

Form **990****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

2003Department of the Treasury
Internal Revenue Service

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

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

Open to Public Inspection

A For the 2003 calendar year, or tax year beginning

and ending

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization**THE INSTITUTE FOR FINANCIAL MARKETS**

Number and street (or P.O. box if mail is not delivered to street address)

2001 PENNSYLVANIA AVENUE, N.W.

Room/suite

600

City or town, state or country, and ZIP + 4

WASHINGTON, DC 20006-1807**D** Employer identification number**52-1634508****E** Telephone number**(202) 223-1528****F** Accounting method☐ Cash☒ Accrual

Other (specify) ▶

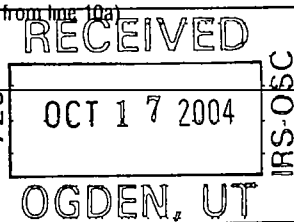
• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and **I** are not applicable to section 527 organizations.**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶**H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No

(If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶**M** Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).**G** Website: ▶ **HTTP://WWW.THEIFM.ORG****J** Organization type (check only one) ☒ 501(c) (**3**) (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶**937,655.****Part I. Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1	Contributions, gifts, grants, and similar amounts received:					
	a	Direct public support	1a	214,842.			
	b	Indirect public support	1b	80,000.			
	c	Government contributions (grants)	1c				
	d	Total (add lines 1a through 1c) (cash \$ 294,842. noncash \$)			1d	294,842.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	639,777.	
	3	Membership dues and assessments			3		
	4	Interest on savings and temporary cash investments			4		
	5	Dividends and interest from securities			5	3,036.	
	6a	Gross rents	6a				
	b	Less: rental expenses	6b				
	c	Net rental income or (loss) (subtract line 6b from line 6a)			6c		
7	Other investment income (describe ▶)			7			
Expenses	8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
	b	Less: cost or other basis and sales expenses	8a				
	c	Gain or (loss) (attach schedule)	8b				
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c				
	8d						
	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>					
	a	Gross revenue (not including \$ of contributions reported on line 1a)	9a				
	b	Less: direct expenses other than fundraising expenses	9b				
	c	Net income or (loss) from special events (subtract line 9b from line 9a)			9c		
	10a	Gross sales of inventory, less returns and allowances	10a				
	b	Less: cost of goods sold	10b				
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			10c		
Net Assets	11	Other revenue (from Part VII, line 103)			11		
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	937,655.	
	13	Program services (from line 44, column (B))			13	767,086.	
	14	Management and general (from line 44, column (C))			14	300,666.	
	15	Fundraising (from line 44, column (D))			15		
	16	Payments to affiliates (attach schedule)			16		
	17	Total expenses (add lines 16 and 44, column (A))			17	1,067,752.	
	18	Excess or (deficit) for the year (subtract line 17 from line 12)			18	<130,097.>	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	827,368.	
	20	Other changes in net assets or fund balances (attach explanation)			20	92,570.	
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21	789,841.	



SEE STATEMENT 1

323001 12-17-03 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2003)

Part III Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Page 2

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
22	Grants and allocations (attach schedule)					
	cash \$ _____ noncash \$ _____					
23	Specific assistance to individuals (attach schedule)					
24	Benefits paid to or for members (attach schedule)					
25	Compensation of officers, directors, etc.	158,806.	79,403.	79,403.	0.	
26	Other salaries and wages	321,912.	292,512.	29,400.		
27	Pension plan contributions	18,175.	16,495.	1,680.		
28	Other employee benefits	29,940.	23,639.	6,301.		
29	Payroll taxes	29,477.	23,644.	5,833.		
30	Professional fundraising fees					
31	Accounting fees	19,550.		19,550.		
32	Legal fees	7,585.		7,585.		
33	Supplies	5,165.	1,753.	3,412.		
34	Telephone	5,809.	219.	5,590.		
35	Postage and shipping	10,651.	3,157.	7,494.		
36	Occupancy	2,236.		2,236.		
37	Equipment rental and maintenance	27,651.	12,922.	14,729.		
38	Printing and publications	51,657.	50,983.	674.		
39	Travel					
40	Conferences, conventions, and meetings	90,308.	59,015.	31,293.		
41	Interest					
42	Depreciation, depletion, etc. (attach schedule)	6,279.		6,279.		
43	Other expenses not covered above (itemize):					
a	_____	43a				
b	_____	43b				
c	_____	43c				
d	_____	43d				
e	SEE STATEMENT 2	43e	282,551.	203,344.	79,207.	
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	1,067,752.	767,086.	300,666.	0.

