endowment funds not in the posses	ssion of the organiza	atıon t	that a	re held	and a	dministere	d fo	r the			
	organization by  (i) unrelated organizations									. 3a(i)	Yes	No No
	(ii) related organizations			•				•		3a(ii		NO -
ь	If "Yes" to 3a(II), are the related organization							٠.		3b	Yes	
ļ	Describe in Part XIV the intended uses of th	•										
a i	t VI Investments—Land, Buildings	s, and Equipme	nt. S	ee Fo	orm 99	0, Pa	rt X, line	10				
	Description of investment			(a)	Cost or o	ther	( <b>b)</b> Cost or o	other			( <b>d</b> ) Boo	k value
.a	Land				1,91	.9,353						1,919,353
	Buildings					6,459			27,3	308,574		1,527,885
	Leasehold improvements					3,419				984,217		,779,202
d	Equipment					6,616				795,134		1,471,482
e	Other				1,70	08,329			(	519,585		1,088,744

50,786,666

Part VIII Investments—Other Securities. See	Form 990, Part X, line 12	2.
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)	(2)Book fulde	Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. See		13
Part VIII Investments—Frogram Related. See	T	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		Cost of end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )		
Part IX Other Assets. See Form 990, Part X, lin	e 15.	
	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
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Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	le 15. tion	
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip  Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.	5.)	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X	5.)	
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip  Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	5.)	

	dule D (Form 990) 2010		Page <b>4</b>
Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Stat	ements	Т
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	91,022,552
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	64,162,083
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	26,860,469
4	Net unrealized gains (losses) on investments	4	5,845,439
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-349,041
9	Total adjustments (net) Add lines 4 - 8	9	5,496,398
LO	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	32,356,867
ar	t XII Reconciliation of Revenue per Audited Financial Statements With Reven	ue per R	leturn
L	Total revenue, gains, and other support per audited financial statements	1	114,431,553
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments	,439	
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d 17,563	,562	
e	Add lines <b>2a</b> through <b>2d</b>	. 2e	23,409,001
}	Subtract line <b>2e</b> from line <b>1</b>	. 3	91,022,552
,	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	. 4c	0
;	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)		91,022,552
	<b>TXIII</b> Reconciliation of Expenses per Audited Financial Statements With Expe	nses per	
•	Total expenses and losses per audited financial	1	82,074,683
:	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
ь	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIV)	2,600	
e	Add lines 2a through 2d	. 2e	17,912,600
}	Subtract line <b>2e</b> from line <b>1</b>	. 3	64,162,083
ļ	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b   4a		
b	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	. 4с	0
i	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	. 5	64,162,083
Pai	rt XIV Supplemental Information		
Par	mplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a an rt V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also com ditional information		
	Identifier Return Reference Ex	lanat ion	

