Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 Open to Public

Department of the Treasury

	Interna	al Revenue Service	► The organization may	have to use a copy of thi	s return to satisf	y state reporting re	equirements. Inspection
	A Fo	or the 200 <u>4 cales</u>	ndar year, or tax year beginnin	g	, 20	04, and ending	<u> </u>
	B Chec	ck if applicable: Please	C Name of organization				D Employer identification number
		Address use IRS	-	NANCIAL MARKETS			52-1634508
		Name change print or	Number and street (or D.O. be		street address)	Room/suite	E Telephone number
		initial return type.	1		,		-
	H	See See	2001 PENNSYLVANIA AVI	PRITTE NIW		600	(202)223-1528
	H	Amended Specific				1.000	F Accounting method: Cash X Accrual
	\vdash	Application tions.	WASHINGTON, DC 20006				Other (specify)
	لــا	pending			haritabla	H and I are not an	olicable to section 527 organizations.
			ection 501(c)(3) organizations and usts must attach a completed Sch			, ,	p return for affiliates? Yes X No
	C 14	_	•	· · · · · · · · · · · · · · · · · · ·			r number of affiliates
			P://WWW.THEIMF.ORG	(mand ma) 40.47(a)(1)	527	' '	
			heck only one) ▶ 🗶 501(c) (3) ◀			H(c) Are all affiliate (if "No," attac	h a list See instructions.)
		heck here	if the organization's gross receipts	•		H(d) is this a separa	
		-	ot file a return with the IRS, but if the	-			vered by a group ruling? Yes X No
	in	the mail, it should	file a return without financial data. Some s	tates require a complete ret	urn.		otion Number
						M Check	if the organization is not required
			lines 6b, 8b, 9b, and 10b to line 12		03,676.		. B (Form 990, 990-EZ, or 990-PF).
	Part		Expenses, and Changes in Net		es (See page	18 of the instru	ctions.)
		l .	ions, gıfts, grants, and simılar amoun		1		
			blic support		1a	126,989.	T-12 (A) 644
S		b Indirect po	ublic support		1b	80,000.	
Q		c Governme	ent contributions (grants)		1c		
9		d Total (add in	nes 1a through 1c) (cash \$2	06,989. noncash \$)	1d 206,989.
Z		2 Program s	service revenue including governme	nt fees and contracts (from	Part VII, line 93	3)	2 694,918.
SCANNED		3 Membersh	hip dues and assessments				3
0		4 Interest or	n savings and temporary cash invest	ments			4
0		5 Dividends	and interest from securities	,			5 1,769.
吕		6 a Gross rent	ts		6a		
		b Less: renta	al expenses		6b		
<u> </u>		c Net rental	l income or (loss) (subtract line 6b fro	om line 6a)			6c
~	ĕ	7 Other inve	estment income (describe)	7
03 2005	Revenue	8 a Gross am	ount from sales of assets other	(A) Securities	(B)	Other	
9	, જ	than inver	ntory		8a		
		1 -	t or other basis and sales expenses		8b		
		c Gain or (lo	oss) (attach schedule)		8c	M 100/ 1	
		d Net gain o	or (loss) (combine line 8c, columns (A	\) and (B))			8d
		9 Special ev	vents and activities (attach schedule) If any amount is from ga	ming, check her	re ▶	
			venue (not including \$		-		
			ons reported on line 1a)		9a		
			ect expenses other than fundraising e				
			ne or (loss) from special events (sub				9c
		1	les of inventory, less returns and allow		10a		
		l .	st of goods sold		10Ь		
			ofit or (loss) from sales of inventory			ne 10a)	
			renue (from Part VII, line 103)				
			venue (add lines 1d, 2, 3, 4, 5, 6c,				
			services (from line 44, column (B))				
	S		Rade Man line 4, colum				
	SE.	15 Fundratsh	PARTICIPATION OF THE TAX CONTINUES OF THE PARTICIPATION OF THE PARTICIPA	···(<i>\circ</i>)/			15
	Expenses	16 Payments	s to affiliates (attach schaffe				16
	ш	17 Total ex	s to affiliates (attach sche the person of t	nn (Δ)).	. 		17 867,791.
			r (deficit) for the year (suffect line 1				
	Assets	10 2xces	A COMPANIES CALLED TO THE TOTAL OF THE TOTAL	oor (from line 72 askurra (A)\		10 33,883.
	As	19 Net asset	s (C) in Earthcas at beginning of y	eai (from line 73, column (^///		19 789,841.
	Net	20 Other cha	myou in not assets of fund halances	(attach explanation)	. ` `slat.']	 .	20 40,161.
	_	21 Net asset	ts or fund balances at end of year (c	omoine lines 18, 19, and 2	υ <u>) · · · · · · </u>		21 865,887.

JSA 4E1010 1 000

Form 990 (2004)

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

Pa			tions must complete column 4947(a)(1) nonexempt chari			
	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				36141666		
	(cash \$)	22				
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24			ta i grimmi ja karangan kanalangan karangan karangan karangan karangan karangan karangan karangan karangan kar	
25	Compensation of officers, directors, etc.	25	35,000.		35,000.	
26	Other salaries and wages	26	336,465.			
27		27	17,670.			
28	Other employee benefits	28	30,716.	25,485.		
29	Payroll taxes	29	27,302.	21,781.	5,521.	
30		30 31	05.065		05.065	
31		32	25,865.		25,865.	
32 33	Legal fees	33	13,324. 1,119.	269.	13,324. 850.	
34		34	4,407.	1,317.	3,090.	
35		35	9,345.	3,556.	5,789.	
36		36	1,679.	3,330.	1,679.	
37	, , , , , , , , , , , , , , , , , , , ,	37	18,511.		18,511.	
38	• •	38	25,231.	23,147.	2,084.	
39		39				
40		40	68,978.	18,468.	50,510.	
41	Interest	41				
42	Depreciation, depletion, etc Signif sc R edule)	42	3,700.		3,700.	
43	,	43a	248,479.	207,975.	40,504.	
		43b				
		43c				
		43d				
	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	43e	867,791.	619,131.	249 660	
	nt Costs. Check ▶ if you are follow			619,131.	248,660.	
	any joint costs from a combined educational of	_		citation reported in (B) Prod	ram services?	Yes Y No
	es," enter (i) the aggregate amount of these join					
	the amount allocated to Management and gene			; and (iv) the amount al		
Pa	art III Statement of Program Service	e Ad	complishments (Se			
Wh	at is the organization's primary exempt purpose	? ▶	PUBLIC EDUCATION	ON		Program Service Expenses
All of org	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others)					
а	EDUCATIONAL RESEARCH MATERIA SEE STATEMENT 8	ALS	, INCLUDING PRO	DUCT DEVLOPMENT		•
b	ETHICS TRAINING			nd allocations \$)	129,412.
_	SEE STATEMENT 8					
			(Grants a	nd allocations \$)	296,308.
С	DATA CENTER SEE STATEMENT 8					
			(Grants a	nd allocations \$)	39,774.
d	OTHER SEMINARS & COURSES SEE STATEMENT 8					
			(Grante a	nd allocations \$	·	97 A60
е	Other program services (attach schedule)	SI		nd allocations \$		87,469. 66,168.
<u>f</u>	Total of Program Service Expenses (sho				<u></u>	619,131.
020 1	1000					Form 990 (2004)