Joint Costs. Check ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

Yes ☐ No ☒

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____;

(iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____.

Part III Statement of Program Service AccomplishmentsWhat is the organization's primary exempt purpose? ☐**PUBLIC EDUCATION**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
 (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)

a	EDUCATIONAL & RESEARCH MATERIALS, INCLUDING PRODUCT DEVELOPMENT.	
	SEE STATEMENT 6	
	(Grants and allocations \$ _____)	169,663.
b	ETHICS TRAINING	
	SEE STATEMENT 6	
	(Grants and allocations \$ _____)	421,016.
c	DATA CENTER	
	SEE STATEMENT 6	
	(Grants and allocations \$ _____)	26,067.
d	OTHER SEMINARS AND COURSES	
	SEE STATEMENT 6	
	(Grants and allocations \$ _____)	82,359.
e	Other program services (attach schedule) STATEMENT 3	(Grants and allocations \$ _____) 67,981.
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	767,086.

Part IV Balance Sheets

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing	8,880.	45 41,395.
	46 Savings and temporary cash investments	784,362.	46 728,188.
	47 a Accounts receivable	47a 119,939.	47c 109,847.
	b Less: allowance for doubtful accounts	47b 10,092.	
	48 a Pledges receivable	48a	48c
	b Less: allowance for doubtful accounts	48b	
	49 Grants receivable		49
	50 Receivables from officers, directors, trustees, and key employees		50
	51 a Other notes and loans receivable	51a	51c
	b Less: allowance for doubtful accounts	51b	
	52 Inventories for sale or use	23,561.	52 31,351.
	53 Prepaid expenses and deferred charges	13,755.	53 15,208.
	54 Investments - securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54
	55 a Investments - land, buildings, and equipment; basis	55a	55c
	b Less: accumulated depreciation	55b	
56 Investments - other		56	
57 a Land, buildings, and equipment; basis	57a 102,230.	57c 5,875.	
b Less: accumulated depreciation STMT 4	57b 96,355.		
58 Other assets (describe <input type="checkbox"/>)		58	
59 Total assets (add lines 45 through 58) (must equal line 74)		952,960.	59 931,864.
Liabilities	60 Accounts payable and accrued expenses	109,592.	60 126,023.
	61 Grants payable		61
	62 Deferred revenue	16,000.	62 16,000.
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable		64b
	65 Other liabilities (describe <input type="checkbox"/>)		65
	66 Total liabilities (add lines 60 through 65)	125,592.	66 142,023.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	827,368.	67 789,841.
	68 Temporarily restricted		68
	69 Permanently restricted		69
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		70
	71 Paid-in or capital surplus, or land, building, and equipment fund		71
	72 Retained earnings, endowment, accumulated income, or other funds		72
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	827,368.	73 789,841.
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	952,960.	74 931,864.	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total revenue, gains, and other support per audited financial statements	a	1,223,525.
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments \$ 92,570.		
(2)	Donated services and use of facilities \$ 193,300.		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify): \$		
	Add amounts on lines (1) through (4)	b	285,870.
c	Line a minus line b	c	937,655.
d	Amounts included on line 12, Form 990 but not on line a :		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify): \$		
	Add amounts on lines (1) and (2)	d	0.
e	Total revenue per line 12, Form 990 (line c plus line d)	e	937,655.

a	Total expenses and losses per audited financial statements	a	1,261,052.
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities \$ <u>193,300.</u>		
(2)	Prior year adjustments reported on line 20, Form 990 \$ _____		
(3)	Losses reported on line 20, Form 990 \$ _____		
(4)	Other (specify): \$ _____		
	Add amounts on lines (1) through (4)	b	193,300.
c	Line a minus line b	c	1,067,752.
d	Amounts included on line 17, Form 990 but not on line a :		
(1)	Investment expenses not included on line 6b, Form 990 \$ _____		
(2)	Other (specify): \$ _____		
	Add amounts on lines (1) and (2)	d	0.
e	Total expenses per line 17, Form 990 (line c plus line d)	e	1,067,752.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated.)

