

**Return of Organization Exempt From Income Tax** 

lung | ZU

Department 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

2008
Open to Public Inspection

OMB No 1545-0047

<u>A</u> F	or th	e zuus	caiei	ndar year, or tax year beginning , 2006, and ending		, 20
Вс	heck if ap	F0.0.0	Please	C Name of organization INSTITUTE FOR FINANCIAL MARKETS	D Employer iden	tification number
	Addre		use IRS label or	Doing Business As	52-16345	508
Г	Name	change	pnnt or	Number and street (or P O box if mail is not delivered to street address) Room/suite	E Telephone nun	nber
	initial	return	type See	2001 PENNSYLVANIA AVE, NW SUITE 600	(202) 223	3-1528
	Termi		Specific Instruc-	City or town, state or country, and ZIP + 4		
	Amen	nded	tions	WASHINGTON, DC 20006-1807	G Gross receipts	\$ 740,964.
	Applic	cation	F Na	me and address of principal officer PATRICIA FOSHEE	H(a) Is this a group	
	pendi	·		PENNSYLVANIA AVE, NW #600 WASHINGTON, DC 20006	affiliates?  H(b) Are all affiliates	
ī	Tax-ex	empt stat		X 501(c) ( 3 ) ◀ (insert no ) 4947(a)(1) or 527	1 ' '	a list (see instructions)
	Websi	<del>-                                    </del>		?://WWW.THEIFM.ORG	H(c) Group exempted	
_		of organiz				tate of legal domicile DC
Pa			ımary		1303	DC
u e	_					
	1			be the organization's mission or most significant activities		
çe				'ITUTE'S MISSION FOCUSES ON THREE PRIMARY AREAS - EI		
Governance		<u>ETHI</u>	CS,_	AND DATA DIRECTED AT IMPROVING THE FINANCIAL SERVICE	CES INDUSTE	<u>ξ</u>
veri						
ő	2	Check			1	. 1
૰ŏ	1			ting members of the governing body (Part VI, line 1a)	· · · · · · · -	3 14
Activities				dependent voting members of the governing body (Part VI, line 1b)	<del>-</del>	1 13
Ę	5	Total n	umber	of employees (Part V, line 2a)		5
Š	6	Total n	umber	of volunteers (estimate if necessary)	[4	6 NONE
	7 a	Total g	ross u	nrelated business revenue from Part VIII, line 12, column & EIVED		a NONE
	b	Net uni	related	business taxable income from Form 990-T, line 34	7	b NONE
				$ \mathcal{E} $ NOV 1 8 2009 $ \mathcal{E} $	Prior Year	Current Year
ē	8	Contrib	oution	and grants (Part VIII, line 1h)	153,880	). 41,500.
enn	9	Prograi	m serv	rice revenue (Part VIII, line 2g)	691,826	695 <u>,924</u> .
Revenue	10	Investn	nent ir	come (Part VIII, column (A), lines 3, 4, and 7d) OGDEN, UT	11,794	<u>1.</u> 2,697.
ш	11	Other r	evenu	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,558	843.
	12	Total re	evenue	e - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	859,058	
	13	Grants	and s	ımılar amounts paid (Part IX, column (A), lines 1-3)		NONE
				to or for members (Part IX, column (A), line 4)		NONE
s	15	Salarie	s, oth	er compensation, employee benefits (Part IX, column (A), lines 5-10)	594,469	
Expenses				fundraising fees (Part IX, column (A), line 11e)	001,10	NONE
bei					SET STATES	
й				es (Part IX, column (A), lines 11a-11d, 11f-24f)	346,440	
) 			•	es Add lines 13-17 (must equal Part IX, column (A), line 25)	940,909	
•				expenses Subtract line 18 from line 12		
- S	13	Revent	JE 1633		-81,851 Beginning of Year	
វិនិនិ	20	Tatala				
Net Assets or Fund Balances	20			Part X, line 16)	1,188,769	
ag F	21			s (Part X, line 26)	154,90	
ŻĽ	22			fund balances Subtract line 21 from line 20	1,033,865	<u>854,409.</u>
Įέε	rt II	Sigi	natur	e Block		
		Under	penalt	es of perjury, I declare that I have examined this return, including accompanying schedules and is true, correct, and complete. Declaration of preparer (other than officer) is based on all info	d statements, and t	to the best of my knowledge
ξ.	_	and be		7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	I //	> - C
	ign	<b>A</b> -	<u> </u>	wai a White	11-1	<u>3-09</u>
۴ H	ere	► s	Signatu	e of officer	Date	
		D D	IANI	D. WHITECFO		
		T	ype or	print name and title		
		Prepai	rer's 1	Date Check if		rer's identifying number
Paid		signat		11. 12 - 09   self- employed		nstructions)
	parer's			OF YOURS A CRANT THORNTON IID	EIN ►	36-6055558
Use	Only	of self-e		d),	Phone no	703-847-7500
May	the II			is return with the preparer shown above? (See instructions)		. X Yes No
				perwork Reduction Act Notice, see the separate instructions.	· · · · · · · · · · ·	Form <b>990</b> (2008)
		-,		principal desired from the control of the control managements.		1 OHH <b>330</b> (2006)