Ident if ier	Return Reference	Explanation
ESCRIPTION OF INTENDED USE FENDOWMENT FUNDS	PART V, LINE 4	AT ALL TIMES THE ENDOWMENT FUND SHALL BE USED EXCLUSIVELY FOR THE ACCOMPLISHMENT AND SUPPORT OF CHARITABLE, EDUCATIONAL, SCIENTIFIC, AND LITERARY PURPOSES THE ENDOWMENT IS HELD BY THE FIRE PROTECTION RESEARCH FOUNDATION, A RELATED ENTITY LISTED ON SCHEDULE R
ESCRIPTION OF UNCERTAIN AX POSITIONS UNDER FIN 48	PART X	NFPA IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE "CODE"; AND IS GENERALLY EXEMPT FROM FEDERAL AND STATE INCOME TAXES ON RELATED INCOME A PROVISION FOR TAXES IS CONSIDERED TO THE EXTENT THAT NFPA HAS UNRELATED ACTIVITIES, BUT SUCH CONSIDERATIONS ARE NOT SIGNIFICANT ACCORDINGLY, NO PROVISION FOR INCOME TAXES IS MADE IN THE FINANCIAL STATEMENTS NFPA ACCOUNTS FOR THE EFFECT OF ANY UNCERTAIN TAX POSITIONS BASED ON A "MORE LIKELY THAN NOT" THRESHOLD TO THE RECOGNITION OF THE TAX POSITIONS BEING SUSTAINED BASED ON THE TECHNICAL MERITS OF THE POSITION UNDER SCRUTINY BY THE APPLICABLE TAXING AUTHORITY IF A TAX POSITION OR POSITIONS ARE DEEMED TO RESULT IN UNCERTAINTIES OF THOSE POSITIONS, THE UNRECOGNIZED TAX BENEFIT IS ESTIMATED BASED ON A "CUMULATIVE PROBABILITY ASSESSMENT" THAT AGGREGATES THE ESTIMATED TAX LIABILITY FOR ALL UNCERTAIN TAX POSITIONS INTEREST AND PENALTIES ASSESSED, IF ANY, ARE ACCRUED AS INCOME TAX EXPENSE NFPA HAS IDENTIFIED ITS TAX STATUS AS A TAX EXEMPT ENTITY AS A TAX POSITION, HOWEVER, NFPA HAS DETERMINED THAT SUCH TAX POSITION DOES NOT RESULT IN AN UNCERTAINTY REQUIRING RECOGNITION IN ADDITION TO ITS TAX STATUS, NFPA HAS OTHER TAX POSITIONS THAT HAVE BEEN DETERMINED TO BE HIGHLY CERTAIN AND, THEREFORE, NO RESERVE FOR UNRECOGNIZED TAX LIABILITY IS DEEMED NECESSARY NFPA IS NOT CURRENTLY UNDER EXAMINATION BY ANY TAXING JURISDICTION ITS FEDERAL AND STATE INCOME TAX RETURNS ARE GENERALLY OPEN FOR EXAMINATION THREE YEARS FOLLOWING THE DATE FILED
		PART XI, LINE 8-OTHER ADJUSTMENTS PENSION COSTS OTHER THAN PERIODIC COSTS (\$349,040) PART XII LINE 2D-OTHER (REVENUE) COST OF GOODS SOLD (\$9,835,409) BUILDING EXP BAT 1 (\$1,274,060) BUILDING EXP RE INVESTMENTS (\$6,454,091) MISC (2) TOTAL
		(\$17,563,562) PART XIII LINE 2D-OTHER (EXPENSES) COST OF GOODS SOLD (\$9,835,409) BUILDING EXP BAT 1 (\$1,274,060) BUILDING EXP RE INVESTMENTS (\$6,454,091) PENSION COSTS OTHER THAN PBC (\$ 349,040) TOTAL (\$17,912,600)

DLN: 93493292000361

OMB No 1545-0047

Open to Public

**SCHEDULE F** (Form 990)

Internal Revenue Service

Department of the Treasury

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990. ► See separate instructions.

Statement of Activities Outside the United States

**Inspection** 

Name of the organization **Employer identification number** NATIONAL FIRE PROTECTION ASSOCIATION 04-1653090

General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award 

For grant makers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

United States  3 Activites per Region (Use Part V if additional space is needed )						
3	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or	(d) Activities conducted in region (by type) (e g ,	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
	NORTH AMERICA	1	1		THE PROMOTION OF AND ADOPTION OF NFPA CODES & STANDARDS	191,508
	NORTH AMERICA	1	1	PROGRAM SERVICES		203,271
	EAST ASIA AND THE PACIFIC	1	2	PROGRAM SERVICES		44,856
	EUROPE (INCLUDING ICELAND & GREENLAND)	1	1	PROGRAM SERVICES	THE PROMOTION OF AND ADOPTION OF NFPA CODES & STANDARDS	45,112
	a Sub-total  Total from continuation sheets to Part I		5			<u>484,747</u> 0
	to Part 1  C Totals (add lines 3a and 3b)		5			484,747
	Privacy Act and Paperwork Reduction	Act Notice, see			No 50082W Schedu	le F (Form 990) 2010

