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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 private foundations)

► Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2013

Open to Public Inspection

A Fo	r the 2013	calendar year, or tax year beginning 01-01-2013 , 2013, and ending 12-31	1-2013				
	ck if applica	ole C Name of organization NATIONAL FIRE PROTECTION ASSOCIATION		DI	Employ	yer ide	ntification number
Add	ress change	Doing Business As		c	4-16	5309	0
∏ Nar	ne change	Borng Business /B					
Init	al return	Number and street (or P O box if mail is not delivered to street address) Room/suit	te	ЕТ	elepho	ne num	ber
☐ Ten	mınated	1 BATTERYMARCH PARK		,	617)	770-3	2000
☐ Am	ended return				017)	770-3	
☐ App	lication pend	QUINCY, MA 02169		G	Gross re	eceipts s	110,720,424
		F Name and address of principal officer	H(a)	Is this a 🤉	group	return	for
		BRUCE MULLEN ONE BATTERYMARCH PARK		subordina			┌ Yes 🗸 No
		QUINCY, MA 02169	H(b)	Are all su	hordu	nates	┌ Yes ┌ No
			(-)	included?		luces	, 165, 116
I Tax	k-exempt sta	tus		If "No," a	ttach	a lıst	(see instructions)
J W	ebsite: ►	WWW NFPA ORG	H(c)	Group ex	empti	on nur	mber ►
K Forn	n of organiza	tion 🔽 Corporation 🗆 Trust 🗀 Association 🗀 Other 🕨	L Yea	ar of formation	on 189	96 M	State of legal domicile MA
		ımmary		ar or ronnad.	011 201	70 11	otate of legal dofficial Th
		y describe the organization's mission or most significant activities					
		ROMOTE SAFETY IN FIRE, ELECTRICAL AND RELATED AREAS					
မှ ပ							
Ē							
Governance	2 Chec	k this box 🛏 if the organization discontinued its operations or disposed o	f more t	han 25%	of its	net as	sets
9		,					
		per of voting members of the governing body (Part VI, line 1a)				3	2.5
Activities &		per of independent voting members of the governing body (Part VI, line 1b)				4	24
Ę		number of individuals employed in calendar year 2013 (Part V, line 2a) .			•	5	367
a ब		number of volunteers (estimate if necessary)			}	6	5,282
		unrelated business revenue from Part VIII, column (C), line 12			}	7a	1,484,872
	b Net u	nrelated business taxable income from Form 990-T, line 34	· ·			7b	0
	8 Co	ntributions and grants (Part VIII, line 1h)	-	Prior Ye		10.3	Current Year
			1 2				
ē					191,2 801 7		11,544,894
enue	9 Pro	gram service revenue (Part VIII, line 2g)		12,	801,7	99	11,708,314
Ravenue	9 Pro	gram service revenue (Part VIII, line 2g)		12,	801,7 752,0	39	11,708,314 11,669,978
Revenue	9 Pro10 Inv11 Ot	gram service revenue (Part VIII, line 2g)		12, 5, 38,	801,7 752,0 440,8	799 139 120	11,708,314 11,669,978 47,496,234
Revenue	9 Pro10 Inv11 Ot12 To12	gram service revenue (Part VIII, line 2g)		12, 5, 38,	801,7 752,0 440,8 185,9	799 139 130 150	11,708,314 11,669,978 47,496,234 82,419,420
Revenue	9 Pro 10 Inv 11 Ot 12 To 12 13 Gra	gram service revenue (Part VIII, line 2g)		12, 5, 38,	801,7 752,0 440,8	799 139 1320 150 197	11,708,314 11,669,978 47,496,234 82,419,420 433,126
Revenue	9 Pro 10 Inv 11 Ot 12 To 12 13 Gra 14 Be	gram service revenue (Part VIII, line 2g)		12, 5, 38,	801,7 752,0 440,8 185,9	799 139 130 150	11,708,314 11,669,978 47,496,234 82,419,420 433,126
	9 Pro 10 Inv 11 Ot 12 To 12 13 Gra 14 Be 15 Sa	gram service revenue (Part VIII, line 2g)		12, 5, 38, 69,	801,7 752,0 440,8 185,9	999 339 320 950 97	11,708,314 11,669,978 47,496,234 82,419,420 433,126
	9 Pro 10 Inv 11 Ot 12 To 12 13 Gra 14 Be 15 Sa 5-	gram service revenue (Part VIII, line 2g)		12, 5, 38, 69,	801,7 752,0 440,8 185,9 472,4	999 339 320 950 97	11,708,314 11,669,978 47,496,234 82,419,420 433,126 0
	9 Pro 10 Inv 11 Ot 12 To 12 13 Gra 14 Be 15 Sa 5- 16a Pro	gram service revenue (Part VIII, line 2g)		12, 5, 38, 69,	801,7 752,0 440,8 185,9 472,4	999 339 320 950 97 0	11,708,314 11,669,978 47,496,234 82,419,420 433,126 0
Expenses Revenue	9 Pro 10 Inv 11 Ot 12 To 12 13 Gra 14 Be 15 Sa 5- 16a Pro b Tot	gram service revenue (Part VIII, line 2g)		12, 5, 38, 69,	801,7 752,0 440,8 185,9 472,4	299 339 320 950 97 0	11,708,314 11,669,978 47,496,234 82,419,420 433,126 0 32,034,174
	9 Pro 10 Inv 11 Ot 12 To 12 13 Gra 14 Be 15 Sa 5- 16a Pro b Tot 17 Ot	gram service revenue (Part VIII, line 2g)		12, 5, 38, 69, 28,	801,7 752,0 440,8 185,9 472,4	999 339 320 950 97 0 225 0	11,708,314 11,669,978 47,496,234 82,419,420 433,126 0 32,034,174 0
	9 Pro 10 Inv 11 Ot 12 To 12 13 Gra 14 Be 15 Sa 5- 16a Pro b Tot 17 Ot 18 To	gram service revenue (Part VIII, line 2g)		12, 5, 38, 69, 28,	801,7 752,0 440,8 185,9 472,4 508,9	299 339 320 950 97 0 925 0	11,708,314 11,669,978 47,496,234 82,419,420 433,126 0 32,034,174 0 35,719,247 68,186,547
Expenses	9 Pro 10 Inv 11 Ot 12 To 12 13 Gra 14 Be 15 Sa 5- 16a Pro b Tot 17 Ot 18 To	gram service revenue (Part VIII, line 2g)		12, 5, 38, 69, 28, 34, 63, 5,	801,7 752,0 440,8 185,9 472,4 508,9 444,4 425,8 760,0	299 239 320 250 97 0 225 0	11,708,314 11,669,978 47,496,234 82,419,420 433,126 0 32,034,174 0 35,719,247 68,186,547
Expenses	9 Pro 10 Inv 11 Ot 12 To 12 13 Gra 14 Be 15 Sa 5- 16a Pro b Tot 17 Ot 18 To 19 Re	gram service revenue (Part VIII, line 2g)		12, 5, 38, 69, 28, 34, 63, 5, sinning of (Year	801,7 752,0 440,8 185,9 472,4 508,9 444,4 425,8 760,0 Currer	299 339 320 950 97 0 925 0 330 352	11,708,314 11,669,978 47,496,234 82,419,420 433,126 0 32,034,174 0 35,719,247 68,186,547 14,232,873 End of Year
Expenses	9 Pro 10 Inv 11 Ot 12 To 12 13 Gra 14 Be 15 Sa 5- 16a Pro 17 Ot 18 To 19 Re	gram service revenue (Part VIII, line 2g)		12, 5, 38, 69, 28, 34, 63, 5, inning of Year 257,	801,7 752,0 440,8 185,9 472,4 508,9 444,4 425,8 760,0 Currer	299 239 320 250 25 0 25 0 352 298 nt	11,708,314 11,669,978 47,496,234 82,419,420 433,126 0 32,034,174 0 35,719,247 68,186,547 14,232,873 End of Year 296,939,301
Expenses	9 Pro 10 Inv 11 Ot 12 To 12 13 Gra 14 Be 15 Sa 5- 16a Pro 17 Ot 18 To 19 Re 20 To 21 To	estment income (Part VIII, line 2g)		12, 5, 38, 69, 28, 34, 63, 5, inning of (Year 257, 52,	801,7 752,0 440,8 185,9 472,4 508,9 444,4 425,8 760,0 Currer 885,6 432,1	299 239 320 250 97 0 225 0 330 352 98 nt	11,708,314 11,669,978 47,496,234 82,419,420 433,126 0 32,034,174 0 35,719,247 68,186,547 14,232,873 End of Year 296,939,301 42,043,064
Not Assets or Expenses Fund Balances	9 Pro 10 Inv 11 Ot 12 To 12 13 Gra 14 Be 15 Sa 5- 16a Pro 17 Ot 18 To 19 Re 20 To 21 To 22 Ne	gram service revenue (Part VIII, line 2g)		12, 5, 38, 69, 28, 34, 63, 5, inning of (Year 257, 52,	801,7 752,0 440,8 185,9 472,4 508,9 444,4 425,8 760,0 Currer	299 239 320 250 97 0 225 0 330 352 98 nt	11,708,314 11,669,978 47,496,234 82,419,420 433,126 0 32,034,174 0 35,719,247 68,186,547 14,232,873 End of Year 296,939,301 42,043,064
K and Balances Expenses	9 Pro 10 Inv 11 Ot 12 To 12 13 Gra 14 Be 15 Sa 5- 16a Pro 17 Ot 18 To 19 Re 20 To 21 To 22 Ne t II Si r penalties r owledge a	estment income (Part VIII, line 2g)	Beg	12, 5, 38, 69, 28, 34, 63, 5, inning of Year 257, 52, 205,	801,7 752,0 440,8 185,9 472,4 508,9 444,4 425,8 760,0 Currer 885,6 432,1 453,4	299 239 320 950 97 0 225 0 352 98 nt 43 61	11,708,314 11,669,978 47,496,234 82,419,420 433,126 0 32,034,174 0 35,719,247 68,186,547 14,232,873 End of Year 296,939,301 42,043,064 254,896,237
K and Balances Expenses	9 Pro 10 Inv 11 Ot 12 To 12 13 Gra 14 Be 15 Sa 5- 16a Pro 17 Ot 18 To 19 Re 20 To 21 To 22 Ne t III Si r penalties nowledge a rer has an	gram service revenue (Part VIII, line 2g)	Beg	12, 5, 38, 69, 28, 34, 63, 5, inning of Year 257, 52, 205, medules an	801,7 752,0 440,8 185,9 472,4 508,9 444,4 425,8 760,0 Currer 885,6 432,1 453,4	299 239 320 950 97 0 225 0 352 98 nt 43 61	11,708,314 11,669,978 47,496,234 82,419,420 433,126 0 32,034,174 0 35,719,247 68,186,547 14,232,873 End of Year 296,939,301 42,043,064 254,896,237
a war Assets or Expenses	9 Pro 10 Inv 11 Ot 12 To 12 13 Gra 14 Be 15 Sa 5- 16a Pro 17 Ot 18 To 19 Re 20 To 21 To 22 Ne 111 Si r penalties owledge a rer has an	gram service revenue (Part VIII, line 2g)	Beg	12, 5, 38, 69, 28, 34, 63, 5, inning of Year 257, 52, 205,	801,7 752,0 440,8 185,9 472,4 508,9 444,4 425,8 760,0 Currer 885,6 432,1 453,4	299 239 320 950 97 0 225 0 352 98 nt 43 61	11,708,314 11,669,978 47,496,234 82,419,420 433,126 0 32,034,174 0 35,719,247 68,186,547 14,232,873 End of Year 296,939,301 42,043,064 254,896,237
Mot Assets of Expenses of Fund Balances	9 Pro 10 Inv 11 Ot 12 To 12 13 Gra 14 Be 15 Sa 5- 16a Pro 17 Ot 18 To 19 Re 20 To 21 To 22 Ne 111 Si r penalties owledge a rer has an	gram service revenue (Part VIII, line 2g)	Beg	12, 5, 38, 69, 28, 34, 63, 5, inning of Year 257, 52, 205, medules an	801,7 752,0 440,8 185,9 472,4 508,9 444,4 425,8 760,0 Currer 885,6 432,1 453,4	299 239 320 950 97 0 225 0 352 98 nt 43 61	11,708,314 11,669,978 47,496,234 82,419,420 433,126 0 32,034,174 0 35,719,247 68,186,547 14,232,873 End of Year 296,939,301 42,043,064 254,896,237
Signal of Fund Balances Expenses Expenses Expenses	9 Pro 10 Inv 11 Ot 12 To 12 13 Gra 14 Be 15 Sa 5- 16a Pro 17 Ot 18 To 19 Re 20 To 21 To 22 Ne t III Si r penalties rowledge a rer has an	gram service revenue (Part VIII, line 2g)	Beg	12, 5, 38, 69, 28, 34, 63, 5, inning of Year 257, 52, 205, medules an	801,7 752,0 440,8 185,9 472,4 508,9 444,4 425,8 760,0 Currer 885,6 432,1 453,4	299 239 320 950 97 0 225 0 352 98 nt 43 61	11,708,314 11,669,978 47,496,234 82,419,420 433,126 0 32,034,174 0 35,719,247 68,186,547 14,232,873 End of Year 296,939,301 42,043,064 254,896,237
Signal of Fund Balances Expenses	9 Pro 10 Inv 11 Ot 12 To 12 13 Gra 14 Be 15 Sa 5- 16a Pro 17 Ot 18 To 19 Re 20 To 21 To 22 Ne t III Si r penalties rowledge a rer has an	gram service revenue (Part VIII, line 2g)	Beg	12, 5, 38, 69, 28, 34, 63, 5, inning of Year 257, 52, 205, medules an	801,7 752,0 440,8 185,9 472,4 508,9 444,4 425,8 760,0 Currer 885,6 432,1 453,4 nd stated on a	299 239 320 950 97 0 225 0 352 98 nt 43 61	11,708,314 11,669,978 47,496,234 82,419,420 433,126 0 32,034,174 0 35,719,247 68,186,547 14,232,873 End of Year 296,939,301 42,043,064 254,896,237 ets, and to the best of rimation of which