P	art     Statement of Program Service Accomplishments (see instructions)	raye Z
	Briefly describe the organization's mission	
	SEE STATEMENT 1	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes	X No
2	If "Yes" describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes	X No
4	If "Yes," describe these changes on Schedule O Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported	d
4:	a (Code) (Expenses \$	)
	THE DEVELOPMENT OF PRODUCTS AND MARKET-BASED EDUCATIONAL MATERIALS	_ ′
	DIRECTED TO INDUSTRY PROFESSIONALS, MARKET-USERS, JOURNALISTS,	
	ACADEMICS AND THOSE WHO SHAPE AND IMPLEMENT PUBLIC POLICY FOR THE	
	FINANCIAL SERVICES INDUSTRY.	
41	O(Code) (Expenses \$80,503including grants of \$) (Revenue \$	_)
	THE DEVELOPMENT OF STANDARDS AND FOSTERING BEST PRACTICES	
	INITIATIVES IN THE FUTURES AND RELATED FINANCIAL SERVICES	
	INDUSTRY.	
40	: (Code) (Expenses \$122,642. including grants of \$) (Revenue \$	_)
	MARKET DATA USED BY ACADEMIC AND GOVERNMENT RESEARCHERS AND	
	INDUSTRY PROFESSIONALS AND THEIR CLIENTS THROUGHOUT THE WORLD.	
		_
40	Other program services (Describe in Schedule O)	
	(Expenses \$ 217,056. including grants of \$ ) (Revenue \$ )	
46	• Total program service expenses ▶\$ 634,777 (Must equal Part IX, Line 25, column (B))	
JSA 8E 1	020 1 000 Form 9	90 (2008)

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		x
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	·		
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
	Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	•		_^_
	complete Schedule D. Part III	8		х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part	Ť		
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		х
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,			
	Parts VI, VIII, IX, or X as applicable	11	х	
12	Did the organization receive an audited financial statement for the year for which it is completing this return			
	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Х
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		_X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5,? If "Yes," complete			
	Schedule J	23	<u> </u>	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions			
	24b-24d and complete Schedule K If "No," go to question 25	24a		<u>X</u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified			
_ =	person from a prior year? If "Yes," complete Schedule L, Part I	25b		_X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u> X</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or			
JSA	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	000	X
8E 1021	1 000	Form	330	(2008)

### Part IV Checklist of Required Schedules (continued) Yes No During the tax year, did any person who is a current or former officer, director, trustee, or key employee 28 a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, 28a X b Have a family member who had a direct or indirect business relationship with the organization? If "Yes," 28b X Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV . . . . . . 28c Х Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . 29 29 Х 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 X Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 Х 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, 34 34 Х Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 35 Х 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 Х 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part

Form **990** (2008)

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			<del></del>
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	A LANGE	(,0,0,000 ,,	450
	U.S. Information Returns Enter -0- if not applicable	7.7		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1	15	71
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1,000	ر این اور اور این این این ا	
	gaming (gambling) winnings to prize winners?	1 c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		を選び	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 5	13	777. 	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	7.36	,	73°C
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	سنت		ب مُحَدِّدً
	this return?	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	ĺ		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a	J	<u>X</u>
b	If "Yes," enter the name of the foreign country ▶	, ;	1.	4
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank	19.11	12	2 m
	and Financial Accounts		<u>, y</u> -	1834 ,
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5c		<u> </u>
	Did the organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b	1,5	
7	Organizations that may receive deductible contributions under section 170(c).		-150	
	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? .	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.		.,
	required to file Form 8282?	7c	<del> </del> ;	X
	If "Yes," indicate the number of Forms 8282 filed during the year	100	1. T	242
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e	1,232	X
ε	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	<b></b>	X
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		^
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	· •		
••	required?	7h	Ì	
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section	2.1.2	1,4	7 F 8
•	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	- , <u>f</u>	بار د. خانت د	, 3
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		
10	Section 501(c)(7) organizations. Enter	• }	- 17	4
а	Initiation fees and capital contributions included on Part VIII, line 12	] y. 5		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	,,,,	. 44	1.2
11	Section 501(c)(12) organizations. Enter	2 1/23	7.3	
а	Gross income from members or shareholders		: (3	感
b	Gross income from other sources (Do not net amounts due or paid to other sources against	13.33	5-	3
	amounts due or received from them )	1 m 1		1,000
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>	
_ b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	1	1000	, ,

Page 6

Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code)

Sect	ion A. Governing Body and Management	- 1	1	
	For each Ward and the Control of the		Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the	· I	.	
10	circumstances, process, or changes in Schedule O. See instructions  Enter the number of voting members of the governing body	7.	· · · .	
1a b	Follow the construction of	٠.,		
2	Enter the number of voting members that are independent	3	. 1	1
-	any other officer, director, trustee, or key employee?	2		v
3	Did the organization delegate control over management duties customarily performed by or under the direct	-		<u> </u>
•	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		_X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		х
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7 b		Х
8	Did the organizations contemporaneously document the meetings held or written actions undertaken during		15 3. 2. 1. 2. 1. 2.	4.7
	the year by the following	12.5		
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a		_X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
4.0	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations	4.0		
11	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10		<u>X</u>
• •	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		.,
Secti	ion B. Policies	11		<u> </u>
0000	OH D. I OHOICS	-	Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	Х	
13	Does the organization have a written whistleblower policy?	13	Х	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by		65. g	-2
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision	1000	7 11	
а	The organization's CEO, Executive Director, or top management official?	15a	Х	
b	Other officers or key employees of the organization?	15b	X	
40-	Describe the process in Schedule O (see instructions)	1.		,
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
<b>h</b>	with a taxable entity during the year?  If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	16a	<del></del>	X
b	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	', '	٠,	
	the organization's exempt status with respect to such arrangements?	16h		
Secti	ion C. Disclosure	1100		<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed ▶ DC, IL, NY,			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)	s only	. – – –	
	available for public inspection. Indicate how you make these available. Check all that apply		•	
	Own website X Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inte	rest		
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne		
	organization ▶DIANE WHITE 2001 PENNSYLVANIA AVE, NW STE 600 WASHINGTON, DC 2000			
	202-466-5460			
		Corm	990	(2008)