[illegible]

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule. ☒ Yes ☐ No

STMT 5

Part VI Other Information

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization FUTURES INDUSTRY ASSOCIATION, INC. and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a	Enter direct or indirect political expenditures. See line 81 instructions	81a	0.
b	Did the organization file Form 1120-POL for this year?	81b	X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	193,300.
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	N/A
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
90 a	List the states with which a copy of this return is filed DISTRICT OF COLUMBIA, ILLINOIS, NY	90b	4
b	Number of employees employed in the pay period that includes March 12, 2003		
91	The books are in care of THE ORGANIZATION Telephone no. 202-466-5460		

Located at **2001 PENNSYLVANIA AVE., NW WASHINGTON, DC**ZIP + 4 **20006-1807**92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here
and enter the amount of tax-exempt interest received or accrued during the tax year

92

N/A

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a PROGRAM MATERIAL SALES					566,865.
b REG. & CONF. FEES					72,157.
c DEVELOP & SURVEY FEES					755.
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	3,036.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		3,036.	639,777.
105 Total (add line 104, columns (B), (D), and (E))					642,813.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
1	SEE STATEMENT 6

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

11/04 Jeffrey Morgan Chief Operating Officer

Date 10/1/04 Check if self-prepared Preparer's SSN or PTIN

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

► **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2003

Name of the organization

THE INSTITUTE FOR FINANCIAL MARKETS

Employer identification number

52 1634508

Part I

Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<u>MYRTLE A. MAJOR</u>	<u>ADMIN. MGR</u>			
<u>CHEVERLY, MD</u>	<u>40</u>	<u>73,500.</u>	<u>10,118.</u>	<u>0.</u>
<u>JOHN SANAGHAN</u>	<u>DIRECTOR EDU.</u>			
<u>WASHINGTON, DC</u>	<u>40</u>	<u>101,500.</u>	<u>11,408.</u>	<u>0.</u>
<u>PATRICIA FOSHEE</u>	<u>DIRECTOR SALE</u>			
<u>SPRINGFIELD, VA</u>	<u>40</u>	<u>79,000.</u>	<u>10,478.</u>	<u>0.</u>
Total number of other employees paid over \$50,000	<u>0</u>			

Part II

Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>NONE</u>		
Total number of others receiving over \$50,000 for professional services	<u>0</u>	

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

- 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

- 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)

a Sale, exchange, or leasing of property?

2a X

b Lending of money or other extension of credit?

2b X

c Furnishing of goods, services, or facilities?

2c X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990

2d X

e Transfer of any part of its income or assets?

2e X

- 3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)

3a X

b Do you have a section 403(b) annuity plan for your employees?

3b X

- 4 Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?

4 X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)

(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

Part IV**Support Schedule:** (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	282,667.	348,909.	441,337.	483,130.	1,556,043.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	695,509.	974,029.	713,940.	825,267.	3,208,745.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	4,909.	27,694.	6,968.	28,342.	67,913.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	983,085.	1,350,632.	1,162,245.	1,336,739.	4,832,701.
24 Line 23 minus line 17	287,576.	376,603.	448,305.	511,472.	1,623,956.
25 Enter 1% of line 23	9,831.	13,506.	11,622.	13,367.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a N/A
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c N/A
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					26d N/A
e Public support (line 26c minus line 26d total)					26e N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f N/A %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2002) 237,000. (2001) 287,000. (2000) 365,000. (1999) 425,000.					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2002) 0. (2001) 0. (2000) 0. (1999) 0.					
c Add: Amounts from column (e) for lines: 15 1,556,043. 16 _____ 17 3,208,745. 20 _____ 21 _____					27c 4,764,788.
d Add: Line 27a total 1,314,000. and line 27b total 0.					27d 1,314,000.
e Public support (line 27c total minus line 27d total)					27e 3,450,788.
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) ▶ 27f 4,832,701.					
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 71.4050%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h 1.4053%
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

**Private School Questionnaire** (See page 7 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
<hr/>		
<hr/>		
<hr/>		
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
<hr/>		
<hr/>		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
<hr/>		
<hr/>		
<hr/>		
34 a Does the organization receive any financial aid or assistance from a governmental agency?		
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

Schedule A (Form 990 or 990-EZ) 2003

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

N/A

(To be completed **ONLY** by an eligible organization that filed Form 5768)Check ☒ **a** if the organization belongs to an affiliated group.Check ☐ **b** if you checked "a" and "limited control" provisions apply.**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations												
		N/A													
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36													
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37													
38	Total lobbying expenditures (add lines 36 and 37)	38													
39	Other exempt purpose expenditures	39													
40	Total exempt purpose expenditures (add lines 38 and 39)	40													
41	Lobbying nontaxable amount. Enter the amount from the following table -														
<table border="0"> <tr> <td>If the amount on line 40 is -</td> <td>The lobbying nontaxable amount is -</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>		If the amount on line 40 is -	The lobbying nontaxable amount is -	Not over \$500,000	20% of the amount on line 40	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 40 is -	The lobbying nontaxable amount is -														
Not over \$500,000	20% of the amount on line 40														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
42	Grassroots nontaxable amount (enter 25% of line 41)	42													
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43													
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44													

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h.)