Firm's address ► 500 BOYLSTON STREET

BOSTON, MA 02116

May the IRS discuss this return with the preparer shown above? (see instructions)

Firm's name ► CBIZ TOFIAS

Preparer

Use Only

Firm's EIN 🟲 26-3753134

Phone no (617) 761-0600

✓ Yes ☐ No

Par	t III		it of Program nedule O contains				Part III .			<u>.</u> [
1	Briefl	y describe th	e organızatıon's r	nission						
			DUCE THE WOR						OF LIFE BY PROVIDI	NG
2	the pr	or Form 990	n undertake any : or 990-EZ? . :hese new service					were not listed on		
3	servic	es?	n cease conducti			t changes in how	ıt conducts	, any program		
4	Descr expen	ribe the organ ises Section		service)1(c)(4)	accomplishm organizations	are required to	report the an	gest program services nount of grants and a		
4a		CATIONS - THE		· INICAL AND			COVER THE PU		43,147,181) IN ADDITION TO CODES AND UIDES AND TRAINING MANUA	
4b	(Code) (Expenses	\$	13,429,840	ıncludıng grants of	<u> </u>	343,600) (Revenue \$)	
.5	STAND AND S IN ALL	DARDS DEVELOP	MENT - A MAJOR FOO OPTION, USE, AND EN ONTEMPORARY ACTIN	CUS OF THI IFORCEMEI	E ASSOCIATION NT OF THESE D	IS THE DEVELOPMEN OCUMENTS SERVE TO	NT, PUBLICATIO O MINIMIZE TH	N, AND DISSEMINATION C E POSSIBILITY AND EFFEC	OF TIMELY CONSENSUS CODES ITS OF FIRE AND OTHER HAZA REPRESENTS A BALANCE OF	
4c	TRAIN LICEN	IING - A MISSIO IING IS PROVIDE ISING OF AN ON	ED ANNUÁLLY AT BOT	ns betwei H face-to	-FAĆE SEMINÁF	RS AND ONLINE EVEN	N-MEMBERS IN ITS THIS INCLU	JDES WORLDWIDE ĆUSTO	8,005,507) ICATION AND AUDITING THE MER REACH THROUGH THE) BUILDING PROFESSIONALS	:
	OVERA	BERSHIP - NFPA' ALL MEMBERS R		MPRISED (NS THIRT			UALS THE MAJO		2,503,386) RESIDE IN THE UNITES STATE: THE OPPORTUNITY FOR FIELD	
		C EDUCATION -) (Expenses THE PUBLIC EDUCAT ES FOR THE GENERA	ION DIVISI			NDATION FOR N) (Revenue \$ NFPA'S FIRE AND LIFE SAF) ETY EDUCATION MESSAGES A	₩D
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		RACTS - NFPA E		IBER OF CO			ERNMENT THE) (Revenue \$ TWO LARGEST CONTRAC HROUGH US DEPARTMEN) TS ARE THE FIREWISE T OF HOMELAND SECURITY/FI	EMA
	(Code) (Expenses 00GENERAL CONTRIE		58,426 .8,426	including grants of	\$	58,426) (Revenue \$)	
	(Code	ELLANEOUS INCO) (Expenses DME	\$		ıncludıng grants of	\$) (Revenue \$	504,346)	
4d		er program se enses \$	rvices (Describe 12,398,54		ule O) dıng grants c	f\$	89,526)(Revenue \$	3,007,732)	
4e	Total	l program ser	vice expenses 🕨		52,365,499					

art TV	Check	list of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? *	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? <i>If "Yes," complete Schedule C, Part III</i>	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	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 2	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
LO	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	10	Yes	
L1	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, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
С	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
е	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	
L2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	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 and XII is optional	12b		No
L3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
L4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
L5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
L6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
L 7	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 "Yes," complete Schedule G, Part II</i>	18		No
L9	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 hospital facilities? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government 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 or 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	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 through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III </i>	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
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	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? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	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, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
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 11b and 19?	38	Yes	

аI	Chack if School 10 Coopting a wagneness of note to any line in this Bort V			_
	Check if Schedule O contains a response or note to any line in this Part V		Yes	<u>.</u> l No
a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 180			
	Enter the number of Forms W-2G included in line 1a Enter-0- if not applicable 1b 0			
:	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1 c	Yes	
1	Tax Statements, filed for the calendar year ending with or within the year covered by this return			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
1	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
ı	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
	If "Yes," enter 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?	5a		No
,	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
	,	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 as charitable contributions?	6a		N
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).	7.		NI.
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a 7b		N
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7 c		N
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		N
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	İ	N
	If "Yes" has it filed a Form 720 to report these payments? If "No" provide an explanation in Schedule O	14h		

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

	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax 1a			
	year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
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			NI -
3	other officer, director, trustee, or key employee?	2		No
	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	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo
6	Did the organization have members or stockholders?	6		Νo
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		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	
b	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		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a	Yes	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		Yes	
b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		
b 12a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		Yes	
b 12a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	11a		
b 12a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	11a 12a	Yes	
b 12a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a 12a 12b	Yes	
b 12a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	11a 12a 12b	Yes Yes Yes	
b 12a b c	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy?	11a 12a 12b 12c 13	Yes Yes Yes	
b 12a b c 13 14 15	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by	11a 12a 12b 12c 13	Yes Yes Yes	
b 12a b c 13 14 15	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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?	11a 12a 12b 12c 13 14	Yes Yes Yes Yes	
b 12a b c 13 14 15	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official	11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	
b 12a b c 13 14 15 a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	
b 12a b c 13 14 15 a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes	
b 12a b c 13 14 15 a b 16a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes	
b 12a b c 13 14 15 a b 16a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes	
b 12a b c 13 14 15 a b 16a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes	

(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ O wn website ☑ A nother's website ☑ Upon request ☐ Other (explain in Schedule O)

- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 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

Form 990	(2013	
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter - 0 - in columns (D), (E), and (F) if no compensation was paid

◆ List all of the organization's current key employees, if any See instructions for definition of "key employee"

List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

List all of the organization's former officers, key employees, or 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 organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more t	han o	one l both	box, an o	heck sofficer (stee) Highest compensated	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations

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

	(A) Name and Title	(B) A verage hours per	Posii more t	tıon ((C Repor comper	table	(E) Reportable compensation		(F) Estima amount o	ted
		week (list any hours					officer stee)		from organiza		from related organizations (V	_{V-}	compens from t	
		for related organizations below dotted line)			Officei			Former	2/1099				organizati relate organiza	on and ed
		dotted lille)	Individual trustee or director	Institutional Trustee		ployee	Highest compensated employee							
				ę.			BH							
												Ť		
1b	Sub-Total							►						
c	Total from continuation sheet	s to Part VII, S	ection A	٠.				•						
d	Total (add lines 1b and 1c) .				•	•		<u> </u>		2,699,163	·	297		1,050,860
2	Total number of individuals (in \$100,000 of reportable compe	-					d abov	e) wi	ho receive	d more tr	an			
													Yes	No
3	Did the organization list any fc on line 1a? <i>If "Yes," complete S</i>					key	emplo	yee,	or highes	t compen	sated employee		les	
4	For any individual listed on line					• mpei	 nsatio	· nand	other cou	npensatio	on from the	3		N o
-	organization and related organ individual											4	Yes	
5	Did any person listed on line 1									anızatıon	or individual for			
	services rendered to the organ	ization? <i>If "Yes,</i>	," compl	ete So	ched	uie J	tor su	ch pe	erson .			5		No
Se	ction B. Independent Co	ntractors												
1	Complete this table for your five compensation from the organizers												tay year	
		(A) ame and business:		4 (1011	101	iie C	arenda	ıı ye	ar enumy		(B) cription of services	LIUIIS	(C Comper)

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶74

Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f g
Program Service Revenue and	b c d e f g 3
venue	3 4 5 6 6 6 b c d d 7 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
Other Re	b c 92
	11a

<u> </u>	Statement o	if Revenue ule O contains a resp	onse or note to any li	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under
					revenue		sections 512-514
1a	Federated cam	paigns 1	a				
b	Membership du	es 1	b 9,782,068				
С	Fundraising ev	ents 1	c				
d	Related organiz	zations 1	d				
e	Government grant	s (contributions) 1 .	e 1,334,190				
l f	All other contribute	ons, gifts, grants, and 1	f 428,636				
'	sımılar amounts no	ot included above					
g	Noncash contributi 1a-1f \$	ons included in lines					
h	Total. Add lines	s 1a-1f	and the second	11,544,894			
			Business Code				
2a	TRAINING		611430	8,005,507	8,005,507		
b	MEETINGS & SEMI	NARS	611710	2,503,386	2,503,386		
С	MEMBERS MAGAZI	NE	541800	1,199,421		1,199,421	
d							
е							
f	All other progra	am service revenue					
g	Total. Add lines	s 2a-2f		11,708,314			
3		ome (including divide		2,586,451			2,586,45
4		ar amounts) stment of tax-exempt bon		2,300,431			2,300,43.
5		· · · · · ·	· · · · ·	2,648,548			2,648,548
	itoyarties i	(ı) Real	(II) Personal	·			
6a	Gross rents	9,206,300					
b	Less rental expenses	8,295,592					
c	Rental income	910,708					
d	or (loss) Net rental inco	L me or (loss)		910,708			910,708
		(ı) Securities	(II) O ther				
7a	Gross amount from sales of assets other than inventory	20,903,624	805				
b	Less cost or other basis and	11,820,870	32				
	sales expenses						
d	Gain or (loss) Net gain or (los	9,082,754 (ss)	773	9,083,527			9,083,527
8a	Gross income f	•		3,003,327			3,003,32.
	events (not inc \$	luding					
	See Part IV, lir		a l				
Ь	Less direct ex		b				
c		(loss) from fundraising					
9a		rom gaming activities					
	See Part IV, lir	ne 19	a				
Ь	Less direct ex		b				
		(loss) from gaming ac					
10a	Gross sales of	• •					
	returns and allo	owances . a	51,331,691				
Ь	Less costofa	oods sold b	8,184,510				
		(loss) from sales of in		43,147,181	43,147,181		
	Miscellaneou		Business Code				
11a	MISCELLANE	DUS REVENUE	900099	504,346	504,346		
ь	ADVERTISING		541800	285,451		285,451	
С							
d		ue					
e	Total. Add lines	s 11a-11d		789,797			
12	Total revenue.	See Instructions .		82.419.420	54,160,420	1,484,872	15.229.234

Part IX Statement of Functional Expenses

	section 501(c)(3) and 501(c)(4) o	rganizations must complete all columns	All other organizations must complete column (A	()
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Secti	on 501(c)(3) and 501(c)(4) organizations must complete all columns All			lete column (A)	
	Check if Schedule O contains a response or note to any line in this	Part IX			<u> </u>
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	369,526	369,526		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	63,600			
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	05,000	03,000		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	2,451,285		2,451,285	
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	19,417,264	15,553,561	3,863,703	
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	5,580,926	3,648,455	1,932,471	
9	Other employee benefits	2,789,126	1,960,364	828,762	
10	Payroll taxes	1,795,573	1,261,989	533,584	
11	Fees for services (non-employees)				
а	Management				
ь	Legal	235,955		235,955	
c	Accounting	82,998		82,998	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	349,735		349,735	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,676,054	2,510,296	165,758	
12	Advertising and promotion	288,566	, ,		
13	Office expenses	2,527,035		422,980	
14	Information technology	1,696,217	2,101,033	1,696,217	
15	Royalties	227,274	227,274	1,030,217	
16	Occupancy	971,728	565,137	406,591	
17	Travel	2,167,383	· · · · · · · · · · · · · · · · · · ·	489,795	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	2,107,303	1,077,300	403,733	
19	Conferences, conventions, and meetings	4,535,046	4,315,742	219,304	
20	Interest	4,333,040	7,313,742	42	
21	Payments to affiliates	42		42	
22	Depreciation, depletion, and amortization	1,680,269	965,325	714,944	
23	Insurance	458,298	314,524	143,774	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)	430,230	314,324	143,774	
а	OUTSIDE SERVICES	8,285,529	7,082,031	1,203,498	
b	POSTAGE,FREIGHT,MAIL	5,478,330	5,430,407	47,923	
c	PRINTING AND PAPER	2,642,337	2,610,608	31,729	
d	CONTRACTS EXPENSE	1,416,451	1,416,451		
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	68,186,547	52,365,499	15,821,048	(
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)	,,-	, 11,13	, 22,5	

Form 990 (2013)

Part X Balance Sheet

Par	't X	Balance Sheet Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year	-	(B) End of year
	1	Cash-non-interest-bearing	6,436,099	1	19,411,849
	2	Savings and temporary cash investments	10,491,340	2	13,489,663
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	3,045,093	4	4,425,911
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		_	
ts	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
Assets	١ ـ	Makes and Irana manusikle mak			
₹.	7	Notes and loans receivable, net	10,744,433	7	44 200 427
	8	Inventories for sale or use	· · · · ·	8	11,369,137
	9 10a	Prepaid expenses and deferred charges	2,822,867	9	2,466,158
	ь	Complete Part VI of Schedule D Less accumulated depreciation		10c	47,276,270
	11	Investments—publicly traded securities	170,626,832	11	194,149,190
	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	5,282,107	15	4,351,123
	16	Total assets. Add lines 1 through 15 (must equal line 34)	257,885,604	16	296,939,301
	17	Accounts payable and accrued expenses	8,911,001	17	10,475,806
	18	Grants payable		18	
	19	Deferred revenue	15,910,470	19	16,642,343
	20	Tax-exempt bond liabilities		20	
S.	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilitie	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
æ		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule			,,,,,,,,,,
		D	27,610,672	25	14,924,915
	26	Total liabilities. Add lines 17 through 25	52,432,143	26	42,043,064
ces		Organizations that follow SFAS 117 (ASC 958), check here ▶ ▽ and complete lines 27 through 29, and lines 33 and 34.			
<u>8</u>	27	Unrestricted net assets	205,369,461	27	254,798,237
B	28	Temporarily restricted net assets	3,000	28	17,000
Fund Balance	29	Permanently restricted net assets	81,000	29	81,000
or Fu		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
9	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 funds		32	
Net	33	Total net assets or fund balances	205,453,461	33	254,896,237
~	34	Total liabilities and net assets/fund balances	257,885,604	34	296,939,301

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				F	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		82,4	119,420	
2	Total expenses (must equal Part IX, column (A), line 25)	2 68,186,54				
3	Revenue less expenses Subtract line 2 from line 1	3		14,2	232,873	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			153,461	
5	Net unrealized gains (losses) on investments	5			909,840	
6	Donated services and use of facilities	6		•	·	
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9		18.3	300,063	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		·	396,237	
Par	t XII Financial Statements and Reporting				-	
	Check if Schedule O contains a response or note to any line in this Part XII				. \sqsubset	
				Yes	No	
				103	140	
1	Accounting method used to prepare the Form 990 Cash Accrual Other					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ewed o	n			
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both	arate				
	▼ Separate basis					
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of t	he 2c	Yes		
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	ne	3a	Yes		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	Yes		