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Crieck this box if the organization did not com-	r	iy OIIK	JE1,			i, uus	iee.			
(A)	(B)			(0				(D)	(E)	(F)
Name and Title	Average	Position (check all that apply)						Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from	compensation from related	amount of other
	WEEK	le se	Ē	ह	ag .	nest oloy	mer	the	organizations	compensation
		현류	ona		ploy	6 0		organization	(W-2/1099-MISC)	from the
		ust.	를		66	npe		(W-2/1099-MISC)		organization
		ě	stee			nsat				and related organizations
						ed				- Organizations
	ļ	1	ŀ							
SEE SCHEDULE J-2				<u> </u>						
			ŀ							
			<u> </u>		<u> </u>					
		1	ŀ							
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			İ							
		L								
				1						
	]						l		:	
								_		
	]									
								İ		
								,		
	1	1								
										-
		ł						]		
		<del> </del> -								
	1									
			_				<del>                                     </del>		-	
	1						ŀ			
	-	<u> </u>					-	<u> </u>		
	Í						1			
								i e	i	

Form **990** (2008)

JSA

(A)	(B) Average	(C) Position (check all that appl						(D) Reportable	(E) Reportable		(F) Estimated		
Name and title	hours per week	or director	Institutional trustee	Officer	Key employee	a Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compens from rel organiza (W-2/1099	ation ated tions	ame comp fro orga and	imated out of other ensation om the nization related nizations	
											-		
				i									
												<del></del>	
1b Total								·				23,902	
Total number of individuals (including those organization ▶ 2	e in 1a) v	vho r	ece	ived	m	ore t	han	ı \$100,000 ın rej	portable co	ompens	ation fr	<u>,</u>	
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu											₹. 3	Yes No	
4 For any individual listed on line 1a, is the the organization and related organizations	sum of	repor	tabi	e c	om	pensa	atio	n and other com	pensation	from		X	
											4	X	
services rendered to the organization? If "Yes,"											5	х	
Section B. Independent Contractors										646		- 5	
Complete this table for your five highest compensation from the organization	compensa:	ea ir	iaer	enc	eni —	con	trac		a more tn	an \$10		OT	
(A) Name and business add	ress							(B) Description of se	rvices	C	(C) Compens	ation	
							$\pm$			-			
							$\pm$	-					
2 Total number of independent contractors (i	ncluding t	nose	ın	1) v	who	rece	eive	d more than \$10	0,000 ın	Z .32	4		
compensation from the organization	NONE											# 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

Pai	rt Vill	Statement of Revenue			<del></del>	52-1634508		
はいませんだい					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a b c d	Federated campaigns						
Contribut and other	g	All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines	1a-1f \$	· · · - · · · · · · ·	41 500			
<u>. ā</u>	<u> </u>	Total. Add lines 1a-1f	<del></del>	Business Code	41,500.	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	18.	
enc						الانتخاص المستان أأما لمختفظ تشميدا	عند مانگانستان تسلسانگان داند	
ě	2 a	PROGRAM MATERIAL SALES		541900	405,881.	405,881.		
ě	b	REGISTRATION FEES		541900	290,043.	290,043.		
Program Service Revenue	c d e							
g	f	All other program service revenue						
5	g	Total. Add lines 2a-2f			695,924.	, , , , , , , ,	W 128 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 But 12-1
	3	Investment income (including divident other similar amounts)	dends, inter	est, and	2,697.			2,697.
	5	Royalties · · · · · · · · · · · · · · · · · · ·		_	843.			843.
	6a		i) Real	(II) Personal				
	b	Less rental expenses				3		1,186
	C	Rental income or (loss)				The same was	4	
	d	Net rental income or (loss)			NONE			
	7 a		Securities	(II) Other		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A STATE OF THE STATE OF	\$ 1000
	b	Less cost or other basis and sales expenses						
	d	Net gain or (loss)			NONE			
Other Revenue	8a	Gross income from fundra events (not including \$ of contributions reported on line 10	using  c)		NONE			
ά	1	See Part IV, line 18		-				25
the	ь	Less direct expenses					<u></u>	
0	С	Net income or (loss) from fundraisi	-	<u> </u>	NONE		<b>点下 )                                   </b>	* * * * * * * * * * * * * * * * * * * *
	9a b	Gross income from gaming activities See Part IV, line 19	а	ł .				5
	C	Net income or (loss) from gaming			NONE			
	10a	Gross sales of inventory, returns and allowances	less		Total		And the second	
	Ь	Less cost of goods sold			1	100		2 2
	c	Net income or (loss) from sales of			NONE			
		Miscellaneous Revenue		Business Code		r Str. bijmtisti	1. 一年本本本本	13
	110					A	and a state of the house	
	11a			<del></del>	<del>                                     </del>	<del>                                     </del>		
	b				<del> </del>			
	С						_	
	ď	All other revenue		L		r dome at the TA second	prode to exemp 112	See Some
	е	Total. Add lines 11a-11d			NONE	· 李雪·明明 (1927)	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	The Thirty was
	12	Total Revenue. Add lines 1h, 2g, 3						
	<u> </u>	9c, 10c, and 11e			740,964.	695,924.		3,540.

### Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D), Do not include amounts reported on lines 6b, (A) (B) Program service (C) Management and (D) Fundraising Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . . NONE Grants and other assistance to individuals in the U.S. See Part IV. line 22 . . . . . . . . . NONE Grants and other assistance to governments, organizations, and individuals outside the US See Part IV, lines 15 and 16 . . . . . . . . NONE Benefits paid to or for members . . . . . . . . . NONE Compensation of current officers, directors, trustees, and key employees . . . . . . . . . NONE Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . NONE 510,185 353,392 156,793 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions). . 39,594 27,716 11,878 9 Other employee benefits . . . . . . . . . . . . . 42,747 29,923. 12,824 10 33,044 23,131 9,913 Fees for services (non-employees): 174,506 162,391 12,115 2,307 2,307 21,153 21,153 NONE e Professional fundraising services. See Part IV, line 17 NONE NONE NONE Advertising and promotion . . . . . . . . . NONE Office expenses . . . . . . . . . . . . . . . . . 59,544. 31,280 28,264 13 NONE 15 NONE 16 640 640 6,944 17 54,336 47,392 18 Payments of travel or entertainment expenses for any federal, state, or local public officials NONE Conferences, conventions, and meetings . . . . NONE 19 20 NONE 21 NONE 22 Depreciation, depletion, and amortization . . . . 1,687 1,687 23 Insurance . . 3,451 3,451 24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) 15,862 15,862 All other expenses \_\_\_\_ 25 Total functional expenses Add lines 1 through 24f 959,056 634,777. 324,279 Joint Costs. Check here ▶ SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising 

8E 1052 1 000

Form 990 (2008)

re	Lf Y	Datatice Street	1		<del></del>		
			(A) Beginning of year		End o	3) of year	-
	1	Cash - non-interest-bearing	134,256.	1	-	196,	919.
	2	Savings and temporary cash investments	61,402.	2		63,	183.
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net	193,253.	4		76,	756.
	5	Receivables from current and former officers, directors, trustees, key					
		employees, or other related parties Complete Part II of Schedule L		5			
	6	Receivables from other disqualified persons (as defined under section	The section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the se				
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II	Star on the same of the				
		of Schedule L		6			
2	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sales or use	8,569.	8		3.	331.
As	9	Prepaid expenses and deferred charges		9			643.
	10a	Land, buildings, and equipment cost basis   10a   108,782	5,010.				<u>015.</u>
		Less accumulated depreciation Complete	1-11-15-5	-	F-\$ 11		
		Part VI of Schedule D	1,878.	10c			192.
	11	Investments - publicly traded securities · · · · · · · · · · · · · · · · · · ·	780,401.	11			036.
	12	Investments - other securities See Part IV, line 11 · · · · · · · · · · · · · · · · · ·	700,401.	12	<u></u> '	000,	<u>030.</u>
	13	Investments - program-related See Part IV, line 11		13			
	14	Intangible assets · · · · · · · · · · · · · · · · · · ·		14			
	15	Other assets See Part IV, line 11 · · · · · · · · · · · · · · · · · ·	NONE				<u> </u>
	16	Total assets. Add lines 1 through 15 (must equal line 34)			1 ,		<u>504.</u>
	17	Accounts payable and accrued expenses	1,188,769.	17	1,0		<u>564.</u>
	18	Grants payable	53,480.	18		62,	754.
	19	Deferred revenue	101 404	19	<u> </u>	126	401
			101,424.	20	<u> </u>	136,	401.
	20	Tax-exempt bond liabilities		21			
Liabilities	21	Escrow account liability Complete Part IV of Schedule D			ļ.—	<del></del>	
ij	22	Payables to current and former officers, directors, trustees, key employees,		**	F		
ia		highest compensated employees, and disqualified persons. Complete Part II	أنهرا المناه وبأبياه فأراقها	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	المانية المناسبة المناسبة المناسبة	بإلمائه بالسابل	الميدوط ورو
_		of Schedule L		22	<del> </del>		
	23	Secured mortgages and notes payable to unrelated third parties		23			
	24	Unsecured notes and loans payable		24	_		
	25	Other liabilities Complete Part X of Schedule D		25	<del> </del>		
	26	Total liabilities. Add lines 17 through 25	154,904.	26		<u> 199,</u>	<u> 155.</u>
es		Organizations that follow SFAS 117, check here ► X and complete lines 27 through 29, and lines 33 and 34.		٠, .	-		
	27	Unrestricted net assets	1,033,865.	27	` ,	R54	409.
ala	28	Temporarily restricted net assets	1,055,005.	28		<u> </u>	<u> 10,7 °</u>
Fund Balan	29	Permanently restricted net assets		29	·		
Ë		Organizations that do not follow SFAS 117, check here ▶ □ and	<del></del>	<u> </u>	,	. •,	
o.		complete lines 30 through 34.	•			· :	
	30	Capital stock or trust principal, or current funds		30	-	,	
Assets	31	Paid-in or capital surplus, or land, building, or equipment fund	·····	31	<del></del>		
As	32	Retained earnings, endowment, accumulated income, or other funds		32	<del> </del>		
Net	33	Total net assets or fund balances	1 022 065	1		054	400
Z	34	Total liabilities and net assets/fund balances	1,033,865.	33			409.
Do			1,188,769.	34		<u> </u>	<u>564.</u>
ΓŒ	rt XI	r mancial Statements and Reporting			·	V	N.
	۸	and the second to second the form one of the first one of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of				Yes	No
1		ounting method used to prepare the Form 990 Cash X Accrual Other			_		
2a		e the organization's financial statements compiled or reviewed by an independent accour					_X
b		e the organization's financial statements audited by an independent accountant?			· · ·   2b		_X
С		es" to lines 2a or 2b, does the organization have a committee that assumes responsibility	<u>~</u>				ĺ
_		t, review, or compilation of its financial statements and selection of an independent accounts.			· · · 2c_		<u> </u>
3a		result of a federal award, was the organization required to undergo an audit or audits as					
		Single Audit Act and OMB Circular A-133?					X
<u>b</u>	If "Y	es," did the organization undergo the required audit or audits?	<u> </u>			L	<u> </u>
					Fom	990	(2008)