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
		0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

PORT
FORM 990 PAGE 2

FORM 990 PAGE 2

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
1	MANAGEMENT AND GENERAL FURNITURE AND EQUIPMENT			000	16	102,230.			102,230.	90,076.		6,279.
	* 990 PAGE 2 TOTAL											
	MANAGEMENT AND GENERAL					102,230.		0.	102,230.	90,076.	0.	6,279.
	* GRAND TOTAL 990 PAGE											
	2 DEPR					102,230.		0.	102,230.	90,076.	0.	6,279.

(D) • Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	1
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DESCRIPTION

AMOUNT

UNREALIZED GAIN ON INVESTMENTS

92,570.

TOTAL TO FORM 990, PART I, LINE 20

92,570.

FORM 990

OTHER EXPENSES

STATEMENT 2

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
BAD DEBT	4,650.		4,650.	
INSURANCE	3,344.		3,344.	
TAXES & LICENSES	1,989.		1,989.	
BANK CHARGES	7,515.		7,515.	
CONSULTING & CONTRACT SERVICES	263,196.	201,487.	61,709.	
DATA PROCESSING & INFORMATION SERVICES	1,857.	1,857.		
TOTAL TO FM 990, LN 43	282,551.	203,344.	79,207.	

FORM 990	OTHER PROGRAM SERVICES	STATEMENT	3
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DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
PRODUCT MARKETING AND DEVELOPMENT		67,981.
TOTAL TO FORM 990, PART III, LINE E		67,981.

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	4
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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
FURNITURE AND EQUIPMENT	102,230.	96,355.	5,875.
TOTAL TO FORM 990, PART IV, LN 57	102,230.	96,355.	5,875.

FORM 990 **PART V - OFFICER COMPENSATION FROM** **STATEMENT** **5**
RELATED ORGANIZATIONS

<u>OFFICER'S NAME</u>	<u>NAME OF RELATED ORGANIZATION</u>	<u>COMPEN- SATION</u>	<u>EMPLOYEE BEN PLAN CONTRIB</u>	<u>EXPENSE ACCOUNT</u>
JOHN M. DAMGARD	FUTURES INDUSTRY ASSOCIATION, INC.	725,895.	178,724.	0.

FORM 990	PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES	STATEMENT	6
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LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	EDUCATIONAL & RESEARCH MATERIALS TO (1) INCREASE GENERAL UNDERSTANDING OF THE FUTURES AND OPTIONS MARKET (2) IMPROVE THE COMPETENCE OF FINANCIAL SERVICES PERSONNEL TO DEAL WITH THE PUBLIC
93B	COURSES & SEMINARS TO (1) IMPROVE THE COMPETENCE OF FINANCIAL SERVICES PERSONNEL AND (2) PROVIDE ETHICS TRAINING TO COMPLY WITH CFTC REGULATIONS
93C	NEW PROGRAMS TO (1) IMPROVE THE COMPETENCE OF FINANCIAL SERVICES PERSONNEL AND (2) PROVIDE ETHICS TRAINING TO OTHER FINANCIAL SERVICES PERSONNEL

<u>OFFICERS AND DIRECTORS</u>	<u>HRS/WK</u>	<u>COMPENSATION</u>
MARGARET M EISEN CHAIRMAN HARBOR HILLS CAPITAL 909 THIRD AVENUE NEW YORK, NY 10022	1	0
THOMAS A RUSSO VICE CHAIRMAN LEHMAN BROTHER INC 745 SEVENTH AVENUE 31ST FLOOR NEW YORK, NY 10019	1	0
GERALD TELLEFSEN SECRETARY/TREASURER TELLEFSEN CONSULTING GROUP 39 BROADWAY SUITE 750 NEW YORK, NY 10006	1	0
PETER F BORISH DIRECTOR ONECHICAGO 1285 AVENUE OF THE AMERICAS 35TH FLOOR NEW YORK, NY 10019	1	0
ALGER B CHAPMAN DIRECTOR ABN AMRO FINANCIAL SERVICES 208 LASALLE STREET 2ND FLOOR CHICAGO, IL 60604	1	0
J ROBERT COLLINS DIRECTOR NEW YORK MERCANTILE EXCHANGE ON NORTH END AVENUE NEW YORK, NY 10282	1	0