	art IV		•			
<u> </u>	vote:	Where required, attached schedules and amounts within column should be for end-of-year amounts only.		(A) Beginning of year		(B) End of year
	45	Cash - non-interest-bearing		41,395.	45	174,843.
	46	Savings and temporary cash investments		728,188.	46	620,308.
	47a b	Accounts receivable	167,501. 5,682.	109,847.	47c	161,819.
	48a b 49	Pledges receivable 48a Less: allowance for doubtful accounts 48b Grants receivable			48c	
	50	Receivables from officers, directors, trustees, and key er (attach schedule)	mployees		50	
Assets	b 52	schedule)		31,351.	51c	28,767.
∢	53	Prepaid expenses and deferred charges		15,208.		7,394.
	54	Investments - securities (attach schedule)	Cost FMV		54	
	56	Less: accumulated depreciation (attach schedule)			55c	
		Land, buildings, and equipment: basis STMT 5 . 57a Less accumulated depreciation (attach schedule)	105,330.	5,875,	57c	5,275.
	58	Other assets (describe >			58	
_	59	Total assets (add lines 45 through 58) (must equal line		931,864.		998,406.
	60 61	Accounts payable and accrued expenses		126,023.	61	132,519.
S	62 63	Deferred revenue		16,000		NONE
Liabilities		schedule)			63 64a 64b	
	65	Mortgages and other notes payable (attach schedule) . Other liabilities (describe ▶			65	
_	66	Total liabilities (add lines 60 through 65)		142,023	66	132,519.
		nizations that follow SFAS 117, check here ► x an 67 through 69 and lines 73 and 74.				
lances	67 68 69	Unrestricted		789,841.	68 69	865,887.
Assets or Fund Balances	Orga	nizations that do not follow SFAS 117, check here complete lines 70 through 74.	and			
ō	70	Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, building, and equipment of the control of the contro			70	
ets	71	Retained earnings, endowment, accumulated income,	F		72	
Net Ass	73	Total net assets or fund balances (add lines 67 through 70 through 72,	h 69 or lines			
_		column (A) must equal line 19; column (B) must equal	· · · · · · · · · · · · · · · · · · ·	789,841		865,887.
	74	Total liabilities and net assets / fund balances (add lin	es 66 and 73) · · · ·	931,864	. 74	998,406.

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.