Part	Part IV, lı	ne 15, for any					olete if the organizate received more than		
	<b>a)</b> Name of rganization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2	Enter total nun tax-exempt by	hber of reciple the IRS, or fo	ent organizations lis or which the grante	ted above that are i e or counsel has pro	ecognized as chari ovided a section 50:	ties by the foreign of 1(c)(3) equivalency	country, recognized letter	 as . ▶	
3	Enter total number of other organizations or entities								(Form 990) 2010

Part III	Grants and Ot	her Assistance to	Individuals	Outside the Unit	ed States. Complete	ıf the organızatıon a	nswered "Yes" to Form 9	990, Part IV, line 16.
	Use Part V if ad	ditional space is ne-	eded.					

(a) Type of grant or assistance	( <b>b)</b> Region	(c) Number of recipients	( <b>d)</b> A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash	(g) Description of non-cash	(h) Method of valuation
					assistance	assistance	(book, FMV, appraisal, other)
			<u> </u>			1	
			<u>.                                    </u>		!		
			<u>.                                    </u>			1	
			<u> </u>		!		
			<u> </u>		!		
			<u> </u>		!		
			<u> </u>		!		
					!		
			1		,		

## Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)	Γ	Yes	⊽	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	굣	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	Γ	Yes	r	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	r	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	Г	Yes	্	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	⊽	Νo

Schedule F (Form 990) 2010

Part V Supplemental Information

• •			
Complete this part to provide the information	(see instructions)	required in Part I,	line 2, and any additional
information			

IIIIOI IIIauoII.		
Identifier	ReturnReference	Explanation
PROCEDURE FOR MONITORING		
GRANTS OUTSIDE THE U S		
		COLLEGE DART LINE 2 NEDA AUDITOTHE EVDENCE
METHOD USED TO ACCCOUNT		SCHEDULE F, PART I, LINE 3 NFPA AUDITS THE EXPENSE
FOR EXPENDITURES		REPORTS TO MAKE SURE THERE ARE RECEIPTS ATTACHED
		THE FEES ARE NEGOTIATED AT THE START OF THE YEAR
		<del> </del>
		<del> </del>
-		
		+
	1	
		Schedule F (Form 990) 2010

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(Form 990)

Department of the Treasury

Schedule I

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

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

OMB No 1545-0047

DLN: 93493292000361

Internal Revenue Service  Name of the organization			F Attach to			Fm	Inspection  ployer identification number
NATIONAL FIRE PROTECTION	ON ASSOCIATION						4-1653090
Part I General Infor	mation on Gran	ts and Assistanc	e			l	
<ul><li>Does the organization m the selection criteria use</li><li>Describe in Part IV the organization</li></ul>	ed to award the grant	s or assistance?					
Form 990, Part		recipient that rec	eived more than \$		oox if no one rec	pient received moi	on answered "Yes" to re than \$5,000. Part II can be
1 (a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) HOME FIRE SPRINKLER COALITION ONE BATTERYMARCH PARK QUINCY, MA 02169	51-0620405	501(C)(3)	133,600				PROGRAM CONTRIBUTION
(2) UNIVERSITY OF MARYLAND7403 HOPKINS AVE COLLEGE PARK, MD 20740	02-6604364	501(C)(3)	10,000				CONTRIBUTIONCONTRIBUTION
(3) CENTER FOR CAMPUS FIRE SAFETY10 STATE ST NEWBURYPORT, MA 01950	14-1916059	501(C)(3)	10,000				CONTRIBUTION
(4) NATIONAL FALLEN FIRE FIGHTERS16825 S SETON AVE EMMITSBURG, MD 21727	52-1832634	501(C)(3)	10,000				CONTRIBUTION
(5) NATIONAL VOLUNTEER FIRE COUNCIL7852 WALKER DR GREENBELT, MD 20770	39-1274172	501(C)(3)	15,000				CONTRIBUTION
(6) FIRE PROTECTION RESEARCH FOUNDATION ONE BATTERYMARCH PARK QUINCY, MA 02169	52-1256543	501(C)(3)	4,230,000				GENERAL CONTRIBUTIONS & PROGRAM CONTRIBUTIONS & ENDOWMENT CONTRIBUTION
2 Enter total number of se	ction 501(c)(3) and	ı government organızat	cions				<b>&gt;</b> 6

Enter total number of other organizations . . .