JOHN M DAMGARD
FUTURES INDUSTRY ASSOCIATION, INC
2001 PENNSYLVANIA AVENUE, NW
WASHINGTON, DC 20006

1

0

DANIEL A DRISCOLL
NATIONAL FUTURES ASSOCIATION
200 WEST MADISON STREET
SUITE 1150
CHICAGO, IL 60606

1

0

W ROBERT FELKER
BANC ONE BROKERAGE INTERNATIONAL CORP
1 BANC ONE PLAZA
SUITE 401
CHICAGO, IL 60670

1

0

LAURIE R FERBER
GOLDMAN SACHS & CO
85 BOARD STREET
4TH FLOOR
NEW YORK, NY 10004

1

0

RUDOLF FERSCHA
EUREX FRANKFURT AG
NEUE BORSENSTRASSE 1
FRANKFURT 60487
GERMANY

1

0

SCOTT GORDON
TOKYO-MITSUBISHI FUTURES
30 SOUTH WASKER DRIVE
SUITE 3910
CHICAGO, IL 60606

1

0

ARTHUR W HAHN
KATTEN MUCHIN ZAVIS ROSENMAN
525 WEST MONROE STREET
SUITE 1600
CHICAGO, IL 60661

1

0

DAVID M HARDY
THE LONDON CLEARING HOUSE LTD
ALDGATE HOUSE
33 ALDGATE HIGH STREET
LONDON EC3N 1EA
ENGLAND

1

0

EDWARD A KWALWASSER
NEW YORK STOCK EXCHANGE
11 WALL STREET

ROOM 622 NEW YORK, NY 10005	1	0
MARC E LACKRITZ SECURITIES INDUSTRY ASSOCIATION 1425 K STREET, NW 7TH FLOOR WASHINGTON, DC 20005	1	0
ROBERT G PICKEL INTERNATIONAL SWAPS AND DERIVATIVES ASSOC INC 360 MADISON AVENUE 16TH FLOOR NEW YORK, NY 10017	1	0
PAUL SALTZMAN THE BOND MARKET ASSOCIATION 360 MADISON AVENUE 17TH FLOOR NEW YORK, NY 10017	1	0
MARY L SCHAPRIO PRESIDENT, REGULATORY POLICY AND OVERSIGHT 1735 K STREET, NW WASHINGTON, DC 2006	1	0
NEAL SHEAR MORGAN STANLEY 1585 BROADWAY 4TH FLOOR NEW YORK, NY 10036	1	0
JOSEPH ZARANDONA 4 PURDUE ROAD EDSION, NJ 08820	1	0

A. THE RELATED PARTIES

THE INSTITUTE FOR FINANCIAL MARKETS ("IFM" OR "THE INSTITUTE") IS AFFILIATED WITH THE FUTURE INDUSTRY ASSOCIATION, DIVISIONS AND CHAPTERS OF THE FUTURES INDUSTRY ASSOCIATION, AND CONTROLLED OPERATIONS OF THE ASSOCIATION

THE FUTURES INDUSTRY ASSOCIATION ("FIA" OR "THE ASSOCIATION"), WITH HEADQUARTERS IN WASHINGTON, DC, IS AN INTERNATIONAL MEMBERSHIP ASSOCIATION THAT REPRESENT ORGANIZATION WITH AN INTEREST IN THE US AND INTERNATIONAL FUTURES MARKETS IN REGULATORY, BUSINESS, EXCHANGES AND LEGISLATIVE MATTERS. FIA WAS INCORPORATED AS A NEW YORK NONPROFIT CORPORATION ON MARCH 31, 1955, AS THE ASSOCIATION OF COMMODITY EXCHANGE FIRMS. FIA IS GOVERNED BY A 32-MEMBER BOARD OF DIRECTORS WHICH INCLUDES REPRESENTATIVE (FCMS), MANAGED MONEY FIRMS AND OTHER ASSOCIATE MEMBERS, AND TWO PUBLIC DIRECTORS. FIA IS A NEW YORK NONPROFIT CORPORATION EXEMPT FROM TAXES UNDER SECTION 501 C 6 OF THE INTERNAL REVENUE CODE