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

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) A verage hours per week (list any hours for related	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and		
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1033 11130/	2/1033 11130/	related organizations
PHILIP STITTLEBURG CHAIR	1 00	х		х				0	0	0
ERNEST GRANT	1 00	х		х				0	0	0
TOM JAEGER PAST CHAIR	1 00	х						0	0	0
WAYNE BOYD	1 00	х		х				0	0	0
TREASURER KEITH WILLIAMS	1 00	Х		Х				0	0	0
ASSISTANT TREASURER RANDY TUCKER	1 00	X		X				0	0	0
SECRETARY JAMES SHANNON	37 50	×		×				668,227	0	356,083
PRESIDENT NFPA WILLIAM MCCAMMON	1 00	х						0	0	0
DIRECTOR BRIAN HURLEY	1 00	Х						0	0	0
DIRECTOR PETER HOLLAND	1 00	х						0	0	0
DIRECTOR JOHN DEAN	1 00	х						0	0	0
DIRECTOR REBECCA DENLINGER DIRECTOR	1 00	х						0	0	0
JAMES CLARK DIRECTOR	1 00	Х						0	0	0
DEAN SEAVERS	1 00	Х						0	0	0
DIRECTOR DONALD COOK DIRECTOR	1 00	х						0	0	0
NED PETTUS DIRECTOR	1 00	х						0	0	0
AMY ACTON DIRECTOR	1 00	Х						0	0	0
KWAME COOPER DIRECTOR	1 00	Х						0	0	0
JULIE ROCHMAN DIRECTOR	1 00	х						0	0	0
HAROLD SCHAITBERGER DIRECTOR	1 00	Х						0	0	0
WILLIAM STEWART DIRECTOR	1 00	Х						0	0	0
PETER WILLSE DIRECTOR	1 00	х						0	0	0
PHILIP DINENNO 2ND VICE CHAIR	1 00	х		х				0	0	0
TONYA HOOVER	1 00	х						0	0	0
THOMAS LAWSON DIRECTOR	1 00	х						0	0	0
DINECTOR				<u> </u>	1	1	1	l	<u> </u>	<u> </u>

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

(A) Name and Title	(B) A verage hours per week (list any hours	Position (do not check more than one box, unless person is both an officer and a director/trustee)			:	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the		
	for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
BRUCE MULLEN	37 50			х				437,624	0	179,171
EXECUTIVE VP & CFO NFPA DENNIS J BERRY	37 50									
ASSISTANT SECRETARY NFPA	3, 30			Х				166,121	0	43,560
PAUL CROSSMAN VICE PRESIDENT	37 50				х			293,056	0	65,337
CHRISTIAN DUBAY	37 50				х			187,626	0	54,480
VICE PRESIDENT								107,020	0	34,400
MAUREEN B BRODOFF VICE PRESIDENT	37 50					x		286,665	0	165,209
KATHLEEN ALMAND	37 50					х		61,949	159,297	54,524
VICE PRESIDENT										
LORRAINE CARLI VICE PRESIDENT	37 50					x		216,482	0	41,928
LISA A YARUSSI	37 50									
VICE PRESIDENT						Х		201,460	0	49,147
RUSSELL E SANDERS REGIONAL DIRECTOR	37 50					х		179,953	0	41,421
	•				•	•				

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DLN: 93493283011194

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2013

Open to Public Inspection

Name of the	organization
IATIONAL FIRE	PROTECTION ASSOCIATION

Employer identification number

04-1653090

Part I	Read	on for Pu	blic Charity Sta	tus (All or	nanization	s must con	nlete this	nart) See i		<u> </u>	
			te foundation becaus						nou actions	<i>-</i> .	
1 T	_		on of churches, or a	· ·			•	-			
2	-	· ·	in section 170(b)(1					(-)(-)(-)			
	_		perative hospital se			•	on 170(b)(:	1)(A)(iii).			
4			h organization operat	=					(1)(A)(iii).	Enter the	
-			ty, and state	,		р			(-)()		
5	An org	anızatıon op	erated for the benefi	t of a college	e or univers	ity owned or	operated by	/ a governmer	ntal unit des	cribed in	
	sect io	170(b)(1)((A)(iv). (Complete P	art II)							
6	A fede	ral, state, or	local government or	governmen	tal unit des	cribed in sec	tion 170(b)	(1)(A)(v).			
7	An org	An organization that normally receives a substantial part of its support from a governmental unit or from the general public									
. –			on 170(b)(1)(A)(vi).	•	•						
8	_	•	described in section			•	•				
9 🔽		An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of									
	•		oss investment inco				•		tax) from b	usinesses	
	-		ganızatıon after June								
.0 .1 □	An organization organized and operated exclusively to test for public safety See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of										
e	the box that describes the type of supporting organization and complete lines 11e through 11h a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons										
	other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)										
f		_	received a written de	etermination	from the I	RS that it is a	Type I, Ty	pe II, or Type	III suppor	tıng organ	ızatıo <u>n,</u>
_		this box	2006 haa tha awaan			e	6				ı
g		ng persons?	2006, has the organi	ization acce	pted any gr	it of Contribu	lion nom an	y of the			
			rectly or indirectly o	ontrols, eith	ner alone or	together wit	n persons d	escribed in (ii)	Yes	No
	and (11) below, the	governing body of th	ne supported	lorganızatı	on?			11	g(i)	
	(ii) A 1	amıly memb	er of a person descr	ıbed ın (ı) ab	ove?				119	g(ii)	$\overline{}$
	(iii) A	35% contro	lled entity of a perso	n described	ın (ı) or (ıı)	above?			119	J(iii)	$\overline{}$
h	Provid	e the followi	ng information about	the support	ed organiza	ition(s)				,	
	ame of	(ii) EIN	(iii) Type of	(iv) Is		(v) Did yo		(vi) Is			mount o
	orted		organization	organizat		the organ		organiza col (i) org			etary port
organization		ion (described on lines 1- 9 above			col (i) listed in your governing		or your ort?	in the U	-]	porc
		or IRC section		docume	ent?						
			(see								
			instructions))	Yes	No	Yes	No	Yes	No		
[otal											

Sch	edule A (Form 990 or 990-EZ) 2013						Page 2
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation failed	to qualify under
_	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	low, please con	iplete Part .	.111.)
	endar year (or fiscal year beginning	(-) 2000	(1-) 2010	(-) 2011	(4) 2012	(-) 201	(5) T. I.
	in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 201:	3 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual						
	grants ")						
2	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its						
3	behalf The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public support. Subtract line 5 from line 4						
S	ection B. Total Support	I	<u> </u>		I		I
	endar year (or fiscal year beginning	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	in) ►	(a) 2009	(b) 2010	(6) 2011	(u) 2012	(e) 2013	(I) I otal
7	A mounts from line 4						
8	Gross income from interest,						
	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	1
13	First five years. If the Form 990 is i	for the organizati	on's first, second	l, thırd, fourth, or	fifth tax year as a	501(c)(3) o	rganızatıon, check
	this box and stop here				<u> </u>	<u> </u>	<u></u>
	ection C. Computation of Pub			4.4 1 (5)			
14	Public support percentage for 2013			11, column (f))		14	
15	Public support percentage for 2012	· ·	•			15	_
16a	33 1/3% support test—2013. If the condition have				line 14 is 33 1/3%	or more, che	ck this box
b	and stop here. The organization qua 33 1/3% support test—2012. If the				and line 15 is 33	8 1/3% or more	
	box and stop here. The organization				, 10 00	. 40.001111011	► F
17a	10%-facts-and-circumstances test-	-2013. If the org	anızatıon dıd not	check a box on lı			
	is 10% or more, and if the organizat						
	in Part IV how the organization mee	ts the "facts-and	d-circumstances'	test The organ	ızatıon qualıfıes a	s a publicly s	
Ь	organization 10%-facts-and-circumstances test-	-2012 . If the ora	anization did not	check a hov on li	ne 13 16a 16b	or 17a and L	▶ 厂
	15 is 10% or more, and if the organ						
	Explain in Part IV how the organizat						ublicly
	supported organization				4-71		▶ □
18	Private foundation. If the organizat instructions	ion aid not check	k a box on line 13	, 16a, 16b, 1/a,	or 1/p, check thi	s pox and se	e ▶□
							г,

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.)

	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🟲	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 20	13	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	12,124,100	14,142,723	13,384,272	12,191,292	11,	544,894	63,387,281
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	52,770,918	72,250,284	54,743,698	51,944,098	61,	840,584	293,549,582
3	Gross receipts from activities that are not an unrelated trade or	262,323	222,643	397,729	302,495		504,346	1,689,536
4	business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5	65,157,341	86,615,650	68,525,699	64,437,885	73,	889,824	358,626,399
	Amounts included on lines 1, 2, and 3 received from disqualified persons							0
b	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	4,821,299	20,663,676	3,660,817	2,892,113	5,	728,116	37,766,021
c	year Add lines 7a and 7b	4,821,299	20,663,676	3,660,817	2,892,113	5.	728,116	37,766,021
8	Public support (Subtract line 7c from line 6)						·	320,860,378
	ction B. Total Support	T	1	T				
Cale	ndar year (or fiscal year beginning in) 🟲	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 20	13	(f) Total
9	A mounts from line 6	65,157,341	86,615,650	68,525,699	64,437,885	73,	889,824	358,626,399
L0a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	15,780,854	16,154,756	14,987,879	14,380,617	14,	441,299	75,745,405
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	15 700 054	16 154 756	14.007.070	14 200 617		444 200	75 745 405
с 11	Add lines 10a and 10b Net income from unrelated	15,780,854	16,154,756	14,987,879	14,380,617	14,	441,299	75,745,405
	business activities not included in line 10b, whether or not the business is regularly carried on	1,652,409	1,617,792	1,693,300	1,288,711	1,	484,872	7,737,084
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
13	Total support. (Add lines 9, 10c, 11, and 12)	82,590,604	104,388,198	85,206,878	80,107,213	89,	815,995	442,108,888
14	First five years. If the Form 990 is	for the organizat	ion's first, second	, thırd, fourth, or 1	fifth tax year as a	501(c)(3) organı	
Se	check this box and stop here ction C. Computation of Pub	olic Support P	ercentage					<u>▶</u> □
15	Public support percentage for 201			13, column (f))		15		72 570 %
16	Public support percentage from 20					16		72 750 %
Se	ction D. Computation of Inv	estment Inco	ome Percenta	ge				
17	Investment income percentage for				n (f))	17		17 130 %
18	Investment income percentage fro	m 2012 Schedule	A, Part III, line 1	7		18		17 330 %
19a	33 1/3% support tests—2013. If the	e organization did	not check the bo	x on line 14, and	line 15 is more t	han 33 _{1/3}	3% , and 1	ıne 17 ıs not

^{33 1/3%} support tests—2012. 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 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV		formation. Provide the explanations required by Part II, line 10; Part II, lin ne 12. Also complete this part for any additional information. (See instruction							
	Facts And Circumstances Test								
Retu	ırn Reference	Explanation							
		Schodulo A / Form 000 o	000 E7) 201						

Schedule A (Form 990 or 990-EZ) 2013

DLN: 93493283011194

OMB No 1545-0047

Open to Public Inspection

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. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