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) HARVARD FELLOW SCHOLARSHIPINTERNATIONAL ASSOCIATION OF FIRE CHIEFS	6	22,400			
(2) SCHOLARSHIPS	8	40,000			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Ident if ier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 NFPA REQUIRES PERIODIC REPORTS FROM RECIPIENTS THROUGHOUT THE YEAR
OTHER INFORMATION		SCHEDULE I, PART III GRANTS AND OTHER ASSISTANCE TO INDIVIDUALS IN THE UNITED STATES NFPA ISSUES A NUMBER OF SCHOLARSHIPS EACH YEAR FOR OUTSTANDING ACHIEVEMENTS THE FOLLOWING ARE THE SCHOLARSHIPS ISSUED THIS YEAR THE ART COTE SCHOLARSHIP, \$5,000, THE FRANK FEE SCHOLARSHIP, \$5,000, THE J JABLONSKY SCHOLARSHIP, \$5,000, THE WARREN ISMAN SCHOLARSHIP, \$5,000, THE P BUGBEE SCHOLARSHIP, \$5,000, THE GEORGE MILLER SCHOLARSHIP, \$5,000, THE C MORGAN SCHOLARSHIP, \$5,000, THE DAVID GRATZ SCHOLARSHIP, \$5,000 AND THE HARVARD FELLOW SCHOLARSHIP, \$22,400

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DLN: 93493292000361

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

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

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

**Compensation Information** 

Open to Public Inspection

Internal Revenue Service	► Attach to Form 990. ► See separate instructions.		Inspection
Name of the organiz NATIONAL FIRE PROTEC		Employer identi	fication number
Part I Questi	ons Regarding Compensation	•	

			Yes	Νo
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form			
	990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel  Housing allowance or residence for personal use			
	▼ Travel for companions			
	Tax idemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?		,	
	officers, directors, trustees, and the CLO/Executive Director, regarding the items checked in fine Tu	2	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the			
	organization's CEO/Executive Director Check all that apply  Compensation committee  Written employment contract			
	✓ Independent compensation consultant ✓ Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
	, Approval by the bound of compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		Νo
ь	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4с		Νο
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only $501(c)(3)$ and $501(c)(4)$ organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
_	compensation contingent on the revenues of			
а	The organization?	5a	Yes	
b	Any related organization?	5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a	Yes	
ь	Any related organization?	6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was			
	subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		Νo
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations			
	section 53 4958-6(c)?	9		

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

<b>(A)</b> Name		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) JAMES M SHANNON	(ı) (ıı)	417,040 0	187,668 0	13,791	378,737	15,856 0	1,013,092	)
(2) BRUCE H MULLEN	(ı) (ıı)	294,320 0	103,012	7,281	118,309	15,825 0	5 538,747	)
(3) DENNIS J BERRY	(ı) (ıı)	150,436 0	6,243	800	22,575	11,762 0	191,816	
(4) PAUL CROSSMAN	(ı) (ıı)	204,568 0	51,142 0	565	20,709	18,000 0	294,984	
(5) CHRIS DUBAY	(ı) (ıı)	138,632 0	34,658 0	133	10,112	18,000 0	201,535	)
(6) MAUREEN B BRODOFF	(ı) (ıı)	205,556	51,389 0	9,670	74,305	19,560 0	360,480	)
(7) ROBERT J VONDRASEK	(ı) (ıı)	187,408 0	46,852 0	5,202		•	287,927	
(8) GARY S KEITH	(ı) (ıı)	188,656 0	47,164 0	1,510		18,000	284,257	
(9) CATHERINE M SCIFRES	(ı) (ıı)	154,752 0	38,688 0	4,333	32,258	11,762 0	2 241,793	
(10) KATHLEEN ALMAND	(ı) (ıı)	0 151,632	0 37,518	0 712	- 1	0 6,409	0 9 219,480	)
(11)	_   '		<u>'</u>	<u></u>	<u> </u>	1		
( 12 )		1	1			1		
( 13 )		<b>†</b>			†	1		
( 14 )		<b>'</b>			†	1		
( 15 )		<u> </u>	1			1		
( 16 )		+			+			

#### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
	PART I, LINE 1A	NFPA'S POLICY IS TO BE REIMBURSED FOR ANY TRAVEL BY COMPANIONS
	4B	MR JAMES SHANNON, PRESIDENT OF NATIONAL FIRE PROTECTION ASSOCIATION, PARTICIPATED IN THE SERP RETIREMENT PLAN IN 2010 MR SHANNON ACCRUED \$330,564 IN THE PLAN HE ALSO PARTICIPATED IN THE 457(B) PLAN AND ACCRUED \$10,742 MR BRUCE MULLEN, SENIOR VICE PRESIDENT & CFO OF NATIONAL FIRE PROTECTION ASSOCIATION PARTICIPATED IN THE SERP RETIREMENT PLAN IN 2010 MR MULLEN ACCRUED \$87,219 IN THE PLAN HE ALSO PARTICIPATED IN THE 457(B) PLAN AND ACCRUED \$3,890
	5	15% OF SENIOR MANAGEMENT BONUSES ARE BASED ON ACTUAL REVENUES COMPARED TO THE BUDGET EACH YEAR PART I LINE 6 15% OF SENIOR MANAGEMENT BONUSES ARE BASED ON ACTUAL NET EARNINGS COMPARED TO THE BUDGET EACH YEAR PART I LINE 7 70% OF SENIOR MANAGEMENT BONUSES ARE BASED ON MISSION GOALS ESTABLISHED AT THE BEGINNING OF THE YEAR

Schedule J (Form 990) 2010

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DLN: 93493292000361

OMB No 1545-0047

2010

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Name of the organization NATIONAL FIRE PROTECTION ASSOCIATION Employer identification number

04-1653090

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		ONCE THE RETURNS ARE COMPLETED THEY ARE REVIEWED AT LEAST TWICE BY THE CFO AND ACCOUNTING STAFF OF NFPA THE RETURN IS THEN SENT TO OUR AUDITING FIRM FOR A FINAL REVIEW AND ANY CHANGES IF NEEDED THE 990 IS THEN MADE AVAILABLE TO THE FULL BOARD OF DIRECTORS AND REVIEWED BY THE AUDIT COMMITTEE PRIOR TO FILING

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	EACH OFFICER, DIRECTOR, AND TRUSTEE AND KEY EMPLOYEE HAS AN ONGOING DUTY TO DISCLOSE ANY CONFLICTS OF INTEREST OR POSSIBLE CONFLICTS OF INTEREST TO THE GENERAL COUNCEL OR PRESIDENT IN ADDITION, EACH KEY EMPLOYEE SHALL FILE AN ANNUAL DISCLOSURE STATEMENT INCLUDING A QUESTIONNAIRE WHICH SHALL BE PROVIDED BY THE COMPANY THE PRESIDENT SHALL TAKE ACTION AS HE OR SHE CONSIDERS APPROPRIATE REGARDING MANAGING CONFLICTS OF INTEREST AND HANDLING ANY POSSIBLE VIOLATION OR INFRINGEMENT OF THE CONFLICT OF INTEREST POLICY

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE PROCESS FOR DETERMINING COMPENSATION OF THE OFFICERS AND KEY EMPLOYEES IS AS FOLLOWS THE COMPENSATION COMMITTEE OF THE BOARD REVIEWS, RECOMMENDS AND APPROVES ALL FORMS OF COMPENSATION FOR THE PRESIDENT & SR VICE PRESIDENT THE COMPENSATION COMMITTEE REPORTS TO THE BOARD ALL DECISIONS MADE COMPARABILITY DATA IS GATHERED BY AN INDEPENDANT CONSULTANT EVERY THREE YEARS THIS INFORMATION IS GIVEN TO THE COMPENSATION COMMITTEE TO GUIDE THEIR RECOMMENDATIONS OTHER OFFICERS AND KEY EMPLOYEES SALARIES ARE REVIEWED BY THEIR SUPERIORS AND AUTHORIZED BY THE PRESIDENT