	rt IV-A	Reconciliation of Revenu Financial Statements wit Return (See page 27 of the	h Ravanija nar	Par	rt IV-B	Reconciliation Financial State Return	of Expense ements with	s per Expe	enses per
а	Total rev	enue, gains, and other support	214 1 45 822	a	Total e	xpenses and lo	sses per	80 80	
	per audit	ed financial statements 🔒 🕨	a 1,136,3	37.	audited	financial statemen	ts ▶	a	1,060,29
b	Amounts	included on line a but not on	的 体系系统。	b	Amount	s included on line	a but not	3.11	1914
	line 12, F	form 990:			on line 1	17, Form 990:			46 954
(1)	Net unrea	lized gains		(1)	Donated	services			
	on investn	nents . \$ 40,161.	100		and use	of facilities \$	192,500.		
(2)	Donated s	ervices		(2)	Prior yea	r adjustments			
	and use of	f facilities \$ 192,500.			reported	on line 20,			1.6
(3)	Recoveries	s of prior	经过过多点企业		Form 990) <u>\$</u>			3 7 7 8
	year grants	s <u>\$</u>	强温数1平度	(3)	Losses re	eported on			
(4)	Other (spe	cify):	建			Form 990 <u>\$</u>			
			100	(4)	Other (sp	ecify) [.]			
		<u> </u>	2 公共 3 最多		-			20	
	Add amo	unts on lines (1) through (4) ▶	b 232,6	61.		<u> </u>			
				1		unts on lines (1) thro			192,50
C		nus line b	c 903,6	76. c		ninus line b		С	867,79
d		included on line 12,	通 期的(条件	d		s included on line			
		0 but not on line a:	建设建设			90 but not on line a	3:		
(1)		t expenses		(1)		nt expenses			
	not include					ded on line			
		990 \$	翻 提 计 4 发			990\$			法计划规则
(2)	Other (spe	city):		(2)	Other (sp	ecity).			1.1 198
						 .			
	Add ama	unts on lines (1) and (2) >			Add om	ounts on lines (1)	and (2)	4	
	Add amo		' u		Auu am	ounts on lines (1)		<u> </u>	
_	Total rove	onue ner line 12. Form 900	1 1			nances per line 17	Form 990	l i	
е		enue per line 12, Form 990	903 6	9	Total ex	penses per line 17			867 79
	(line c plu	us line d) ▶		76.	Total ex	lus line d) · · · ·	<u>.</u>		
	(line c plu t V Li	us line d)		76.	Total ex	lus line d) · · · ·	<u>.</u>		
	(line c plu t V Li	us line d) ▶		y Emplo (B) Title a	Total ex (line c p yees (List and average per week	lus line d) · · · ·	<u>.</u>	nsated	
Pa	(line c plu t V Li th	us line d)		y Emplo (B) Title a	Total ex (line c p yees (Lis	(C) Compensation (If not paid, enter -0)	if not compe (D) Contributio employee benefit deferred comper	nsated ons to plans & nsation	(E) Expense account and other allowances
Pa	(line c plu t V Li th	us line d)		y Emplo (B) Title a	Total ex (line c p yees (List and average per week	lus line d) · · · · st each one even (C) Compensation (If not paid, enter	if not compe (D) Contributio employee benefit deferred comper	nsated	(E) Expense account and other allowances
Pa	(line c plu t V Li th	us line d)		y Emplo (B) Title a	Total ex (line c p yees (List and average per week	(C) Compensation (If not paid, enter -0)	if not compe (D) Contributio employee benefit deferred comper	nsated ons to plans & nsation	(E) Expense account and other allowances
Pa	(line c plu t V Li th	us line d)		y Emplo (B) Title a	Total ex (line c p yees (List and average per week	(C) Compensation (If not paid, enter -0)	if not compe (D) Contributio employee benefit deferred comper	nsated ons to plans & nsation	(E) Expense account and other allowances
Pa SEI	(line c plut V Line the control of t	us line d)	Trustees, and Key	(B) Title a hours p devoted	Total ex (line c p yees (Lise and average per week to position	(C) Compensation (If not paid, enter -0) 35,000	(D) Contributo employee benefit deferred comper	ensated ons to plans & nsation	(E) Expense account and other allowances
Pa SEI Dir	t V Li th STATE	ist ine d)	Trustees, and Key	(B) Title a hours p devoted	Total ex (line c p yees (Lise and average per week to position	(C) Compensation (If not paid, enter -0)	(D) Contributo employee benefit deferred comper	nsated ons to plans & nsation	(E) Expense account and other allowances
SEI Dire	t V Li th state ctors an miums ha anization	ist ine d)	Trustees, and Key	(B) Title a hours p devoted	Total ex (line c p yees (Lise and average per week to position	(C) Compensation (If not paid, enter -0) 35,000	(D) Contributo employee benefit deferred comper	ensated ons to plans & nsation	(E) Expense account and other allowances
Pa SEI Direpresorg	ectors an miums had anization orted in t	d officers liability insurance ave been paid by the This benefit is being otal and is not shown in	Trustees, and Key	(B) Title a hours p devoted	Total ex (line c p yees (Lise and average per week to position	(C) Compensation (If not paid, enter -0) 35,000	(D) Contributo employee benefit deferred comper	ensated ons to plans & nsation	(E) Expense account and other allowances
Pa SEI Directorg	ectors an miums had anization orted in t	ist ine d)	Trustees, and Key	(B) Title a hours p devoted	Total ex (line c p yees (Lise and average per week to position	(C) Compensation (If not paid, enter -0) 35,000	(D) Contributo employee benefit deferred comper	ensated ons to plans & nsation	(E) Expense account and other allowances
Pa SEI Directorg	ectors an miums had anization orted in t	d officers liability insurance ave been paid by the This benefit is being otal and is not shown in	Trustees, and Key	(B) Title a hours p devoted	Total ex (line c p yees (Lise and average per week to position	(C) Compensation (If not paid, enter -0) 35,000	(D) Contributo employee benefit deferred comper	ensated ons to plans & nsation	(E) Expense account and other allowances
Pa SEI Direpresorg	ectors an miums had anization orted in t	d officers liability insurance ave been paid by the This benefit is being otal and is not shown in	Trustees, and Key	(B) Title a hours p devoted	Total ex (line c p yees (Lise and average per week to position	(C) Compensation (If not paid, enter -0) 35,000	(D) Contributo employee benefit deferred comper	ensated ons to plans & nsation	(E) Expense account and other allowances
Pa SEI Direpresorg	ectors an miums had anization orted in t	d officers liability insurance ave been paid by the This benefit is being otal and is not shown in	Trustees, and Key	(B) Title a hours p devoted	Total ex (line c p yees (Lise and average per week to position	(C) Compensation (If not paid, enter -0) 35,000	(D) Contributo employee benefit deferred comper	ensated ons to plans & nsation	(E) Expense account and other allowances
Pa SEI Direpressors	ectors an miums had anization orted in t	d officers liability insurance ave been paid by the This benefit is being otal and is not shown in	Trustees, and Key	(B) Title a hours p devoted	Total ex (line c p yees (Lise and average per week to position	(C) Compensation (If not paid, enter -0) 35,000	(D) Contributo employee benefit deferred comper	ensated ons to plans & nsation	(E) Expense account and other allowances
Pa SEI Direpressors	ectors an miums had anization orted in t	d officers liability insurance ave been paid by the This benefit is being otal and is not shown in	Trustees, and Key	(B) Title a hours p devoted	Total ex (line c p yees (Lise and average per week to position	(C) Compensation (If not paid, enter -0) 35,000	(D) Contributo employee benefit deferred comper	ensated ons to plans & nsation	(E) Expense account and other allowances
Direporg	ectors an miums had anization orted in t	d officers liability insurance ave been paid by the This benefit is being otal and is not shown in	Trustees, and Key	(B) Title a hours p devoted	Total ex (line c p yees (Lise and average per week to position	(C) Compensation (If not paid, enter -0) 35,000	(D) Contributo employee benefit deferred comper	ensated ons to plans & nsation	(E) Expense account and other allowances
Dire org	ectors an miums hamization orted in tallocatio	d officers liability insurance we been paid by the . This benefit is being otal and is not shown in n of Part V.	rustees, and Key	(B) Title a hours r devoted	Total ex (line c pyees (Lisenda everage cer week to position)	(C) Compensation (If not paid, enter -0-) 35,000	(D) Contribution employee benefit deferred comper	ensated ons to plans & nsation	(E) Expense account and other allowances
Dire org	ectors an miums ha anization orted in tallocation.	d officers liability insurance ave been paid by the This benefit is being otal and is not shown in	ployee receive aggreg	(B) Title a hours redevoted Currer	Total ex (line c p yees (Lis nd average per week to position	Us line d) · · · · · st each one even (C) Compensation (If not paid, enter - 0) 35,000.	(D) Contribution employee benefit deferred comper	nsated ons to plans & isation NONE	(E) Expense account and other allowances