15

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

### **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

			FINANCIAL M					<del></del> -	<u> </u>	52-16	34508
Pa	_			ity Status (All organ					ee instru	ctions)	
	orga			dation because it is (P							
1	Ш			rches, or association (			ın sectio	n 170(b)(	(1)(A)(i).		
2	Ш			on 170(b)(1)(A)(ii). (At							
3	Ш			hospital service organ							
4				zation operated in co	njunction	with a hos	pital des	cribed in	section	170(b)(1)	(A)(iii). Enter the
	_		ame, city, and sta								
5	Ш			or the benefit of a col	llege or un	iiversity ow	ned or o	perated t	by a gove	ernmental	unit described in
			(b)(1)(A)(iv). (C								
6	Ш			vernment or governme							
7	Ш			lly receives a substan		its support	t from a g	governme	ental unit	or from t	he general public
				(1)(A)(vi). (Complete F	-						
8	Ш			d in section 170(b)(1)(							
9	X			lly receives (1) more							
				ted to its exempt fun							
				ment income and un						511 tax)	from businesses
	_			after June 30, 1975.							
10	Ш			ind operated exclusive							
11				and operated exclus							
				ublicly supported orga							
				at describes the type o				•	lines 11e		
		a Typ	_	Type II c		e III - Fund					pe III - Other
е	Ш			ertify that the organiz							
				ion managers and oth	er than on	e or more	publicly s	supported	d organiz	ations de	scribed in section
			r section 509(a)(	· ·							
f				l a written determina	ition from	the IRS tha	at it is a	Type I,	Type II o	r Type III	supporting
			n, check this box								
g				the organization acce	epted any g	lift or contri	bution fro	om any of	f the		
		following pe									
				or indirectly controls			ether wit	h persor	s describ	ped in (ii)	Yes No
				erning body of the supp		anization?					11g(i) X
				erson described in (i) a							11g(ii) X
				of a person described		•					11g(ni) X
<u>h</u>				ation about the organi			<del></del>				
(1) 1		of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1-9		organization sted in your		ou notify		s the	(vii) Amount of support
				above or IRC section		document?	col (i)	of your	(i) organı	zed in the	опрост
				(see instructions))	V	T	· · · ·	port?	<del></del>	S?	
		<del></del>		· · · · · · · · · · · · · · · · · · ·	Yes	No	Yes	No	Yes	No	
										ļ.———	
							}			1	
			<del>-</del> · ,					-			
				<u> </u>			ļ				
				-					]		
			<del></del>				<del>                                     </del>	ļ	<del> </del>		
						1	[				
							<u> </u>	<u> </u>			
Tota	ı			, ,				_	<u>'</u> .		
			L			<u></u>	l	<u> </u>	l	1	
For P	rivac	y Act and Paper	work Reduction Act	Notice, see the Instructions	s for Form 990	0			Sche	dule A (For	m 990 or 990-EZ) 2008

Par	Support Schedule for Org (Complete only if you ched	ganizations D cked the box o	escribed in S n line 5, 7, or 8	ections 170(b 3 of Part I.)	)(1)(A)(iv) and	170(b)(1)(A)(vi	)
Sec	tion A. Public Support	· -					<del></del>
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						.,
4	Total. Add lines 1-3				- 4- 1		
5	The portion of total contributions by each				1	a -	
	person (other than a governmental unit or					1 1 1 1 1 1 1	
	publicly supported organization) included			,		7-27 7. 72	
	on line 1 that exceeds 2% of the amount	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s				- 10 12 × 15	
	shown on line 11, column (f)		- 学 4 2			22) " " " " " " " " " " " " " " " " " "	
_6	Public support. Subtract line 5 from line 4	The same	[ ] Et 1/13			[3 1 3 4 5 t]	
	tion B. Total Support	,	1"-				
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 8	Amounts from line 4						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10	P. 104 T. 124 - 4 " 2"	12.00 Ex	1 2 2		1 4 1 1 2	
12	Gross receipts from related activities, etc. (	See instructions)				12	
13	First five years. If the Form 990 is for the						<del></del>
	organization, check this box and stop here			<u> </u>	<u> </u>	<u> </u>	<b>▶</b>   _
Sec	tion C. Computation of Public Sup						
14	Public support percentage for 2008 (I	ine 6, column (f	) divided by line	11, column (f))		14	%
15	Public support percentage from 2007	Schedule A, Pa	art IV-A, line 26f			[15]	<u>%</u>
16a	33 1/3% support test - 2008. If the c	organization did	not check the b	ox on line 13, a	nd line 14 is 33	3 1/3% or more, o	check this box
	and stop here. The organization quali	•					
b	33 1/3% support test - 2007. If the o	•					
	box and stop here. The organization of	qualifies as a pu	blicly supported	lorganization.			▶ 🗀
17a	10%-facts-and-circumstances test -	<b>2008.</b> If the orga	anization did no	t check a box oi	n line 13, 16a c	r 16b, and line 1	4
	is 10% or more, and if the organization	n meets the "fa	ct-and-circumsta	ances" test, ched	ck this box and s	stop here. Explai	n
	in Part IV how the organization meets	the "facts and	circumstances"	test The organ	ızatıon qualıfies	as a publicly supp	orted
	organization						
b	10%-facts-and-circumstances test -	<b>2007</b> . If the orga	anization did no	t check a box o	n line 13, 16a,	16b, or 17a, and	tine
	15 is 10% or more, and if the organization	ation meets the	"facts and circu	ımstances" test,	check this box a	and stop here.	
	Explain in Part IV how the organization supported organization				-		- 1
18	Private foundation. If the organization						
	instructions						▶ 🗀