IN 1989, FIA INCORPORATED THE FUTURES INDUSTRY INSTITUTE TO ASSUME FIA'S EDUCATIONAL PROGRAMS. IN 2002, FUTURES INDUSTRY INSTITUTE CHANGED THEIR NAME TO THE INSTITUTE FOR FINANCIAL MARKETS. IFM'S MISSION IS TO BE PREMIER SOURCE OF QUALITY INFORMATION AND EDUCATION RELATED TO FUTURES, OPTIONS AND OTHER DERIVATIVES THE IFM IS NOT A MEMBERSHIP ORGANIZATION AND IS GOVERNED BY A 26-MEMBER BOARD OF TRUSTEES THE IFM IS A DISTRICT OF COLUMBIA NONPROFIT CORPORATION EXEMPT FROM TAXES UNDER SECTION 501C3 OF THE INTERNAL REVENUE CODE WHICH HAS BEEN DESIGNATED AS A PUBLICLY-SUPPORTED ORGANIZATION BY THE US INTERNAL REVENUE SERVICE.

THE ASSOCIATION ALSO SPONSORS FOUR DIVISIONS AND CHAPTERS WHOSE PURPOSES ARE TO ADDRESS CONCERNS OF SPECIFIC SEGMENT OF THE FUTURES COMMUNITY AND TO CONTRIBUTE TO ASSOCIATION'S POLICY.

B. GOVERNANCE: DIRECTOR AND OFFICES

IFM'S BYLAWS PROVIDE THAT "THERE SHALL BE A BOARD OF TRUSTEES OF THE INSTITUTE, WHICH SHALL MANAGE, SUPERVISE AND CONTROL THE BUSINESS, PROPERTY AND AFFAIRS OF THE INSTITUTE" UNDER THE TERMS OF THE IFM'S BYLAWS, THE FIA EXERCISES CONTROL OVER THE INSTITUTE'S BOARD OF TRUSTEES IN THE FOLLOWING AREAS:

1 MEMBERSHIP OF THE BOARD OF TRUSTEES

THE IFM BYLAWS PROVIDE:

AT LEAST A MAJORITY OF THE BOARD OF TRUSTEES SHALL BE COMPOSED OF INDIVIDUALS SELECTED BY THE BOARD OF DIRECTORS OF THE FUTURES INDUSTRY ASSOCIATION, INC. (HEREINAFTER THE "ASSOCIATION") HOWEVER, IN NO EVENT DOSE THE ASSOCIATION HAVE THE RIGHT TO SELECT 80 PERCENT OF MORE OF THE MEMBERS OF THE INSTITUTE BOARD OF TRUSTEES. THE CHAIRMAN AND PRESIDENT OF THE ASSOCIATION AND THE DIRECTOR OF THE INSTITUTE SHALL SERVE AS EX OFFICIO MEMBERS OF THE BOARD. VACANCIES, AS THEY OCCUR ON THE BOARD OF TRUSTEES...SHALL BE FILLED BY ACT OF A MAJORITY OF THE DIRECTORS OF THE ASSOCIATION OR BY A MAJORITY OF TRUSTEES OF THE INSTITUTE, BUT ALWAYS IN A MANNER THAT A MAJORITY OF THE TRUSTEES IS ELECTED BY THE ASSOCIATION. TO BE ELIGIBLE FOR ELECTION TO THE BOARD A CANDIDATE MUST HAVE KNOWLEDGE OF THE FINANCIAL SERVICES INDUSTRY AND FUTURES MARKETS. IF THE NOMINEE WORKS FOR A FUTURES COMMISSION MERCHANT MUST BE A MEMBER OF THE ASSOCIATION. (ARTICLE IV(B))

2 REMOVAL FROM THE BOARD OF TRUSTEES

THE INSTITUTE'S BYLAWS FURTHER PROVIDE THE "THE ASSOCIATION MAY REMOVE A TRUSTEE OF THE INSTITUTE WITHOUT CAUSE OF NOTICE BY A MAJORITY VOTE OF THE BOARD OF THE ASSOCIATION". (ARTICLE IV(E))

3 COMMON OFFICERS

ARTICLE V OF THE IFM BYLAWS PROVIDE THAT THE OFFICER OF THE INSTITUTE SHALL BE A CHAIRMAN, PRESIDENT, SECRETARY, TREASURER AND SUCH OTHER OFFICERS DEEMED NECESSARY. ARTICLE V C PROVIDES "THE CHAIRMAN OF THE INSTITUTE SHALL BE APPOINTED FROM AMONG THE TRUSTEES BY THE CHAIRMAN OF THE ASSOCIATION WITH THE APPROVAL OF THE BOARD OF DIRECTORS OF THE ASSOCIATION".