<u>Fòrm</u>	990 (2004) 52-1634508			Page 5
Par	t VI Other Information (See page 28 of the instructions)		Yes	No
	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	L_	х
	Were any changes made in the organizing or governing documents but not reported to the IRS?			х
	If "Yes," attach a conformed copy of the changes			
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		х
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	1	ľ	
	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 X exempt or nonexempt			
81a	Enter direct and indirect political expenditures. See line 81 instructions	_		
b	Did the organization file Form 1120-POL for this year?	81b	<u> </u>	<u>x</u>
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge	ı		;
	or at substantially less than fair rental value?	82a	х	
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)	<u>. </u>	1	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	ļ
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	х	ļ
84a	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/	<u>A</u>
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization			1
	received a waiver for proxy tax owed for the prior year			
C	Dues, assessments, and similar amounts from members	_		
d	Section 162(e) lobbying and political expenditures	_		1
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	_		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	_ `		ł
_	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/	<u> </u>
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	1	1	
	estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/	<u>A</u>
86	501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12	_	Ì	
	Gross receipts, included on line 12, for public use of club facilities	_	-	
	501(c)(12) orgs Enter a Gross income from members or shareholders	_	ļ	ł
b	Gross income from other sources (Do not net amounts due or paid to other			
	sources against amounts due or received from them.)	4		
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	1	1	1
	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.			1
	section 4911 ► NONE, section 4912 ► NONE, section 4955 ► NO	Œ	İ	İ
þ	501(c)(3) and 501(c)(4) orgs 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	Ь	<u> X </u>
C	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under			
	sections 4912, 4955, and 4958			NONE
đ	Enter Amount of tax on line 89c, above, reimbursed by the organization			NONE
	List the states with which a copy of this return is filed DISTRICT OF COLUMBIA, ILLINOIS, NEW YORK	1	1-	
	Number of employees employed in the pay period that includes March 12, 2004 (See instructions)	. <u>90b</u>		
91	The books are in care of THE ORGANIZATION Telephone no 202-2		528	
	Located at ► 2001 PENNSYLVANIA AVE NW, WASHINGTON, DC ZIP+4 ► 20006-3			
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		N/A	<u> </u>

Form 990 (2004)

Part VII	Analysis of income-Produc	ing Activit	ti es (See pag	e 33 of the instruc	uoris.)	T
Note: Enter gindicated.	gross amounts unless otherwise	Unre (A)	lated business in	come Excluded (C)	by section 512, 513, or 514 (D)	(E) Related or exempt function
93 Progra	am service revenue	Business code	Amoun			income
_	G MAT. SALES					574,463.
b REG	. & CONF. FEES					98,977.
	. & SURVEY FEES					21,478.
d						
e						
f Medica	re/Medicaid payments					
g Fees a	nd contracts from government agencies .					
94 Memb	ership dues and assessments					
95 Interest	on savings and temporary cash investments •					
	nds and interest from securities	24600		14	1,769.	
97 Net re	ntal income or (loss) from real estate:		38 1 79			
a debt-fi	inanced property					
b not de	bt-financed property					
	al income or (loss) from personal property					
99 Other	investment income					
	(loss) from sales of assets other than inventory					
	come or (loss) from special events .					
•	profit or (loss) from sales of inventory					
	revenue a					
e						
	tal (add columns (B), (D), and (E))			4 A 1	1,769.	694,918
	(add line 104, columns (B), (D), and (I					696,687
	05 plus line 1d, Part I, should equal t	he amount oi	n line 12, Part l			
Part VIII	Relationship of Activities	to the Acc	omplishment	of Exempt Purpo	ses (See page 34 of	the instructions.)
Line No. ▼	Explain how each activity for which of the organization's exempt purpo					:omplishment
	STMT 8				·	
	<u> </u>	 -				
Part IX	Information Regarding Taxa	ble Subsi	diaries and D	isregarded Entition	es (See page 34 of th	e instructions.)
	(A) Name, address, and EIN of corporation,		(B) Percentage of	(C)	(D)	(E) End-of-year
	partnership, or disregarded entity		ownership interest	Nature of activities	Total income	assets
N/A			%			
			%			
			%			
			%	D	0-44-10	0.4 - 6.44 - 1441
Part X	Information Regarding Tra	_				
	e organization, during the year, receive a					Yes X No
	he organization, during the year				personal benefit contrat	ct? Yes X No
Note: //	Yes" to (b), file Form 8870 and F Under penalties of perjury, I decl				o schedules and statements, an	nd to the best of my knowledge
	and belief, it is true, correct, and	complete De	claration of prepare	r (other than officer) is ba	sed on all information of which p	reparer has any knowledge
Please		* w			Inlala	05
Sign	Signature of officer		$\overline{}$		Date	
Here	Signature of Children	\mathcal{T}	CL Xx		EVO	
			ر دولا <u>ن</u>			
				Date /	_ Check if P	reparer's SSN or PTIN (See Gen Inst V
			C V	7/8/10	S self-	• • • • • •

SCHEDULE A (Form 990 or 990-EZ)

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.)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Employer identification number

Name of the organization THE INSTITUTE FOR FINANCIAL MARKETS 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.") (b) Title and average (d) Contributions to (e) Expense (a) Name and address of each employee paid more account and other hours per week employee benefit plans 8 (c) Compensation than \$50,000 allowances devoted to position deferred compensation MYRTLE MAJOR ADMIN MANAGER CHEVERLY, MD 10,791 NONE 74,000 40 JOHN SANAGHAN DIRECTOR EDU. WASHINGTON, DC 11,995 NONE 40 102,500 DIRECTOR SALES PATRICIA FOSHEE SPRINGFIELD, VA NONE 40 83,000. 11,271. employees Total number of other paid over \$50,000 NONE Compensation of the Five Highest Paid Independent Contractors for Professional Services Part II (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 NONE

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

Schedule A (Form 990 or 990-EZ) 2004

professional services

Total number of others receiving over \$50,000 for

An organization organized and operated to test for public safety. Section 509(a)(4) (See page 5 of the instructions.)