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	NFPA MAKES AVAILABLE ON ITS WEBSITE A COPY OF THEIR BY LAWS NFPA ALSO PUBLISHES A FINANCIAL SUMMARY IN THE JOURNAL FOR ITS MEMBERS THE CONFLICT OF INTEREST DOCUMENT IS NOT PUBLISHED BUT IS RETAINED AS AN INTERNAL DOCUMENT BY THE COMPANY THE FORM 990 AND FINANCIAL SATEMENTS ARE AVAILABLE VIA WWW GUIDESTAR COM AND THE MASSACHUSETTS ATTORNEY GENERAL'S WEBSITE

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR	FORM 990, PART XI,	NET UNREALIZED GAINS ON INVESTMENTS 5,845,439 PENSION COSTS -349,040
FUND BALANCES	LINE 5	TB -1 TOTAL TO FORM 990, PART XI, LINE 5 5,496,398

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

DLN: 93493292000361

OMB No 1545-0047

Open to Public Inspection

Schedule R (Form 990) 2010

### **SCHEDULE R** (Form 990)

### **Related Organizations and Unrelated Partnerships**

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

Department of the Treasury Internal Revenue Service

Name of the organization **Employer identification number** NATIONAL FIRE PROTECTION ASSOCIATION 04-1653090

Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	( <b>d)</b> e Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity		
(1) TWO BATTERYMARCH LLC 2 BATTERYMARCH PARK QUINCY, MA 02169 04-1653090	LEASED PROPERTY	МА	-201,897	18,428,975	NATIONAL FIRE PROTECT ASSOCIATION	TION	
(2) THREE BATTERYMARCH LLC 3 BATTERYMARCH PARK QUINCY, MA 02169 20-0580136	LEASED PROPERTY	МА	832,232	11,491,048	NATIONAL FIRE PROTECT ASSOCIATION	TION	
Part II Identification of Related Tax-Exempt Orga or more related tax-exempt organizations during	nizations (Complete of the tax year.)	if the organization	n answered "Yes"	on Form 990, Part	IV, line 34 because	e it had	one
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	Section 5 conti organ	rolled ization
(1) THE FIRE PROTECTION RESEARCH FOUNDATION						Yes	No
1 BATTERYMARCH PARK	TO PROMOTE RESEARCH DEVELOPMENT	МА	501(C)3		NATIONAL FIRE PROTECTION ASSOCIATION		No
QUINCY, MA 02169 52-1256543							

Cat No 50135Y

<b>(a)</b> ame, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income		(g) end-of-year sssets	(h Disprop allocat	ortionate	(i) Code V— amount in bo Schedule (Form 10	x 20 of K-1	(j) General or managing partner?		<b>(k)</b> Percentage ownership
								Yes	No			Yes	No	
				ble as a Corpora zations treated as a						nswered "Y	es" on	Form	990,	Part IV,
Name, address, an	(a) Id EIN of related organiz	zation	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Direct cor enti	ntrolling	g (e) Type of entity (C corp, S corp, or trust)		corp,		(g) Share of end-of-year assets			<b>(h)</b> Percentage ownership

(4)

(5)

(6)