C. OPERATING GRANT

SINCE ITS INCEPTION, FIA HAS PROVIDED AN ANNUAL OPERATING GRANT TO THE INSTITUTE. IN 2003, PURSUANT TO AN ANNUAL BUDGET APPROVAL BY THE FIA'S BOARD OF DIRECTORS, THE ASSOCIATION GAVE THE INSTITUTE AN ANNUAL CASH OPERATING GRANT IN THE AMOUNT OF \$80,000. IN ADDITION, FIA PROVIDES CONTRIBUTIONS IN-KIND TO IFM IN FORM OF OFFICE SPACE, ADMINISTRATIVE AND PROFESSIONAL SERVICES. THE NATURE OF THESE SERVICES WERE VALUE AT \$193,300 IN 2003.

D. SHARED FACILITIES

THE OFFICES OF THE ASSOCIATION AND THE INSTITUTE ARE CO-LOCATED A 2001 PENNSYLVANIA AVENUE, SUITE 600, WASHINGTON, DC 20006, IN OFFICE SPACE LEASED BY THE ASSOCIATION. THE FIA LEASES A TOTAL OF 6,676 NET RENTAL SQUARE FEET OF SPACE (AS THE TERM IS DEFINED BY THE WASHINGTON BOARD OF REALTORS), CONSISTING OF 3,162 OFFICE SPACE, 2,360 COMMON SPACE, 1,154 BUILDING CORE SPACE. IN 2003 FIA RENTED ADDITIONAL COMMON STORAGE SPACE FOR FIA AND IFM.

IN 2003, IFM OCCUPIED APPROXIMATELY 1,371 SQUARE FEET OF OFFICE SPACE, WHICH REPRESENT 40% OF THE OFFICE SPACE. IFM USED APPROXIMATELY 1/2 HALF OF THE STORAGE SPACE.

1 RENT

DURING 2003, FIA INCURRED RENT COSTS OF \$338,235 FOR OFFICES AND STORAGE. AT 40%, THE MARKET VALUE OF THE OFFICE SPACE OCCUPIED BY IFM WAS \$128,800

2 OFFICE SERVICES

THE FIA DID NOT CHARGE OR ALLOCATE ANY COSTS TO IFM FOR ANY COMMON OFFICE SERVICES THAT THE ASSOCIATION WOULD HAVE TO PROVIDE FOR ITSELF IN THE SHARED OFFICE SPACE. IN 2003, THE ASSOCIATION PROVIDED THE INSTITUTE WITH ACCESS TO OFFICE SYSTEMS AND EQUIPMENT, INCLUDING:

- a TELEPHONE
- b COPIERS
- c FACSIMILE MACHINES
- d POSTAGE METER
- e EXPRESS SHIPPING
- f COURIER SERVICES
- g THE FIA LOCAL AREA NETWORK
- h OFFICE SECURITY
- i OFFICE DESIGNED AND RENOVATION

- J POSTAL PERMITS
- k KITCHEN

THE ACCESS IS PROVIDED AT NO CHARGE TO THE IFM FOR USE OF AND MAINTENANCE OF THE SYSTEMS OR FOR THE SUPPLIES ORDERED FOR THOSE SYSTEMS. CONVERSELY, THE IFM MAINTAINS A BULK SHIPPING ACCOUNT FOR PROGRAM MATERIAL SHIPMENTS AND PERMITS FIA TO USE THE ACCOUNT.