Schedule A (Form 990 or 990-EZ) 2004

4E1220 1 000

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting. (e) Total Calendar year (or fiscal year beginning in) (b) 2002 (c) 2001 (d) 2000 (a) 2003 15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.) 441,337. 294,842. 282,667. 348,909 <u>1,367,755.</u> 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 639,777. 695,509. 974,029. 713,940. 3,023,255. 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. 6,968. 42,607. 3,036. 27,694. Net income from unrelated business activities not included in line 18 Tax revenues levied for the organization's benefit and either paid to it or expended on 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 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets Total of lines 15 through 22 937,655. 983,085. 1,350,632. 1,162,245 4,433,617 448,305. 297,878. 287,576. 376,603. 1,410,362 9,377. 9,831. 13,506. 11,622. Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 NOT APPLICABLE 26a 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 2000 through 2003 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts > 26b c Total support for section 509(a)(1) test Enter line 24, column (e) . . . ▶ 26c __ 19 d Add: Amounts from column (e) for lines. 18 26b 22 f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶ 26f Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a 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 (2003) **242,000.** (2002) **237,000.** (2001) **287,000.** (2000) **365,000.** 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 (2003) NONE (2002) NONE (2001) NONE (2000) NONE c Add Amounts from column (e) for lines 15 _____1,367,755.16 ____ 21 ______ 17 _____**3,023,255.**20 ____ d Add Line 27a total 1,131,000. and line 27b total NONE 1,131,000. 27 d g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) 27g Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, 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 Schedule A (Form 990 or 990-EZ) 2004

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

Par	Private School Questionnaire (See page 7 of the instructions.) NOT APPLICATION (To be completed ONLY by schools that checked the box on line 6 in Part IV)	ABLE	3	
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		Yes	No
	other governing instrument, or in a resolution of its governing body?	29		
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,			(B)
	programs, and scholarships?	30	Commission of the Commission o	583 S 88000
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?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
	B 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0			
32	Does the organization maintain the following:	32a		
	Records indicating the racial composition of the student body, faculty, and administrative staff?	3Za		
D	horis?	32b		
•	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	320		
·	· · · · · · · · · · · · · · · · · · ·	32c		
d	with student admissions, programs, and scholarships? Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
4	copies of all material accept the organization of on the bonal to color commence			
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.)			
		50 50		
33	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	33a		<u> </u>
b	Admissions policies?	33b	<u> </u>	-
	Final transport of facility and desirable and selection of the selection o	00-		}
С	Employment of faculty or administrative staff?	33c		
	Scholarships or other financial assistance?	33d		
u	Scholarships or other financial assistance?	<u> </u>		\vdash
_	Educational policies?	33e		İ
Ŭ	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
f	Use of facilities?	33f]
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h	100707070	203300094000
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
		,	D-17/1	
			16.50.3	2.45
	Dans the experient receive any financial aid or assistance from a governmental agency?	240		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	 	
L	Has the organization's right to such aid ever been revoked or suspended?	34b		
£.,	If you answered "Yes" to either 34a or b, please explain using an attached statement		4,416	
	jul andres at 100 to office of a of by produce original during all attached etatement		E.	
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05	- Committee	1	
	of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	<u> </u>	<u> </u>

		orm 990 or 990-					534508			Page 3
Pa	art VI-A		xpenditures by Elec	_	, , ,					
<u></u>	, - NI - N		pleted ONLY by an							
Che	eck ▶ a		ization belongs to an affil		▶ b If you	cnecke	(2	a)		ntrol" provisions apply
			imits on Lobbying	•	d \		Affiliate	d grou als	p	To be completed for ALL electing
_		<u>`</u>	"expenditures" means	<u>-</u>						organizations
36			tures to influence pub			36				
37			tures to influence a le			37				
38			itures (add lines 36 an			38				
39						39				
40			expenditures (add line amount. Enter the amo		toblo	40			77 W. 3	
41		nontaxable a		bbying nontaxable an						
					_	21				有着有力的
			\$1,000,000 \$100,00							"我看到了我
			er \$1,500,000 \$175,00		1	41			e 63 P.A.	
			er \$17,000,000 \$225,00							
	Over \$17,0		\$1,000							14.6 4.63.846
42			e amount (enter 25% o			42	7800000	***************************************		
43			ine 36. Enter -0- if line			43				
44	Subtract	line 41 from I	ine 38. Enter -0- if line	41 is more than line	38	44				
									A, 14	
	Caution:	If there is an	amount on either line					4-4:		
				Averaging Period						
	(Sc	me organizat	ions that made a secti						umns	below.
			See the instruction	ons for lines 45 throug	h 50 on page 11	of the	e instructio	ns.)		
				Lobbying Expendi	tures During 4	-Year	Averagin	g Pei	riod	
_	Calendar	ear (or fiscal	(a)	(b)	(c)		(d)		(e)
	-	nning in) 🕨	2004	2003	2002			01		Total
	Lobbying	nontaxable					•			
45	amount •									
	Lobbying	ceiling amount	17 《通报报》		阿斯 森 表示					
46	(150% of	line 45(e))	1、 概 翻 拉 多键				14			
<u>47</u>	Total lobby	ing expenditures								
		ts nontaxable								
48								e i e		
		ceiling amount		医野髓病 :	4.00				4.4	
<u>49</u>					ABK(0:00000000000000000000000000000000000			30013	B1-06/2	
5 0		ts lobbying res								
	art VI-B		Activity by Nonelecti	ng Public Charities	<u> </u>	J	NOT	A DDT.	TCAL	RT.R
			ing only by organiza			A) (S				
Dur	ing the yea		ization attempt to influer							
		_	inion on a legislative mat		-			Yes	No	Amount
а	Voluntee	ers								4.4936
b	Paid stat	ff or managen	nent (Include compens	sation in expenses repo	orted on lines c th	hrough	n h .)			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
C	Media a	dvertisements							ļ	
đ	Mailings	to members,	legislators, or the publ	ic					<u> </u>	
е			hed or broadcast state							
f		_	zations for lobbying pu							
g			islators, their staffs, g						ļ	
h			ns, seminars, conventi							<u> </u>
j			itures (Add lines c thro					1/4	4 5	
	if "Yes"	to any of the a	above, also attach a st	atement giving a deta	iled description of	of the I	obbying ac	tivities		