enedate K (1 offin 550) 2010					ray	- <b>-</b>		
Part V Transactions With Related Organizations (Complete if the organization answered "	Yes" on Form 990, Pa	rt IV, line 34, 35, 3	35A, or 36.)					
Note. Complete line 1 if any entity is listed in Parts II, III or IV				Y	es	No		
1 During the tax year, did the organization engage in any of the following transactions with one or more related or	ganızatıons lısted ın Part	ts II-IV?						
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a	ı Y	es			
<b>b</b> Gift, grant, or capital contribution to other organization(s)			16	) Y	es			
c Gift, grant, or capital contribution from other organization(s)			10	:		No		
<b>d</b> Loans or loan guarantees to or for other organization(s)			10	ı		No		
e Loans or loan guarantees by other organization(s)			1e	:		No		
f Sale of assets to other organization(s)			1f			No		
g Purchase of assets from other organization(s)			<b>1</b> g	ı		No		
h Exchange of assets			1h	1		No		
i Lease of facilities, equipment, or other assets to other organization(s)								
j Lease of facilities, equipment, or other assets from other organization(s)			<b>1</b> j			No		
k Performance of services or membership or fundraising solicitations for other organization(s)			1k	Y .	es			
I Performance of services or membership or fundraising solicitations by other organization(s)								
m Sharing of facilities, equipment, mailing lists, or other assets			1n	n Y	es			
n Sharing of paid employees			1n	ı Y	es			
• Reimbursement paid to other organization for expenses			10	,		No		
p Reimbursement paid by other organization for expenses			1р	Y-	es			
<b>q</b> O ther transfer of cash or property to other organization(s)			19	ı		No		
r Other transfer of cash or property from other organization(s)			1r			No		
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line	e, including covered relat	ionships and transac	tion thresholds					
(a) Name of other organization	<b>(b)</b> Transaction type(a-r)	(c) Amount involved	(d) Method of determ involve		amou	ınt		
1)								
ee Additional Data Table								
2)								
3)			1					

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

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

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		<b>(e)</b> Share of end-of-year assets		rtionate cions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	( <b>h)</b> eral or naging rtner?	
			Yes	No		Yes	No		Yes	No	
									_	+	
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#### Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

I Identifier I Keturn Keterence I	Identifier Return Reference Explanation	
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Schedule R (Form 990) 2010

Software ID: Software Version:

**EIN:** 04-1653090

Name: NATIONAL FIRE PROTECTION ASSOCIATION

#### Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	<b>(b)</b> Transaction type(a-r)	(c) A mount Involved (\$)	(d) Method of determining amount involved
(1)	THE FIRE PROTECTION RESEARCH FOUNDATION	A	0	
(2)	THE FIRE PROTECTION RESEARCH FOUNDATION	В	4,230,000	ENDOWMENT, CODE FUND, CONTRIB
(3)	THE FIRE PROTECTION RESEARCH FOUNDATION	I	0	
(4)	THE FIRE PROTECTION RESEARCH FOUNDATION	К	0	
(5)	THE FIRE PROTECTION RESEARCH FOUNDATION	М	0	
(6)	THE FIRE PROTECTION RESEARCH FOUNDATION	N	0	
(7)	THE FIRE PROTECTION RESEARCH FOUNDATION	Р	449,318	PAYROLL & EXPENSES
(8)	THE FIRE PROTECTION RESEARCH FOUNDATION	L	332,035	RESEARCH & CONTRACTS