Schedule A (Form 990 or 990-EZ) 2008

### Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support						
Ca	alendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include						
	any "unusual grants ")	206,989.	216,100.	174,300.	153,880.	41,500.	792,769.
2	Gross receipts from admissions, merchandise						<del></del>
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose	626,946.	753,718.	671,903.	691,826.	695,924.	3,440,317.
3	Gross receipts from activities that are not an					-	
	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1-5	833,935.	969,818.	846,203.	845,706.	737,424.	4,233,086.
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons	194,000.	207,000.	182,000.	141,000.	121,500.	845,500.
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for the year or \$5,000 · · · · · · · · · · · · ·	NONE	NONE	NONE	NONE	NONE	NONE
С	Add lines 7a and 7b	194,000.	207,000.	182,000.	141,000.	121,500.	845,500.
8	Public support (Subtract line 7c from						·
	line 6)	-3 4 1 F	<u> </u>		では発表を対		3,387,586.
<u>Sec</u>	tion B. Total Support						
C	alendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6	833,935.	969,818.	846,203.	845,706.	737,424.	4,233,086.
10 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar						
	sources	1,769.	7,050.	12,057.	12,609.	3,540.	37,025.
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	1,769.	7,050.	12,057.	12,609.	3,540.	37,025.
11	Net income from unrelated business	1					
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or						
	loss from the sale of capital assets					-	
	(Explain in Part IV)	NONE	NONE	NONE	743.	NONE	743.
13	Total support. (Add lines 9, 10c, 11,						
	and 12)		L		L		4,270,854.
14	First five years. If the Form 990 is for						
	organization, check this box and stop here			· · · · · · · · ·		<u> </u>	· · · · •
	tion C. Computation of Public Sup			(0)	<del> </del>		
15 16	Public support percentage for 2008 (line 8 Public support percentage from 2007 Scho					15	79.32%
	tion D. Computation of Investment			• • • • • • • •		16	76.47%
17	Investment income percentage for 2008 (li			3 column (ft)		17	0.079/
						<del>                                     </del>	0.87%
18 19a	investment income percentage from 2007 33 1/3% support tests - 2008. If the org					18	0.66%
, 50	17 is not more than 33 1/3 % check this bo						. —
ь	33 1/3% support tests - 2007. If the orga						▶ <u>X</u>
U	line 18 is not more than 33 1/3 %, check thi						
20							
20	Private foundation. If the organization did	HOL CHECK & DOX C	ni mie 14, 19a, 0l	i au, check this t	oux and see instru	7110112	· · · · - <u> </u>

18

### SCHEDULE D (Form 990)

### **Supplemental Financial Statements**

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name	e of the organization			Employer identification number
<u>INS</u>	TITUTE FOR FINANCIAL MARKETS_			52-1634508
Pai	Organizations Maintaining Donor Adv the organization answered "Yes" to For	rised Funds or Other Sin m 990, Part IV, line 6.	nilar Funds o	or Accounts. Complete if
-	-	(a) Donor advised for	unds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)		_	
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor a	dvisors in writing that the a	ssets held in d	lonor advised
_	funds are the organization's property, subject to the	_		
6	Did the organization inform all grantees, donors, a	=	-	
	used only for charitable purposes and not for the b			
	ımpermissible private benefit?			
Pai	t II Conservation Easements. Complete if	the organization answer	red "Yes" to F	orm 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the	organization (check all that	apply)	
	Preservation of land for public use (e.g., recre	eation or pleasure)	Preservation	of an historically importantly land area
	Protection of natural habitat			of certified historic structure
	Preservation of open space			
2	Complete lines 2a-2d if the organization held a qua	alified conservation contrib	ution in the for	m of a conservation easement
	on the last day of the tax year			
				Held at the End of the Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements	3		2 b
С	Number of conservation easements on a certified	historic structure included in	n (a)	2c
d	Number of conservation easements included in (c	) acquired after 8/17/06 .		2 d
3	Number of conservation easements modified, tran	sferred, released, extinguis	shed, or termin	nated by the organization during
	the taxable year			
4	Number of states where property subject to conse			
5	Does the organization have a written policy regard			
	enforcement of the conservation easements it holds			
6	Staff or volunteer hours devoted to monitoring, ins			
7	Amount of expenses incurred in monitoring, inspec	_	_	<del>-</del>
8	Does each conservation easement reported on line	, ,		1 1 1
_	170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?			
9	In Part XIV, describe how the organization reports			•
	balance sheet, and include, if applicable, the text of the organization's accounting for conservation easi		ization's financ	cial statements that describes
Pai	rt III Organizations Maintaining Collections		ures or Othe	er Similar Assets
	Complete if the organization answered	l "Yes" to Form 990, Part	IV, line 8.	or ominar Added.
1 a	If the organization elected, as permitted under SF/	AS 116 not to report in ite	rovenue state	ment and halance sheet works of
	art, historical treasures, or other similar assets hel provide, in Part XIV, the text of the footnote to its f	ld for public exhibition, edu	cation, or rese	earch in furtherance of public service,
b	If the organization elected, as permitted under SF			
	historical treasures, or other similar assets held fo provide the following amounts relating to these iter		on, or researcr	n in furtherance of public service,
	(i) Revenues included in Form 990, Part VIII, line 1			<b>▶</b> \$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, hi			
-	following amounts required to be reported under S			To manda gam, provide the
a	Revenues included in Form 990, Part VIII, line 1.			<b>&gt;</b> \$
b	Assets included in Form 990, Part X			· ·
			· · · ·	· · · · · · · · · · · · · · · · · · ·