THE INSTITUTE REIMBURSES THE FIA FOR THOSE ADDITIONAL COSTS PAID BY FIA FROM THE FOREGOING LIST THAT REPRESENT DIRECT EXPENSES OF THE IFM THE COSTS ARE ALLOCATED TO IFM BASED ON REPORTS OF ACTUAL USAGE. THE CHARGES ARE:

- a LONG DISTANT TELEPHONE AND FACSIMILE CHARGES
- b EXPRESS SHIPPING
- c POSTAGE USED

G ADMINISTRATIVE SERVICES

THE FIA STAFF PROVIDED ADMINISTRATIVE THE FOLLOWING SERVICES IN 2003:

- 1 PERSONNEL ADMINISTRATION
- 2 FINANCIAL MANAGEMENT, ACCOUNTING AND BOOKKEEPING SERVICES
- 3 PAYROLL AND BENEFITS ADMINISTRATION
- 4 RECEPTION, HOUSEKEEPING AND OFFICE MANAGEMENT

E OTHER FIA GRANTS IN-KIND

AS PART OF ITS EXEMPT PURPOSE PROGRAMS, THE FIA SPONSORS CONFERENCES FIA PERMITS THE IFM STAFF TO ATTEND FIA CONFERENCES AND PROGRAMS AND TO DISPLAY ITS EXHIBITS AT NO COSTS ON A SPACE AVAILABLE BASIS. IF IFM DOES NOT RECORD THE CORRESPONDING CONFERENCE FEES AS EITHER INCOME OR EXPENSE. THE FIA DOES NOT RECORD THE VALUE OF THESE FEES AS EITHER INCOME OR EXPENSE.

IN ADDITIONS, FIA PUBLISHES A MAGAZINE, THE FUTURES INDUSTRY AND ACCEPTS PAID ADVERTISING. FIA PERMITS THE IFM TO ADVERTISE INSTITUTES PROGRAMS IN FUTURES INDUSTRY MAGAZINE AT NO COSTS ON A SPACE AVAILABLE BASIS. THE IFM DOES NOT RECORD THE VALUE OF THE ADVERTISING AS EITHER ADVERTISING EXPENSE AND GRANT INCOME. IF THE FIA HAD REQUIRED THE IFM TO PAY FOR THESE ADVERTISEMENTS, THE READ CARD VALUE OF IFM ADVERTISEMENTS IN 2003 WOULD HAVE BEEN \$50,300.

• If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.

Type or print. File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer identification number
	THE INSTITUTE FOR FINANCIAL MARKETS	52-1634508
	Number, street, and room or suite no. If a P.O. box, see instructions 2001 PENNSYLVANIA AVENUE, N.W., NO. 600	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions WASHINGTON, DC 20006-1807	

Check type of return to be filed (File a separate application for each return).

☒ Form 990 ☐ Form 990-EZ ☐ Form 990-T (sec. 401(a) or 408(a) trust) ☐ Form 1041-A ☐ Form 5227 ☐ Form 8870
☐ Form 990-BL ☐ Form 990-PF ☐ Form 990-T (trust other than above) ☐ Form 4720 ☐ Form 6069

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• If the organization does **not** have an office or place of business in the United States, check this box ☐
 • If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the **whole** group, check this box ☐. If it is for **part** of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until NOVEMBER 15, 2004
- 5 For calendar year 2003, or other tax year beginning _____ and ending _____
- 6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO GATHER ALL INFORMATION REQUIRED TO FILE A COMPLETE AND ACCURATE RETURN.
- 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____
- b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____
- c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Margaret A. Bradshaw CPA/AGENT Date 8/11/04

Notice to Applicant - To Be Completed by the IRS

- ☐ We have approved this application. Please attach this form to the organization's return
- ☐ We have **not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return
- ☐ We have **not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period
- ☐ We **cannot** consider this application because it was filed after the due date of the return for which an extension was requested.
- ☐ Other _____

By: _____

Director

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print. 323832 05-01-03	Name
	GRANT THORNTON LLP - PEGGY BRADSHAW
	Number and street (include suite, room, or apt. no.) Or a P.O. box number 2070 CHAIN BRIDGE ROAD, SUITE 300
	City or town, province or state, and country (including postal or ZIP code) VIENNA, VA 22182

EXTENSION APPROVED
AUG 26 2004
FIELD DIRECTOR,
SUBMISSION PROCESSING, OGDEN

Application for Extension of Time To File an
Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ☒
- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form)

Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)Note: Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print	Name of Exempt Organization	Employer identification number
	THE INSTITUTE FOR FINANCIAL MARKETS	52-1634508
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 2001 PENNSYLVANIA AVENUE, N.W., NO. 600	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20006-1807	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until AUGUST 16, 2004

to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☒ calendar year 2003 or► ☐ tax year beginning _____, and ending _____2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____

c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ N/A**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ► Margaret A. Bradshaw CPA/AGENTDate ► 5/15/04

LHA For Paperwork Reduction Act Notice, see instruction

Form 8868 (12-2000)