# Software ID: Software Version:

**EIN:** 04-1653090

Name: NATIONAL FIRE PROTECTION ASSOCIATION

## Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours per	Posi t	tion ( hat a	(che	)			( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation	
	week	individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations	
PAUL M FITZGERALD CHAIRMAN	1 00	Х		х				0	0	0	
THOMAS W JAEGER 1ST VICE CHAIRMAN	1 00	Х		х				0	0	0	
PHILIP STITTLEBURG 2ND VICE CHAIRMAN	1 00	Х		х				0	0	0	
H WAYNE BOYD SECRETARY	1 00	Х		х				0	0	0	
VINCENT J BOLLON TREASURER	1 00	Х		х				0	0	0	
JAMES M SHANNON PRESIDENT NFPA	37 50	Х		х				618,499	0	394,593	
GEORGE JOCKULY IMMEDIATE PAST CHAIR	1 00	Х		х				0	0	0	
APRIL L BERKOL DIRECTOR	1 00	Х						0	0	0	
JAMES M CLARK DIRECTOR	1 00	Х						0	0	0	
JOHN C DEAN DIRECTOR	1 00	Х						0	0	0	
REBECCA F DENLINGER DIRECTOR	1 00	Х						0	0	0	
PHILIP J DINENNO DIRECTOR	1 00	Х						0	0	0	
ERNEST J GRANT DIRECTOR	1 00	Х						0	0	0	
THOMAST GROOS DIRECTOR	1 00	Х						0	0	0	
PETER M HOLLAND DIRECTOR	1 00	Х						0	0	0	
BRIAN J HURLEY DIRECTOR	1 00	Х						0	0	0	
WILLIAM JMCCAMMON DIRECTOR	1 00	Х						0	0	0	
THOMAS F NORTON DIRECTOR	1 00	Х						0	0	0	
JOHN J O'SULLIVAN DIRECTOR	1 00	Х						0	0	0	
RANDOLPH W TUCKER DIRECTOR	1 00	Х						0	0	0	
KEITH E WILLIAMS DIRECTOR	1 00	Х						0	0	0	
DEAN SEAVERS DIRECTOR	1 00	Х						0	0	0	
DONALD COOK DIRECTOR	1 00	Х						0	0	0	
NED PETTUS DIRECTOR	1 00	Х						0	0	0	
BRUCE H MULLEN SR VICE PRES & CFO NFPA	37 50			х				404,613	0	134,134	

## Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

compensated Employees, and			<b>U</b>								
<b>(A)</b> Name and Title	(B) A verage hours		(C tion ( hat a	che		I		<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other	
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
DENNIS J BERRY ASSISTANT SECRETARY NFPA	37 50			х				157,479	0	34,337	
PAUL CROSSMAN VICE PRESIDENT	37 50				х			256,275	0	38,709	
CHRIS DUBAY VICE PRESIDENT	37 50				х			173,423	0	28,112	
MAUREEN B BRODOFF VICE PRESIDENT	37 50					х		266,615	0	93,865	
ROBERT J VONDRASEK VICE PRESIDENT	37 50					х		239,462	0	48,465	
GARY S KEITH VICE PRESIDENT	37 50					х		237,330	0	46,927	
CATHERINE M SCIFRES VICE PRESIDENT	37 50					х		197,773	0	44,020	
KATHLEEN ALMAND VICE PRESIDENT	37 50					х		0	189,862	29,618	

Form 990, Part II	I - 4 Program Servic	e Accompli	shments (See the I	nstructions)	
4d. Other program se	rvices				
(Code	) (Expenses \$	5,475,329	ıncludıng grants of \$	) (Revenue \$	7,952,009 )
	/ELOPMENT-NFPA OFFER ATEST FIRE AND SAFETY			NAL DEVELOPMENT OPPORTUNIT CCES	IES
(Code	) (Expenses \$	3,684,910	including grants of \$	) (Revenue \$	3,657,568)
CONTRACTS ARE TH	HE ELECTRICAL VEHICHL GRAM THROUGH USDA F	E PROJECT T	HROUGH THE DEPART	AL GOVERNMENT THE TWO LARG MENT OF ENERGY AND FIREWISE ENT OF THE INTERIOR, AND THE N	
(Code	) (Expenses \$	2,119,045	including grants of \$	) (Revenue \$	0)
				NICAL FOUNDATION FOR NFPA'S F AL PUBLIC, FIRE DEPARTMENTS A	
(Code	) (Expenses \$	1,028,608	ıncludıng grants of \$	) (Revenue \$	0)
ASSOCIATION UND		TION OF KEY	CODES AND STANDARI	CHINA, MEXICO, AND EUROPE TH DS AND WORKS IN VARIED COLLA	
(Code	) (Expenses \$	4,230,000	including grants of \$	4,230,000 ) (Revenue \$	0)
CONTRIBUTION TO	THE FIRE PROTECTION	RESEARCH FO	DUNDATION		
(Code	) (Expenses \$	98,295	including grants of \$	98,295 ) (Revenue \$	)
SCHOLARSHIP AWA	RDS \$40,000GENERAL C	ONTRIBUTIO	NS \$58,295		
(Code	) (Expenses \$	43	including grants of \$	) (Revenue \$	222,643 )
MISCELANEOUS(TB	)				
J					