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

Schedule D (Form 990) 2008

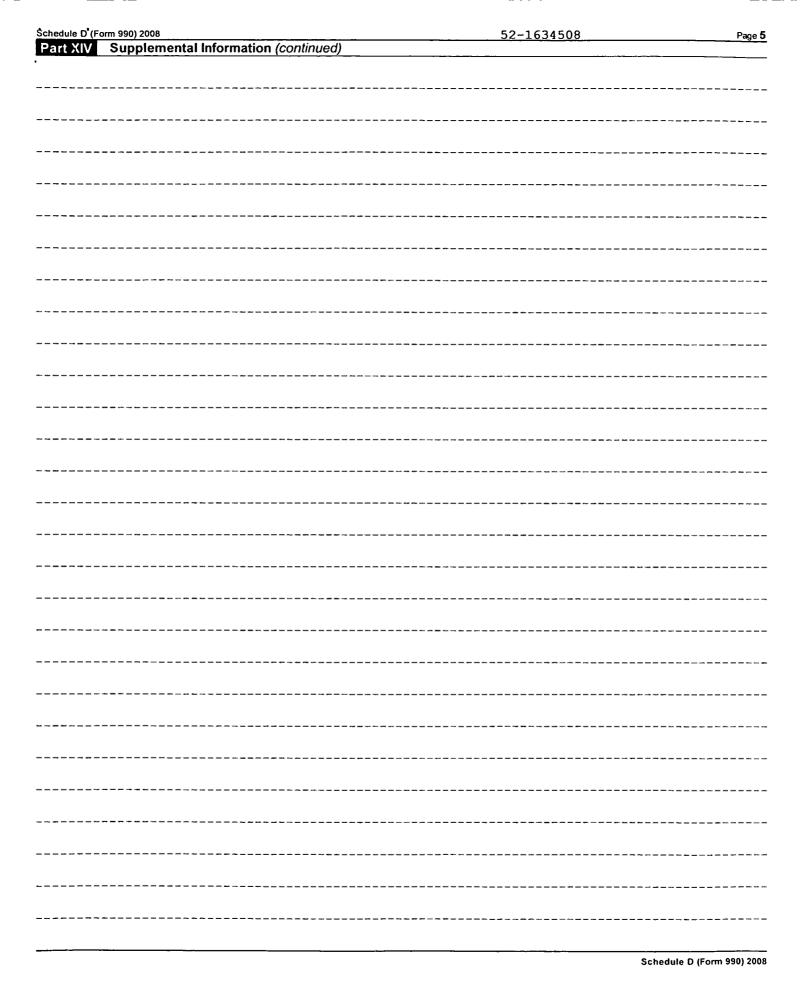
Par	Organizations Maintaining Co	lections of Art, H	storical	Treasures,	or Oth	er Similar A	ssets (cor	ıtinued)	
3	Using the organization's accession and oth	per records, check :	any of the	following the	at are a	ejanificant ije	e of its colle	action	
J		iei records, check a	arry Or trie	tollowing the	at are a	significant us	e or its con	CHOIT	
_	items (check all that apply)		[ <del></del> ]						
а •	Public exhibition	d		Loan or excl	nange p	rograms			
Ь	Scholarly research	е		Other					
С	Preservation for future generation								
4	Provide a description of the organization's	collections and exp	lain how	they further t	he orga	nızation's exe	mpt purpos	se in	
	Part XIV								
5	During the year, did the organization solic								
	assets to be sold to raise funds rather than	to be maintained a	s part of	the organiza	tion's co	llection?		Yes	No
Par	Trust, Escrow and Custodial A Part IV, line 9, or reported an a				on ansv	vered "Yes" i	o Form 99	<del>3</del> 0,	
	In the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contrac								
та	Is the organization an agent, trustee, custo								٦
	included on Form 990, Part X?				• • • •		• • •	Yes	No
b	If "Yes," explain the arrangement in Part X	V and complete the	following	g table _					
				L		Ar	nount		
С	Beginning balance			_					
d	Additions during the year			[	1 d				
е	Distributions during the year			[	1 e				
f	Ending balance								
2a	Did the organization include an amount or	Form 990, Part X,	line 21?					Yes	No
b	If "Yes," explain the arrangement in Part X	V							
Par	t V Endowment Funds. Complete	if organization an	swered '	'Yes" to For	m 990,	Part IV, line	10		
	(a) C	лтепt Year (b) Pr	or year	(c) Two year	s back	(d) Three yea	rs back (	e) Four years	back
1 a	Beginning of year balance	·	1, 15, 1	(特质)		15000000000000000000000000000000000000	\$ P C	63	1,175
b	Contributions	1- 3		Y - 1 C - 5 X - 5 X 1 1 1 1	とは選	17.50	30.6		7
С	Investment earnings or losses	1-9	, ,	Land St. N	Constitution of the	- S. S. S. S. S. S. S. S. S. S. S. S. S.	رازا الله والمعارض	- FA 10	1 -
d	Grants or scholarships			1 2 2 2	***		¥.30 å.5	<del></del>	
е	Other expenditures for facilities .		Mark Land	CONVERSE.		ST. Tour Main The	Tank or the Tank or the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State o		200
	and programs	Egge ( To T F	127	Carlotte Sales					
f	Administrative expenses	÷ ,		11 7 7	THE THE		m114		72.5
g	End of year balance	1,7,16	De Transit		1 NE 1	A PARTY CONTRACTOR	est on the	سان ن⊸ تمین با آسا	
2	Provide the estimated percentage of the y			A. 3 and 4 physics	Company of the Company	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- 12-14-14 14 14 15 1	- 1 Trv -0	, , , , ,
a	Board designated or quasi-endowment	% « « « « « « « « « « « « « « « « « « «	<i>1</i> 03						
h	•								
c	Term endowment ▶ %	0							
		account of the orac	nization	that are hold	and ad-	municipared for	lh a		
Ja	Are there endowment funds not in the post organization by	ssession of the orga	mization	mat are neio	and adi	ministered for	ine	\ <u>\</u>	1.55
	,						r.	Yes	No
	(i) unrelated organizations				• • • •	· · · · · · · ·	ļ	3a(i)	-
L	(ii) related organizations						1_	Ba(ii)	-
_	If "Yes" to 3a(ii), are the related organization	·			• • • •		• • • • [	3b	1
4	Describe in Part XIV the intended uses of					40			
Par		and Equipment.	see For	m 990, Pari	X, line	10.			
	Description of investment	(a) Cost or other ba	sis (t	) Cost or other basis (other)	(c)	Depreciation	(d) E	look value	
1 a	Land	· No	ONE		- 3	<u> </u>			
b	Buildings	· No	ONE						
С	Leasehold improvements		ONE						_
d	Equipment		1			95,344.		1	192.
е	Other		1	······································		13,246			NONE
Tota	I. Add lines 1a-1e (Column (d) should equa	1 10/2		3), line 10(c)	)				192.
	, , , , , , , , , , , , , , , , , , , ,			,,	· · · · ·				