N a i	me of the organization IONAL FIRE PROTECTION ASSOCIATION	<u> </u>		Employer iden	ntification number
				04-1653090	
ar	I-A Complete if the or	ganization is exempt under	section 501(c) or is a section 527	organization.
1	Provide a description of the org	ganızatıon's dırect and ındırect politic	al campaign act	ivities in Part IV	
2	Political expenditures			.	\$
3	Volunteer hours				
Par	t I-B Complete if the or	ganization is exempt under	section 501(c)(3).	
1		e tax incurred by the organization und			\$
2	Enter the amount of any excise	e tax incurred by organization manag	ers under sectioi	n 4955 🕨	\$
3	If the organization incurred a s	section 4955 tax, did it file Form 472	O for this year?		☐ Yes ☐ No
4a	Was a correction made?				┌ Yes ┌ No
b	If "Yes," describe in Part IV				
Par	t I-C Complete if the or	ganization is exempt under	section 501(c), except section 50)1(c)(3).
1	Enter the amount directly expe	ended by the filing organization for se	ction 527 exemp	ot function activities 🕨	\$
2	Enter the amount of the filing of exempt function activities	organization's funds contributed to ot	her organizations	s for section 527 ►	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here	and on Form 112	0-POL, line 17b ►	\$
4	Did the filing organization file F	Form 1120-POL for this year?			☐ Yes ☐ No
5	organization made payments f amount of political contribution	nd employer identification number (E: For each organization listed, enter the ns received that were promptly and d political action committee (PAC) If	e amount paid fro irectly delivered	m the filing organization's to a separate political orga	funds Also enter the anization, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter - 0-

Sch	nedule C (Form 990 or 990-EZ) 2013					Page 2
Pä	art II-A Complete if the organization	is exempt under	section 501(c)(3) and file	ed Form 5768	
_	under section 501(h)).		Link in Doub TV an	- h - 66:1: - h - d		a adduces FIN
٠.	Check ► If the filing organization belongs to a expenses, and share of excess lobb		iist in Part IV ea	ch amiliated gro	up members nam	e, address, EIN,
3	Check ► ☐ If the filing organization checked bo		l" provisions app	ly		
	Limits on Lobbying E (The term "expenditures" means ar		l .)		(a) Filing organization's totals	(b) Affiliated group totals
La	Total lobbying expenditures to influence public o	pinion (grass roots lob	bying)			
ь	Total lobbying expenditures to influence a legisl	ative body (direct lobby	yıng)			
c	Total lobbying expenditures (add lines 1a and 1	o)		Γ		
d	O ther exempt purpose expenditures			Γ		
e	Total exempt purpose expenditures (add lines 1	c and 1d)		Γ		
f	Lobbying nontaxable amount Enter the amount is columns	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on lir	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	00		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,0	000		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25% of lir	ue 1f)				
h	Subtract line 1g from line 1a If zero or less, ent	er-0-				
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 or line 1ı, did the	organization file	Form 4720 repo	orting	┌ Yes ┌ No
	(Some organizations that made a columns below. See t	he instructions fo	ection do not r lines 2a thro	havè to con ough 2f on p		ne five
	Lobbying Exp	enditures During	4-Year Avera ⊤	ging Period	1	1
	Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
C	Total lobbying expenditures					
d	Grassroots nontaxable amount					

e Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots lobbying expenditures

Pa		ation is exempt under section 501(c)(3) and has Non under section 501(h)).	TOP				age e
For e	each "Yes" response to lines 1a through 1i bel	ow, provide in Part IV a detailed description of the lobbying	(;	a)		(b)	
activ		, ,	Yes	No	Aı	noun	it
1		n attempt to influence foreign, national, state or local ence public opinion on a legislative matter or referendum,					
а	Volunteers?			Νo			
b	Paid staff or management (include compe	ensation in expenses reported on lines 1c through 1i)?	Yes				
c	Media advertisements?			Νo			
d	Mailings to members, legislators, or the p	public?		Νo			
e	Publications, or published or broadcast s	tatements?		No			
f	Grants to other organizations for lobbying	g purposes?		Νo			
g	Direct contact with legislators, their staff	fs, government officials, or a legislative body?	Yes			1	1,906
h	Rallies, demonstrations, seminars, conve	entions, speeches, lectures, or any similar means?		Νo			
i	O ther activities?		Yes				
j	Total Add lines 1c through 1i					1	1,906
2a	Did the activities in line 1 cause the orga	nnization to be not described in section 501(c)(3)?		Νo			
b	If "Yes," enter the amount of any tax inc	urred under section 4912					
c	If "Yes," enter the amount of any tax inc	urred by organization managers under section 4912					
d	If the filing organization incurred a section	on 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization 501(c)(6).	ation is exempt under section 501(c)(4), section 5	501(c)(5), c	-		
_	W 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			_	-	Yes	No
1	Were substantially all (90% or more) due			 	1		
2		lobbying expenditures of \$2,000 or less?		<u> </u>	2		
3		obbying and political expenditures from the prior year?			3		
Pal		ation is exempt under section 501(c)(4), section 5 (a) BOTH Part III-A, lines 1 and 2, are answered " s."					
1	Dues, assessments and similar amounts		1				
2	Section 162(e) nondeductible lobbying a expenses for which the section 527(f) ta	nd political expenditures (do not include amounts of political ix was paid).					
а	Current year		2a				
b	Carryover from last year		2b				
С	Total		2c				
3		333(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4		ne 2c exceeds the amount on line 3, what portion of the excess to the reasonable estimate of nondeductible lobbying and	4				
5	Taxable amount of lobbying and political	evnenditures (see instructions)	5				
	art IV Supplemental Informati						
Pro		, line 1, Part l-B, line 4, Part l-C, line 5, Part II-A (affiliated grou	p lıst),	Part II	-A, lır	e 2,	and
	Return Reference	Explanation					
PAR	WORKE HR 35 INCEN MONO OF 201	26 RESTORING HEALTHY FORESTS FOR HEALTHY COMMUNIC PROTECTION AGAINST COMBUSTIBLE DUST EXPLOSION 88 COMMUNITY FIRE SAFETY ACT OF 2013 H R 1878 SAFE TIVE ACT OF 2013 S 1793 NICHOLAS AND ZACHARY BURT XIDE POISIONING PREVENTION ACT OF 2013 S 194 TOBAC 3 S 1163 FIRE SPRINKLER INCENTIVE ACT H R 2642 FEDER ISK MANAGEMENT ACT OF 2013	BUILE MEMO CCO TA	FIRES A DING CO RIAL C AX AND	CT O DDE ARBO EQU	F 20 N ITY /	ACT

201104410 3 (1 3111 330 31 330 12) 2013		i age -i
Part IV Supplemental Information	on <i>(continued)</i>	
Return Reference	Explanation	

Schedule D (Form 990) 2013

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DLN: 93493283011194

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.aov/form990.

Open to Public

emai	Revenue Service dita its instruct	110113 13 dt <u>####:113:gov/101111330</u> .			Tiishect	1011
	me of the organization IONAL FIRE PROTECTION ASSOCIATION			oloyer identifica 1653090	ition numbe	r
Pa	organizations Maintaining Donor Advorganization answered "Yes" to Form 990				. Complet	e if the
_		(a) Donor advised funds		(b) Funds and	other accou	nts
	Total number at end of year					
	Aggregate contributions to (during year)					
	Aggregate grants from (during year)					
	Aggregate value at end of year					
	Did the organization inform all donors and donor advisor funds are the organization's property, subject to the or	-	nor advi	ısed	┌ Yes	┌ No
	Did the organization inform all grantees, donors, and do used only for charitable purposes and not for the benef conferring impermissible private benefit?				☐ Yes	┌ No
Ĺ	t II Conservation Easements. Complete if	the organization answered "Yes"	to Forn	n 990, Part I\	/, line 7.	
	Purpose(s) of conservation easements held by the org Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a	or education)	certifie	d historic struc	ture	
	easement on the last day of the tax year			T		
	Total more hands and an arrangements			Held at the	End of the	Year
	Total number of conservation easements		2a			
	Total acreage restricted by conservation easements		2b			
	Number of conservation easements on a certified histor	• •	2c			
	Number of conservation easements included in (c) acq historic structure listed in the National Register		2d		4	
	Number of conservation easements modified, transferrenthe tax year -	ea, released, extinguished, or terminat	ed by tr	ie organización	during	
	Number of states where property subject to conservati	ion easement is located ►				
	Does the organization have a written policy regarding tenforcement of the conservation easements it holds?	the periodic monitoring, inspection, har	ndling of	f violations, and	┌ Yes	┌ No
	Staff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation ease	ments o	during the year		
	A mount of expenses incurred in monitoring, inspecting	g, and enforcing conservation easemen	ts durin	g the year		
	Does each conservation easement reported on line 2(or and section 170(h)(4)(B)(II)?	d) above satisfy the requirements of se	ection 17	70(h)(4)(B)(ı)	┌ Yes	┌ No
	In Part XIII, describe how the organization reports corbalance sheet, and include, if applicable, the text of the organization's accounting for conservation easeme	e footnote to the organization's financia				
7	Complete if the organization answered "Y		or Ot	her Similar	Assets.	
	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide, in Part XIII, the text of the footnote to	ets held for public exhibition, education	, or rese	earch in further		
	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide the following amounts relating to thes	.16 (ASC 958), to report in its revenue ets held for public exhibition, education	statem	nent and balanc		ıc
	(i) Revenues included in Form 990, Part VIII, line 1			► \$		
	(ii) Assets included in Form 990, Part X					
	If the organization received or held works of art, histor following amounts required to be reported under SFAS					
	Revenues included in Form 990, Part VIII, line 1			► \$		
	Assets included in Form 990, Part X			-		
	meraded in rollingsoft art A			r +		