JSA 4E1240 1 000

Schedule A (Form 990 or 990-EZ) 2004

Schedul	è A (Fo	rm 990 or 990-EZ) 2004		52-1634508	F	age 6
Part V	/11	Information Regarding Exempt Organizations (Transfers To and Transactions an (See page 11 of the instructions.)	d Relationships With Noncharitable		
51 Dic	d the`re	porting organization direct	ly or indirectly engage in any of the follow	owing with any other organization described	n sec	ion
	. ,	•	, , , , ,	n 527, relating to political organizations?		
			ation to a noncharitable exempt organize		Yes	
					 	X
					ļ. —	X
		nsactions:				
			with a noncharitable exempt organization		├	X
(ii) Purc	chases of assets from a no	ncharitable exempt organization	b(ii)	-	X
(iii) Ren	tal of facilities, equipment,	or other assets	b(iii)	X	
(IV) Reir	nbursement arrangements		b(iv)	X	
(V) Loai	ns or loan guarantees		b(v)	X	_
			embership or fundraising solicitations	•	x	
			ling lists, other assets, or paid employee	s	<u>, </u>	L
		•	s, complete the rollowing schedule. Column y the reporting organization. If the organization			
-			w in column (d) the value of the goods, other			
	a)	(b)	(c)	(d)		
	e no.	Amount involved	Name of noncharitable exempt organization	Description of transfers, transactions, and sharing arr	angeme	nts
			SEE EXHIBIT 2			
,						

	-					
						
de	escribe		ctly affiliated with, or related to, one or Code (other than section 501(c)(3)) or i edule:		s [] No
	Na	(a) me of organization	(b) Type of organization	(c) Description of relationship		
FUTUR	RES I	NDUSTRY				
ASSOC	CIATI	ON, INC	501(C)(6)	SEE EXHIBIT 2	.	
						
						
			 			
	····		 			
			<u> </u>			
			<u> </u>			

Schedule A (Form 990 or 990-EZ) 2004

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES

DESCRIPTION AMOUNT

UNREALIZED GAIN ON INVESTMENTS 40,161.

TOTAL 40,161.

STATEMENT 2

2004

52-1634508

Current-year depreciation

Current-year 179 expense

ACRS CRS class class

Life

Beginning Ending Accumulated Medepreciation depreciation thad Conv

Basis for depreciation 105,330.

Basis Reduction

179 exp reduction in basis

8ms

Unadjusted Cost or basis

Date placed in service

Asset description

FURNITURE & EQUIP

105,330. 100.000

100,055.

96,355.

THE INSTITUTE FOR FINANCIAL MARKETS

Description of Property

DEPRECIATION

Subtotals								
TOTALS		105,330.	105,330.	96, 355.	100,055.	k i		Έ
AMORTIZATION								
Asset description	Date placed in service	Cost or basis		Accumulated amortization	Accumulated Accumulated amortization amortization Code Life	Code		Current-yea amortizatio
			7				· · · · · · · · · · · · · · · · · · ·	
TOTALS								
*Assets Retired								
4X9024 1.000								

				The second secon						
TOTALS	TOTALS.		105,330.		105,330.	96,355.	100,055.			3,700.
AMORTIZATION	NOIL									
		Date placed in	Cost		Y	ccumulated #	Accumulated Accumulated		100	Current-year
Asset d	Asset description	Service	pasis			amortization	amortization C	ode		amortization
						:				
TOTALS					***					

100,055.

96,355.

105,330.

105,330.

Less; Retired Assets

Listed Property Subtotals.

Less: Retired Assets

THE INSTITUTE FOR FINANCIAL MARKETS

EXPENSES	
- OTHER	
PART II	
FORM 990,	

PROGRAM MANAGEMENT SERVICES AND GENERAL	4,677. 1,170. 7,098. 207,975. 27,559. 207,975. 40,504.
TOTAL	4,677. 1,170. 7,098. 235,534. 248,479.
DESCRIPTION	INSURANCE TAXES & LICENSES BANK CHARGES CONSULTING & CONTRACTING SRV. TOTALS
DESCRIPTION	INSURANCE TAXES & LICE BANK CHARGES CONSULTING & TOTALS

EXPENSES	66,168.	66,168.
GRANTS AND ALLOCATIONS		
NOL	PRODUCT MARKETING AND DEVELOPMENT	TOTALS
DESCRIPTION	PRODUCT	

FORM 990, PART III - OTHER PROGRAM SERVICES (LINE E)

STATEMENT

LAND, BUILDINGS, EQUIPMENT NOT HELD FOR INVESTMENT

				FIXED AS	FIXED ASSET DETAIL		ACC	ACCUMULATED DEPRECIATION DETAIL	RCIATION DETA:	н
		METHOD/	BEGINNING			ENDING	BEGINNING			ENDING
ASSET	ASSET DESCRIPTION	CLASS	BALANCE	ADDITIONS	DISPOSALS	BALANCE	BALANCE	ADDITIONS	DISPOSALS	BALANCE
1			1 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
FURNIT	FURNITURE & EQUIP		105,330.			105,330.	96, 355.	3,700.		100,055.
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TOTALS			105,330.			105,330.	96,355.			100,055.
						11 31 31 31 31 31 31 31				H H H H H H

STATEMENT 5

ဖ

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADD	NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
JEFFREY 2001 PEN WASHINGT	JEFFREY D MORGAN 2001 PENNSYLVANIA AVE, NW #600 WASHINGTON, DC 20006	EXECUTIVE VP 10	35,000.	NONE	NONE
JOHN M DAMGARD 2001 PENNSYLVA WASHINGTON, DC	JOHN M DAMGARD 2001 PENNSYLVANIA AVENUE, NW #600 WASHINGTON, DC 20006	Ħ	NONE	NONE	NONE
SEE EXHIBIT	BIT 1				

村山井市外自身的北非市 计计算器分配线链路线线线 医异甲基苯甲基甲基甲甲基

NONE

35,000.

GRAND TOTALS

MARKETS
FINANCIAL
FOR
TUTE
INSTIT
THE

52-1634508

PART V - COMPENSATION PROVIDED BY RELATED ORGANIZATION FORM 990,

NAME AND ADDRESS		COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
FUTURES IN 13-5642275	FUTURES INDUSTRY ASSOCIATION, INC. 13-5642275			
JEFFREY D MORGAN 2001 PENNSYLVANI WASHINGTON, DC 2	A AVE, NW #600 0006	200,000.	18,088.	NONE
FUTURES IN 13-5642275	FUTURES INDUSTRY ASSOCIATION, INC. 13-5642275			

NONE	
61,624.	
1,050,000.	
RAND TOTALS	

NONE

43,536.

850,000.

2001 PENNSYLVANIA AVENUE, NW #600

JOHN M DAMGARD

WASHINGTON, DC 20006

9505109

<u>_</u>

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

	EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME
LINE	IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED
NO.	IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES
93A	EDUCATIONAL & RESEARCH MATERIALS TO (1) INCREASE GENERAL
J J25	UNDERSTANDING OF THE FUTURES AND OPTIONS MARKET (2) IMPROVE
	THE COMPETENCE OF FINANCIAL SERVICES PERSONNEL TO DEAL WITH
	THE PUBLIC.
025	
93B	COURSES 7 SEMINARS TO (1) IMPROVE THE COMPETENCE OF
	FINANCIAL SERVICES PERSONNEL AND (2) PROVIDE ETHICS TRAINING
	TO COMPLY WITH CFTC REGULATIONS
93C	NEW PROGRAMS (1) IMPROVE THE COMPETENCE OF FINANCIAL
	SERVICES PERSONNEL AND (2) PROVIDE ETHICS TRAINING TO OTHER
	FINANCIAL SERVICES PERSONNEL

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D

SEE PART V, FORM 990

4
0
0
2

THE INSTIT	THE INSTITUTE FOR FINANCIAL MARKETS	MARKETS													52-1634508
Description of Property	of Property														•
DEPRECIATION	ATION														
Asse	Asset description	Date placed in	Unadjusted Cost or basis	Bus %	179 exp. reduction in basis	Basis	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	₩ P G	Conv	ACRS	MA CRS	Current-year 179 expense	Current-year depreciation
	-		000	1			105 330	06 366	100 000		╀	1			C C
FUNNTIUME & EQUIP	& EQUIP		105, 330.	700			105, 330.	90,333.	100,000		-				3,700.
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												_			
										+		\perp			
															Andreas de la contraction de l
													_		
										+	-	_		į	
											+				
											-	_			
										-		\perp			
Less. Retired Assets	d Assets														
Subtotals.			105,330.				105,330.	96,355.	100,055.	1					
Listed Property	perty											-			
										+	-	-			
										+	$\left \cdot \right $	$\left \cdot \right $			
				ş											1887.00 P
Less: Retired Assets	d Assets														
Subtotals.			105 330				105, 330	96.355	100.055						3.700
AMORTIZATION	ZATION			1											
Asse	Asset description	Date placed in service	Cost or basis		100			Accumulated amortization	Ending Accumulated amortization	Code	Life				Current-year amortization
											6 0			100	
										-				特別	
					9					+					
TOTALS.															
*Assets Retir	þe.														
JSA 4X9024 1.000															

78908G 649C 08/30/2005 13:52:13

OFFICERS AND DIRECTORS	HRS/WK	COMPENSATION
PETER BORISH		
CHAIRMAN		
ONECHICAGO		
1285 AVENUE OF THE AMERICAS		
35TH FLOOR		
NEW YORK, NY 10019	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
JEFFREY D MORGAN		
EXECUTIVE VICE PRESIDENT		
THE INSTITUTE FOR FINANCIAL MARKETS		
2001 PENNSYLVANIA AVENUE, NW		
SUITE 600	40	25 000
WASHIGTON, DC 20006	10	35,000
ALGER B CHAPMAN		
DIRECTOR		
ABN AMRO FINANCIAL SERVICES		
208 LASALLE STREET		
2ND FLOOR		
CHICAGO, IL 60604	1	0
J ROBERT COLLINS		
DIRECTOR		
NEW YORK MERCANTITLE 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

MICHAEL C DAWLEY GOLDMAN SACHS & CO 85 BOARD STREET NEW YORK, NY 10004	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
CHICAGO, IL 0000 I	'	v
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
AMPO ELACKRITZ		
MARC E LACKRITZ		
SECURITIES INDUSTRY ASSOCIATION		
1425 K STREET, NW 7TH FLOOR		
WASHINGTON, DC 20005	1	0
WASHINGTON, DC 20003	•	U
ROBERT G PICKEL		
INTERNATIONAL SWAPS AND DERIVATIVES ASSO. 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 LAGUARRIO		
MARY L SCHAPRIO		
PRESIDENT, REGULATORY POLICY AND OVERSIGHT		
1735 K STREET, NW WASHINGTON, DC 2006	1	0
WASHINGTON, DC 2000	1	U
NEAL SHEAR		
MORGAN STANLEY		
1585 BROADWAY		
4TH FLOOR		
NEW YORK, NY 10036	1	0
JOSEPH ZARANDONA		
4 PURDUE ROAD		_
EDSION, NJ 08820	1	0

FORM 990

STATEMENT OF RELATED PARTY TRANSACTION

EXHIBIT 2

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 AND 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 B THE WASHINGTON BOARD OF REALTORS), CONSISTING OF 3,162 OFFICE SPACE, 2,360 COMMON SPACE, 1,154 BUILDING CORE SPACE. IN 2004 FIA RENTED ADDITIONAL COMMON STORAGE SPACE FOR FIA AND IFM.

IN 2004, 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 2004, FIA INCURRED RENT COSTS OF \$331,691 FOR OFFICES AND STORAGE. AT 37%, 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 2004, 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
- OFFICE DESIGNED AND RENOVATION

- 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 2004:

- 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 \$56,890.