Part :	••• Organizations Maintaining Co	llections of Art, I	Histor	ical Trea	asures, or C	<u>the</u>	Similar Ass	sets (co	ntınued)
	Using the organization's acquisition, access collection items (check all that apply)	ion, and other records	, check	any of the	following that	are a	sıgnıfıcant use	of its	
аГ	Public exhibition		d \lceil	Loan or	exchange prog	rams			
ЬΓ	Scholarly research		е Г	Other					
c 「	Preservation for future generations								
	Provide a description of the organization's co Part XIII	ollections and explain	how th	ey further t	he organization	ı's ex	empt purpose ıı	n	
	During the year, did the organization solicit							– Yes	_ No
Part	assets to be sold to raise funds rather than temporary Escrow and Custodial Arrang								No_
	Part IV, line 9, or reported an an								
1	is the organization an agent, trustee, custoo ncluded on Form 990, Part X?		-		ons or other ass	ets n		_ Yes	┌ No
b I	If "Yes," explain the arrangement in Part XII	I and complete the fo	llowing	table	г				
_						4.	Am	ount	
_	Beginning balance					1c			
	Additions during the year				}	1d			
_	Distributions during the year				-	1e 1f			
	Ending balance	orm 000 Dort V line 1	212		Ĺ	TI	г	Yes	
	Old the organization include an amount on Fo						·	res	
	If "Yes," explain the arrangement in Part XI				-				<u>'</u>
Part	Endowment Funds. Complete	(a)Current year	answe (b)Prior		to Form 990, (c)Two years back			(e)Four y	ears back
1 a E	Beginning of year balance	11,006,366		0,197,062	10,648,84	+ ` ´	6,393,224	(-)	4,987,694
b (Contributions						4,000,000		
c ſ	Net investment earnings, gains, and losses	1,630,185		1,210,304	-33,78	0	495,618		1,405,530
	Grants or scholarships								
ā	Other expenditures for facilities and programs	430,000		401,000	418,00	0	240,000		
	Administrative expenses	12,206,551	1	1,006,366	10,197,06	1	10,648,842		6,393,224
_	End of year balance	· ' L		<u> </u>	, ,	<u> </u>	10,648,842		6,393,224
	Provide the estimated percentage of the cur	rent year end balance	(line 1	g, column (a)) held as				
a [Board designated or quasi-endowment 🕨								
b F	Permanent endowment ► 74 000 %								
	Γemporarily restricted endowment ► 26 ° Γhe percentages in lines 2a, 2b, and 2c sho	000 % uld equal 100%							
	Are there endowment funds not in the posse	ssion of the organizati	on that	are held a	nd admınıstere	d for	the		
	organization by (i) unrelated organizations						3a(i	Yes	No No
`	(ii) related organizations					•	3a(i		110
,	If "Yes" to 3a(II), are the related organization		on Sche	edule R?		٠. ٠	3b		<u> </u>
4 [Describe in Part XIII the intended uses of th	ne organization's endo	wment	funds					<u> </u>
Part			e orga	nızatıon a	inswered 'Yes	s' to	Form 990, Pa	rt IV, lıı	ne
	11a. See Form 990, Part X, line	10.							
	11a. See Form 990, Part X, line Description of property			(a) Cost or ot asis (investme			(c) Accumulated depreciation	(d) Boo	ok value
1a La					ent) basis (othe				ok value 1,919,353
	Description of property			asis (investme	basis (othe				
b Bu	Description of property			asis (investme	,353 ,459		depreciation	3	1,919,353
b Bu c Le	Description of property			1,919 68,836	,353 ,459 ,547		33,693,594	3	1,919,353 5,142,865
b Bu c Le d Ec e O	Description of property and			1,919 68,836 19,000 17,531 2,569	,353 ,459 ,547 ,946		33,693,594 12,931,679	3	1,919,353 5,142,865 6,068,868

Part VII Investments—Other Securities. Co	mplete if the organization	answered 'Yes' to Form 990, Part IV, line 11b.
See Form 990, Part X, line 12. (a) Description of security or category	(b) Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	F	
Part VIII Investments—Program Related. C		그 on answered 'Yes' to Form 990. Part IV. line 11c
See Form 990, Part X, line 13.		
(a) Description of investment	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	<u> </u>	
Part IX Other Assets. Complete if the organization (a) Description		0, Part IV, line 11d See Form 990, Part X, line 15 (b) Book value
(4) 5030	приоп	(b) Book value
	45)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line		
Part X Other Liabilities. Complete if the org Form 990, Part X, line 25.	janization answered Yes	to rottit 550, Part IV, lille TTE OF TIT. See
1 (a) Description of liability	(b) Book value	
Federal income taxes		
PENSION LIABILITY	14,924,915	
	1	
		1
Total (Column (h) must equal Form 000, Part V and (D) line 25.		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	14,924,915	

PART XI, LINE 2D - OTHER

PART XII, LINE 2D - OTHER

ADJUSTMENTS

ADJUSTMENTS

Part X		Revenue per Audited Financial Statements With Revenue page. Swered 'Yes' to Form 990, Part IV, line 12a.	er R	eturn Complete ıf
1 T		per support per audited financial statements	1	115,809,362
		out not on Form 990, Part VIII, line 12		113,003,302
		stments		
	=	facilities		
		ts		
	ther (Describe in Part XIII			
	dd lines 2a through 2d		2e	33,389,942
	-		3	82,419,420
		90, Part VIII, line 12, but not on line 1		327127123
		cluded on Form 990, Part VIII, line 7b . 4a		
	·)		
		·	4c	0
5 T	otal revenue Add lines 3 an	nd 4c. (This must equal Form 990, Part I, line 12)	5	82,419,420
Part X		Expenses per Audited Financial Statements With Expenses	per	
		nswered 'Yes' to Form 990, Part IV, line 12a.		
		er audited financial statements	1	66,366,586
		ut not on Form 990, Part IX, line 25		
a D	onated services and use of	facilities		
b P	rıor year adjustments	<u>2b</u>		
) <u>2d</u> -1,819,961	ļ	
	dd lines 2a through 2d .		2e	-1,819,961
			3	68,186,547
		90, Part IX, line 25, but not on line 1:		
	·	cluded on Form 990, Part VIII, line 7b 4a		
	•)	ļ	
	dd lines 4a and 4b		4c	0
		and 4c. (This must equal Form 990, Part I, line 18)	5	68,186,547
Provide		or Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b		
Part V , informa		I, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to	provid	de any additional
	Return Reference	Explanation		
DADT V		·		D THE
PART V,	LINE 4	AT ALL TIMES THE ENDOWMENT FUND SHALL BE USED EXCLUSIVE ACCOMPLISHMENT AND SUPPORT OF CHARITABLE, EDUCATIONA		
		LITERARY PURPOSES THE ENDOWMENT IS HELD BY THE FIRE PRO	TECT	ION RESEARCH
PART X,	LINE 2	FOUNDATION, A RELATED ENTITY LISTED ON SCHEDULE R NFPA IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN	LORG	ANIZATION
FARLA,	LINE Z	DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CO		
		GENERALLY EXEMPT FROM FEDERAL AND STATE INCOME TAXES O		
		PROVISION FOR TAXES IS CONSIDERED TO THE EXTENT THAT NFI ACTIVITIES, BUT SUCH CONSIDERATIONS ARE NOT SIGNIFICANT		
		PROVISION FOR INCOME TAXES IS MADE IN THE FINANCIAL STAT	EMEN	NTS NFPA
		ACCOUNTS FOR THE EFFECT OF ANY UNCERTAIN TAX POSITIONS LIKELY THAN NOT" THRESHOLD TO THE RECOGNITION OF THE TA		
		SUSTAINED BASED ON THE TECHNICAL MERITS OF THE POSITION		
		APPLICABLE TAXING AUTHORITY IF A TAX POSITION OR POSITION		
		RESULT IN UNCERTAINTIES OF THOSE POSITIONS, THE UNRECOG		
		THE ESTIMATED TAX LIABILITY FOR ALL UNCERTAIN TAX POSITION	ONS I	NTEREST AND
		PENALTIES ASSESSED, IF ANY, ARE ACCRUED AS INCOME TAX EXF IDENTIFIED ITS TAX STATUS AS A TAX EXEMPT ENTITY AS A TAX		
		NFPA HAS DETERMINED THAT SUCH TAX POSITION DOES NOT RE		
		UNCERTAINITY REQUIRING RECOGNITION IN ADDITION TO ITS 1	raxs	TATUS, NFPA HAS
		OTHER TAX POSITIONS THAT HAVE BEEN DETERMINED TO BE HIG	HLY	LEKIAIN AND

THEREFORE, NO RESERVE FOR UNRECOGNIZED TAX LIABILITY IS DEEMED NECESSARY NFPA IS NOT CURRENTLY UNDER EXAMINATION BY ANY TAX JURISDICTION ITS FEDERAL AND STATE INCOME TAX RETURNS ARE GENERALLY OPEN FOR EXAMINATION THREE YEARS

REAL ESTATE LEASING EXPENSES 8,295,592 COST OF GOODS SOLD 8,184,510 PENSION

REAL ESTATE LEASING EXPENSES 8,295,592 COST OF GOODS SOLD 8,184,510

FOLLOWING THE DATE FILED

COST ADJUSTMENT -18,300,063

	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2013

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DLN: 93493283011194 OMB No 1545-0047

2013

SCHEDULE F Statement of Activities Outside the United States (Form 990)

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.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Interna	al Revenue Service					Inspection
	ne of the organization	COLATION			Employer ident	fication number
NAT	IONAL FIRE PROTECTION ASS	SOCIATION			04-1653090	
Pa	General Information "Yes" to Form 990, Pa			he United States. C	omplete if the organiza	ation answered
1	For grantmakers.Does the	organization m	aıntaın record:	s to substantiate the a	amount of its grants an	
	other assistance, the grante	es' eligibility fo	r the grants o	r assistance, and the	selection criteria used	
	to award the grants or assist	tance?				┌ Yes ┌ No
2	For grantmakers. Describe assistance outside the Unite		ganızatıon's p	rocedures for monitor	ing the use of its grant	s and other
3	Activites per Region (The follow	wing Part I, line 3	3 table can be d	uplicated if additional sp	ace is needed)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) NORTH AMERICA	2	2	PROGRAM SERVICES	THE PROMOTION OF AND ADOPTION OF NFPA STANDARDS AND RELATED TRAINING	280,779
(2) EUROPE (INCLUDING ICELAND & GREENLAND)	1	1	PROGRAM SERVICES	THE PROMOTION OF AND ADOPTION OF NFPA STANDARDS AND RELATED TRAINING	53,930
(3) EAST ASIA AND THE PACIFIC	1	3	PROGRAM SERVICES	THE PROMOTION OF AND ADOPTION OF NFPA STANDARDS AND RELATED TRAINING	55,714
(4) MIDDLE EAST AND NORTH AFRICA	1	1	PROGRAM SERVICES		131,199
(5)					
		_				
	a Sub-total b Total from continuation sheets	5	7			521,622 0
	to Part I					
	c Totals (add lines 3a and 3b)	5	7	,		521.622

			ived more than \$5,0					
1 (a) Name of organization	(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) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								
			ted above that are re or counsel has pro					
3 Enter total nu	mber of other or	ganızatıons or en	tities					

Schedule F (Form 990) 2013

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be	duplicated if addit	ional space is ne	eeded.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
	1			l .			

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, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Γ	Yes	V	No
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, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Г	Yes	V	No
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)	Г	Yes	<u>ح</u> ا	No
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, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Г	Yes	V	. No
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	দ	. No
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	V	. No

Schedule F (Form 990) 2013

Schedule F (Form 990) 2013 Page **5**

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PART 1, LINE 2	NFPA AUDITS THE EXPENSE REPORTS TO MAKE SURE THERE ARE RECEIPTS ATTACHED THE FEES ARE NEGOTIATED AT THE START OF THE YEAR

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Part I General Information on Grants and Assistance

Schedule I (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

NATIONAL FIRE PROTECTION ASSOCIATION

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

DLN: 93493283011194

Open to Public Inspection

Employer identification number

04-1653090

Grants and Other Form 990, Part IV	er Assistance to /, line 21, for any	Governments and recipient that receive	Organizations in d more than \$5,000	the United States Part II can be dupl	Complete if the or cated if additional	organization answere Il space is needed.	d "Yes" to
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount 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
L) HOME FIRE SPRINKLER OALITION NE BATTERYMARCH ARK UINCY,MA 02169	51-0620405	501 (C)(3)	133,600				PRO GRAM CONTRIBUTION
2) CENTER FOR CAMPUS IRE SAFETY 0 STATE STREET EWBURYPORT, MD 01950	14-1916059	501 (C)(3)	10,000				PRO GRAM CONTRIBUTION
3) THE FIRE PROTECTION ESEARCH NE BATTERYMARCH ARK UINCY,MA 02169	52-1256543	501 (C)(3)	210,000				PRO GRAM CONTRIBUTION
1) NATIONAL VOLUNTEER IRE COUNCIL 852 WALKER DRIVE REENBELT, MD 20770	39-1274172	501 (C)(3)	7,500				PRO GRAM CONTRIBUTION

(a) Type of grant or assistance

(b) Number of

recipients

SCHOLARSHIP, \$23,600

(f)Description of non-cash assistance

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. Part III can be duplicated if additional space is needed.

(d)A mount of

non-cash assistance

SCHOLARSHIP, \$5,000, THE DAVID GRATZ SCHOLARSHIP, \$5,000, THE WARREN ISMAN SCHOLARSHIP, \$5,000 AND THE HARVARD FELLOW

(e)Method of valuation

(book,

FMV, appraisal, other)

(c)A mount of

cash grant

l										
(1) HARVARD FELLOWSHIP SCHOLARSHIPINTERNATIONAL ASSOCIATION OF FIRE CHIEFS		6	23,600							
(2) SCHOLARSHIPS		8	40,000							
Part IV Supplemental In	nformati	on. Provide the infor	mation required in Pa	rt I, line 2, Part III, o	column (b), and any other	addıtıonal ınformatıon.				
Return Reference	Explanati	ion								
PART I, LINE 2	NFPA RE	QUIRES PERIODIC REF	PORTS FROM RECIPIEN	NTS THROUGHOUT THE	EYEAR					
	ISSUEDT	PA ISSUES A NUMBER OF SCHOLARSHIPS EACH YEAR FOR OUTSTANDING ACHIEVEMENTS THE FOLLOWING ARE THE SCHOLARSHIPS SUED THIS YEAR THE ART COTE SCHOLARSHIP,\$5,000, THE FRANK FEE SCHOLARSHIP,\$5,000, THE J JABLONSKY CHOLARSHIP,\$5,000, THE P BUGBEE SCHOLARSHIP,\$5,000, THE GEORGE MILLER SCHOLARSHIP,\$5,000, THE C MORGAN								

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OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees ► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990. ► See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

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

04-1653090

Pa	rt I Questions Regarding Compensatio	n	0.200000			
					Yes	No
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part II					
	First-class or charter travel	Г	Housing allowance or residence for personal use			
	▼ Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Г	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the o reimbursement or provision of all of the expenses d			1b	Yes	
2	Did the organization require substantiation prior to directors, trustees, officers, including the CEO/Exe			2	Yes	
3	Indicate which, if any, of the following the filing orga organization's CEO/Executive Director Check all t used by a related organization to establish compens	hat apply				
	✓ Compensation committee	굣	Written employment contract			
	Independent compensation consultant	굣	Compensation survey or study			
	Form 990 of other organizations	▽	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VII	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	l paymen	nt?	4a	Yes	
b	Participate in, or receive payment from, a suppleme			4b	Yes	
c				4c		No
	If "Yes" to any of lines 4a-c, list the persons and p					
	Only 501(c)(3) and 501(c)(4) organizations only m	ust comp	olete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A compensation contingent on the revenues of	, line 1a	, did the organization pay or accrue any			
а	The organization?			5a	Yes	
b	Any related organization?			5b		No
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in Form 990, Part VII, Section A compensation contingent on the net earnings of	, line 1a	, did the organization pay or accrue any			
а	The organization?			6a	Yes	
b	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 payments not described in lines 5 and 6? If "Yes,"			7	Yes	
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III.					
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow th section 53 4958-6(c)?	ie rebutta	able presumption procedure described in Regulations	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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC com			(C) Retirement and	(D) Nontaxable	(E) Total of	(F) Compensation
	(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)	reported as deferred in prior Form 990
See Additional Data Table							

Schedule J (Form 990) 2013

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

rise complete this part for any dualities	ner nnermenen
Return Reference	Explanation
PART I, LINE 1A	NFPA'S POLICY IS TO REIMBURSE ANY AUTHORIZED PERSON FOR APPROVED TRAVEL WITH COMPANIONS
,	MR PAUL CROSSMAN, VICE PRESIDENT OF NATIONAL FIRE PROTECTION ASSOCIATION, RECEIVED TWO MONTHS SEVERANCE OF \$35,064 IN 2013 MR JAMES SHANNON, PRESIDENT OF NATIONAL FIRE PROTECTION ASSOCIATION, PARTICIPATED IN THE SERP RETIREMENT PLAN IN 2013 MR SHANNON ACCRUED \$343,013 IN THE PLAN HE ALSO PARTICIPATED IN THE 457(B) PLAN AND ACCRUED -\$2,513 MR BRUCE MULLEN, EXECUTIVE VP & CFO OF NATIONAL FIRE PROTECTION ASSOCIATION, PARTICIPATED IN THE SERP RETIREMENT PLAN IN 2013 MR MULLEN ACCRUED \$163,225 IN THE PLAN HE ALSO PARTICIPATED IN THE 457(B) PLAN AND ACCRUED \$1,701
PART I, LINE 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) 2013

Additional Data

Software ID: Software Version:

EIN: 04-1653090

Name: NATIONAL FIRE PROTECTION ASSOCIATION

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Torin 550, Schedule 5, Part.	TI Officers, Direc	tors, rrustees, ite	y Employees, and	Ingliest compen.	Juccu Employees		
(A) Name	(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form
	(i) Base Compensation	(ii) Bonus & Incentive compensation	(iii) O ther compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
JAMES SHANNON (I) PRESIDENT NFPA (II)	·	194,220 0	15,249 0	340,500 0	15,583 0	1,024,310 0	0
BRUCE MULLEN (1) EXECUTIVE VP & CFO NFPA		106,390 0	7,444 0	164,926 0	14,245 0	616,795 0	0
DENNIS J BERRY ASSISTANT SECRETARY NFPA		3,297 0	1,702	30,977 0	12,583 0	209,681	0
PAUL CROSSMAN (I) VICE PRESIDENT (II)		53,070 0	35,602 0	48,098 0	17,239 0	358,393 0	0
CHRISTIAN DUBAY (I) VICE PRESIDENT (II)	·	35,631 0	163 0	34,560 0	19,920 0	242,106 0	0
MAUREEN B BRODOFF (1) VICE PRESIDENT (11)		53,716 0	1,839	159,846 0	5,363 0	451,874 0	0
KATHLEEN ALMAND (I) VICE PRESIDENT (II)		10,52,		13,345 34,315	1,922 4,942		
LORRAINE CARLI VICE PRESIDENT (II)		37,616 0	453 0	41,154 0	774 0	258,410 0	0
LISA A YARUSSI (I) VICE PRESIDENT (II)		38,408 0	176 0	29,227 0	19,920 0	250,607 0	0
RUSSELL E SANDERS REGIONAL DIRECTOR (11)		3,570 0	999	41,421 0	0	221,374 0	0

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DLN: 93493283011194

OMB No 1545-0047

2013

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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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization NATIONAL FIRE PROTECTION ASSOCIATION Employer identification number