Page	2

Form 8868 (Rev	/ 12-2004)	Page Z		
	filing for an Additional (not automatic) 3-Month Extension, complete only Part			
	omplete Part II if you have already been granted an automatic 3-month extension on a	previously filed Form 8868.		
	filing for an Automatic 3-Month Extension, complete only Part I (on page 1). Additional (not automatic) 3-Month Extension of Time—Must File Original (not automatic)	ginal and One Conv		
	Name of Exempt Organization	Employer identification number		
Type or print	THE INSTITUTE FOR FINANCIAL MARKETS	52-1634508		
-	Number, street, and room or suite no. If a P.O. box, see instructions.	For IRS use only		
File by the extended	2001 PENNSYLVANIA AVENUE, NW, NO. 600	r or wite does only		
due date for filing the	City, town or post office, state, and ZIP code. For a foreign address, see instructions.			
return See instructions	WASHINGTON, DC 20006-1807			
	of return to be filed (File a separate application for each return):	Di langan yan Salam Penggan da Salam ya Langan a Langan da Salam Baran da salam da salam da salam da salam da s		
☑ Form 99	0 Form 990-T (sec. 401(a) or 408(a) trust)	☐ Form 5227		
☐ Form 99		☐ Form 6069		
☐ Form 99	0-EZ	☐ Form 8870		
☐ Form 99	the control of the co			
STOP: Do no	ot complete Part II if you were not already granted an automatic 3-month extensi	on on a previously filed Form 8868.		
 The books 	are in the care of ► THE ORGANIZATION			
	No. ► 202-466-5460 FAX No. ►			
_	nization does not have an office or place of business in the United States, check			
	r a Group Return, enter the organization's four digit Group Exemption Number (G			
	le group, check this box ► ☐. If it is for part of the group, check this box ► EINs of all members the extension is for.	☐ and attach a list with the		
	est an additional 3-month extension of time until NOVEMBER 15	, 20_05		
-	endar year 2004, or other tax year beginning, 20, and e			
	tax year is for less than 12 months, check reason: Initial return Final return	<u> </u>		
	n detail why you need the extension <u>ADDITIONAL TIME IS REQUES</u>			
	ORMATION NECESSARY TO FILE A COMPLETE AND ACCURA			
8a If this	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative	e tax, less any		
nonrefundable credits. See instructions				
	application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits			
	syments made. Include any prior year overpayment allowed as a credit and ar	· ·		
previously with Form 8868				
	ce Due. Subtract line 8b from line 8a. Include your payment with this form, or, if re Coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).			
Widii	Signature and Verification	500 III 30 dodorio. •		
Under penalties	s 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, correc	at, and complete, and that I am authorized to prepare this form			
Signature ►	Margaret a. Bradhaw Title & CPORDODAT	Date > 8/12/05		
	Notice to Applicant—To Be Completed by the IRS	3		
√ We hav	ve approved this application. Please attach this form to the organization's return.			
☐ We hay	ve 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 otherwi	the organization's return (including any prior extensions). This grace period is considered to ise required to be made on a timely return. Please attach this form to the organization's return	n.		
☐ We har	ve not approved this application After considering the reasons stated in item 7, we cannot gr			
	We are not granting a 10-day grace period.			
	nnot consider this application because it was filed after the extended due date of the return	for which an extension was requested.		
☐ Other				
	By			
Director	By	Date		
Alternate N	failing 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.	EXTENSION APPROVED		
	Name B C L L L			
	GRANT THORNTON, LLP - Bradslaw	AHG 2 4 2005		
Type or	Number and street (include suite, room, or apt. no.) or a P.O. box number	nou ·		
print	2070 CHAIN BRIDGE ROAD, SUITE 300	FIELD DIRECTOR,		
	City or town, province or state, and country (including postal or ZIP code) VIENNA, VA 22182	SUBMISSION PROCESSING, OGDEN		
	VIENNA, VA 22182			

Form 8868 (Rev. December 2004) Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

nternal Revenue	Service			
 If you are to not comp 	filing for an Automatic 3-Month Extension, complete only Part I and check this be filing for an Additional (not automatic) 3-Month Extension, complete only Part II lete Part II unless you have already been granted an automatic 3-month extension on a	(on page 2 of this form). a previously filed Form 8868.		
Part I	Automatic 3-Month Extension of Time—Only submit original (no copies n	eeded)		
	corporations requesting an automatic 6-month extension—check this box and con			
	porations (including Form 990-C filers) must use Form 7004 to request an extension is, REMICs, and trusts must use Form 8736 to request an extension of time to file Fo			
returns noted (not automat	illing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic of below (6 months for corporate Form 990-T filers). However, you cannot file it electric) 3-month extension, instead you must submit the fully completed signed page 2 e electronic filing of this form, visit www.irs.gov/efile.	onically if you want the additional		
Type or	Name of Exempt Organization	Employer identification number		
print	THE INSTITUTE FOR FINANCIAL MARKETS	52-1634508		
File by the due date for	Number, street, and room or suite no. If a P.O. box, see instructions. 2001 PENNSYLVANIA AVENUE, NW, NO. 600			
filing your return, See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.			
instructions.	WASHINGTON, DC 20006-1807			
Check type	of return to be filed (file a separate application for each return):			
図 Form 990	Form 990-T (corporation)	☐ Form 4720		
Form 99		☐ Form 5227		
☐ Form 99	· · · · · · · · · · · · · · · · · · ·	☐ Form 6069		
Form 99	0-PF	☐ Form 8870		
Telephone If the orga If this is for the wi	No. ► 202-466-5460 FAX No. ► Inization does not have an office or place of business in the United States, check the proof of the group Return, enter the organization's four digit Group Exemption Number (Genole group, check this box ► It it is for part of the group, check this box ► ElNs of all members the extension will cover.	EN) If this		
	st an automatic 3-month (6-months for a Form 990-T corporation) extension of time			
	he exempt organization return for the organization named above. The extension is for	the organization's return for:		
▶□	tax year beginning, 20, and ending	, 20		
, ,	tax year beginning, 20, and ending	, 20		
2 If this tax year is for less than 12 months, check reason: \Box Initial return \Box Final return \Box 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				
Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.				
For Privacy	Act and Paperwork Reduction Act Notice, see Instructions.	Form 8868 (Rev. 12-2004)		