04-1653090

990 Schedule O, Supplemental Information

FORM 990, PART VI, SECTION A, LINE 1 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 CHAIN NGES IF NEEDED THE 990 IS THEN MADE AVAILABLE TO THE FULL BOARD OF DIRECTORS AND REVIEWED BY THE AUDIT COMMITTEE PROR TO FILING FORM 990, PART VI, SECTION B, LINE 2 EACH OFFICIER, DIRECTOR AND TRUSTEE AND KEY EMPLOYEE HAS AN ONSOING DUTY TO DISCLOSE ANY CO NEILOTS OF INTEREST OR POSSIBLE CONFLICTS OF INTEREST TO THE GENERAL COUNCL OR PRESIDENT IN ADDITION, EACH KEY EMPLOYEE SHALL FILE AN ANNUAL DISCLOSURE STATEMENT INCLUDING A QUES TIONNAIRE 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 FORM 990, PART VI, SECTION B, LINE 11-E PROCESS FOR DETERMINING COMPENSATION OF THE OFFICERS AND KEY EMPLOYEES IS AS FOLLOWS. THE PRESIDENT AND EXCENTINE VIOLED BY THE COMPENSATION COMMITTEE REPORTS TO THE BOARD REVIEWS AND APPROVES ALL FORMS OF COMPENSATION FOR THE PRESIDENT AND EXCENTINE VICE PRESIDENT. THE COMPENSATION COMMITTEE REPORTS TO THE BOARD REVIEWS AND APPROVES ALL FORMS OF COMPENSATION FOR THE PRESIDENT AND EXECUTIVE VICE PRESIDENT. THE COMPENSATION COMMITTEE REPORTS TO THE BOARD REVIEWS AND APPROVES ALL FORMS OF COMPENSATION FOR THE PRESIDENT AND EXCENTINE VICE PRESIDENT. THE COMPENSATION COMMITTEE REPORTS TO THE BOARD REVIEWS AND APPROVES ALL FORMS OF THE PRESIDENT AND EXCENTINE VICE PRESIDENT. THE COMPENSATION COMMITTEE REPORTS TO THE BOARD REVIEWS AND AUTHORIZED BY THE PRESIDENT THE COMPENSATION COMMITTEE REPORTS TO THE BOARD REVIEWS AND AUTHORIZED BY THE PRESIDENT THE COMPENSATION COMMITTEE REPORTS TO THE BOARD REVIEWS AND AUTHORIZED BY THE PRESIDENT AND EXCENTINE VICE PRESIDENT. THE COMPENSATION COMMITTEE REPORTS TO THE BOARD REVIEWS AND AUTHORIZED BY THE PRESIDENT AND EXCENTINE VICE PRESIDENT. THE COMPENS	Return Reference	Explanation
ACCOUNTING STAFF OF NFPA. THE RETURN IS THEN SENT TO OUR AUDITING FIRM FOR A FINAL REVIEW AND ANY CHA NGES IN NEEDED. THE 990 IS THEN MADE AVAILABLE TO THE FULL BOARD OF DIRECTORS AND REVIEWED. BY THE AUDIT COMMITTEE PRIOR TO FILING FORM 990, PART VI, SECTION B, LINE 12C EACH OFFICER, DIRECTOR AND TRUSTEE AND KEY EMPLOYEE HAS AN ONGOING DUTY TO DISCLOSE ANY CO NFLICTS OF INTEREST OR POSSIBLE CONFLICTS OF INTEREST TO THE GENERAL COUNCIL OR PRESIDENT IN ADDITION, EACH KEY EMPLOYEE SHALL FILE AN ANNUAL DISCLOSURE STATEMENT INCLUDING A QUES TONNAIPE 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 POSSI BILE VIOLATION OR INFRINGEMENT OF THE CONFLICT OF INTEREST POLICY FORM 990, PART VI, SECTION B, LINE 15 FORM 990, PART VI, SECTION B, LINE 16 THE PRESIDENT AND EXECUTIVE VICE PRESIDENT THE COMPENSATION COMMITTEE REPORTS TO THE BOARD REVIEWS AND APPROVES ALL FORMS OF COMPENSATION TO FOR THE PRESIDENT AND EXECUTIVE VICE PRESIDENT THE COMPENSATION COMMITTEE REPORTS TO THE BOARD REVIEWS AND APPROVES ALL FORMS OF COMPENSATION TO PRESIDENT AND EXECUTIVE VICE PRESIDENT THE COMPENSATION COMMITTEE TO GUIDE THEIR DECISION SO THER OFFICIERS AND KEY EMPLOYEES SALARIES ARE REVIEWED AND AUTHORIZED BY THE PRESIDENT 19 FORM 990, PART VI, SECTION C, LINE 19 FORM		
DISCLOSE ANY CO NFLICTS OF INTEREST OR POSSIBLE CONFLICTS OF INTEREST TO THE GENERAL COUNCIL OR PRESIDENT IN ADDITION, EACH KEY EMPLOYEE SHALL FILE AN ANNUAL DISCLOSURE STATEMENT INCLUDING A QUES TIONNAIRE 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 POSSI BLE VOLATION OR INFRINGEMENT OF THE CONFLICT OF INTEREST POLICY FORM 990, PART VI, SECTION B, LINE 15 FOLLOWS, THE COMPENSATION COMMITTEE OF THE BOARD REVIEWS AND APPROVES ALL FORMS OF COMPENSATION FOR THE PRESIDENT AND EXECUTIVE VICE PRESIDENT THE COMPENSATION COMMITTEE REPORTS TO THE BOA RD ALL DECISIONS MADE COMPARABILITY DATA IS GATHERED BY AN INDEPENDANT CONSULTANT EVERY T HREE YEARS THE INFORMATION IS GIVEN TO THE COMPENSATION COMMITTEE TO GUIDE THER DECISION S OTHER OFFICERS AND KEY EMPLOYEES SALARIES ARE REVIEWED AND AUTHORIZED BY THE PRESIDENT 19 FORM 990, PART VI, SECTION C, LINE 19 FORM 9		ACCOUNTING STAFF OF NFPA THE RETURN IS THEN SENT TO OUR AUDITING FIRM FOR A FINAL REVIEW AND ANY CHA NGES IF NEEDED THE 990 IS THEN MADE AVAILABLE TO THE FULL BOARD OF DIRECTORS AND REVIEWED
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FORM 990, PART XI, LINE 9 PENSION COST ADJUSTMENT 18,300,063	, , , , , , , , , , , , , , , , , , , ,	FINANCIA L SUMMARY IN THE JOURNAL FOR ITS MEMBERS THE CONFLICT OF INTEREST DOCUMENT IS NOT PUBLISH ED BUT IS RETAINED AS AN INTERNAL DOCUMENT BY THE COMPANY THE FORM 990 AND FINANCIAL STAT EMENTS ARE AVAILABLE VIA WWW GUIDESTAR COM AND THE MASSACHUSETTS ATTONEY
	FORM 990, PART XI, LINE 9	PENSION COST ADJUSTMENT 18,300,063

DLN: 93493283011194

OMB No 1545-0047

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SCHEDULE R

(Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

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

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

04-1653090

(b) (d) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity (1) TWO BATTERYMARCH LLC LEASED PROPERTY MΑ -305,489 17,105,508 NATIONAL FIRE PROTECTION 2 BATTERYMARCH PARK ASSOCIATION QUINCY, MA 02169 04-1653090 (2) THREE BATTERYMARCH LLC LEASED PROPERTY 568,209 NATIONAL FIRE PROTECTION 3 BATTERYMARCH PARK ASSOCIATION QUINCY, MA 02169 20-0580136 Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section (13) co enti	512(b) ntrolled
						Yes	No
	TO PROMOTE RESEARCH DEVELOPMENT	MA	501 (C) 3	LINE 9	NATIONAL FIRE PROTECTION ASSOCIATION		No
52-1256543							
	·	0 · N F04			0 0 /=		

(a) Name, address, and EIN of related organization		(b) Primary activ	(c) Legal domicile (state o foreign country)	r entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets		prtionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	j) eral or aging ener?	(k) Percentag ownersh
					314)			Yes	No		Yes	No	
]
Identification of Related Org line 34 because it had one or m								swere	d "Yes	" on Form	990,	Part	IV,
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreig country)	n	(d) Direct controllin entity	(e) Type of entit (C corp, S corp, or trust)	y Share of income	total Share e of	(g) e of end -year ssets		(h) ercentage wnership	Section (b) cont	i) on 512 (13) rolled tity?	2
		I		<u> </u>	1				_		Yes		No
								+				+	

Part	I ransactions with Related Organizations Complete if the organization ans	wered "yes" on For	m 990, Part IV,	iine 34, 35b, or 36.				
No	te. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No	
1 Durır	g the tax year, did the orgranization engage in any of the following transactions with one or more	related organizations	listed in Parts II-I	V?				
a Re	ceipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a	Yes		
b G	ft, grant, or capital contribution to related organization(s)				1b	Yes		
c Gı	c Gift, grant, or capital contribution from related organization(s)							
d Lo	d Loans or loan guarantees to or for related organization(s)							
e Lo	ans or loan guarantees by related organization(s)				1e		No	
f Di	vidends from related organization(s)				1f		No	
g Sa	le of assets to related organization(s)				1 g		No	
h Pu	rchase of assets from related organization(s)				1h		No	
i Ex	change of assets with related organization(s)				1i		No	
i Le	ase of facilities, equipment, or other assets to related organization(s)				1j	Yes		
-								
k Lease of facilities, equipment, or other assets from related organization(s)								
Performance of services or membership or fundraising solicitations for related organization(s)								
m Performance of services or membership or fundraising solicitations by related organization(s)								
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)								
o Sh	aring of paid employees with related organization(s)				10	Yes		
p Re	imbursement paid to related organization(s) for expenses				1 p		No	
q Re	embursement paid by related organization(s) for expenses				1q	Yes		
r Ot	her transfer of cash or property to related organization(s)				1r		No	
s 01	her transfer of cash or property from related organization(s)				1s		No	
2 If	the answer to any of the above is "Yes," see the instructions for information on who must comple	te this line, including	covered relationshi	ps and transaction thresholds				
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amo	volved			
L) (2) Th	E FIRE PROTECTION RESEARCH FOUNDATION	В	210,000	CODE FUND				
2) (3) Th	E FIRE PROTECTION RESEARCH FOUNDATION	L	94,000	RESEARCH AND CONTRACTS				
3) (4) Th	E FIRE PROTECTION RESEARCH FOUNDATION	М	100,000	RESEARCH AND CONTRACTS				
4) (7) THE FIRE PROTECTION RESEARCH FOUNDATION Q 704,534 PAYROLL_EXPENSES_RENT								

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

revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income (g) Share of end-of-year assets		(h) Disproprtionate allocations?		(i) Code V?UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
]	
												\Box	
												\Box	
	•												

Schedule R (Form 990) 2013

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2013