Schedule D (Form 990) 2008

(a) Description of security or category (b) Book value Cost or end-d-dyear market value  Financial derivatives and other financial products Cost or end-d-dyear market value  Cost or end-d-dyear market value  Cost or end-d-dyear market value  Cost or end-d-dyear market value  Total (Column (8) should seaal from 990, Part X, cot (8) line 12)  Fart VIII Investments - Program Related. See Form 990, Part X, line 13  (a) Description of investment typa  (b) Book value  Cost or end-d-year market value  (c) Method of valuation Cost or end-d-year market value  (d) Method of valuation Cost or end-d-year market value  (e) Method of valuation Cost or end-d-year market value  (e) Method of valuation Cost or end-d-year market value  (e) Method of valuation Cost or end-d-year market value  (e) Method of valuation Cost or end-d-year market value  (e) Method of valuation Cost or end-d-year market value  (e) Method of valuation Cost or end-d-year market value  (e) Method of valuation Cost or end-d-year market value  (e) Method of valuation Cost or end-d-year market value  (e) Method of valuation Cost or end-d-year market value  (e) Method of valuation Cost or end-d-year market value  (e) Method of valuation Cost or end-d-year market value  (e) Method of valuation Cost or end-d-year market value  (e) Method of valuation Cost or end-d-year market value  (e) Method of valuation Cost or end-d-year market value  (e) Method of valuation Cost or end-d-year market value  (e) Method of valuation Cost or end-d-year market value  (e) Method of valuation Cost or end-d-year market value  (e) Method of valuation Cost or end-d-year market value  (e) Method of valuation Cost or end-d-year market value  (e) Method of valuation Cost or end-d-year market value  (e) Method of valuation Cost or end-d-year market value  (e) Method of valuation Cost or end-d-year market value  (e) Method of valuation Cost or end-d-year market value  (e) Method of valuation Cost or end-d-year market value  (e) Method of valuation (e) Method of valuation Cost or end-d-ye	Part VII	Investments - Other Securities. See	Form 990, Part X,	line 12.	
Total (Column (a) should equal Form 990. Part X, or (B) Ine 12)  Part VIII Investments - Program Related. See Form 990, Part X, line 13  (a) Description of investment type  (b) Book value  Cost or end-of-year market value  Total. (Column (a) should equal Form 990. Part X, or (B) Ine 13)  Part IX  Other Assets. See Form 990, Part X, line 15.  (a) Description  (b) Book value  (c) Method of valuation Cost or end-of-year market value  Cost or end-of-year market value  Total. (Column (a) should equal Form 990. Part X, or (B) Ine 15)  (a) Description  (b) Book value		(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mark	tion ket value
Total (Column (a) should equal Form 990, Part X, or (B) Ine 12)  Part VIII Investments - Program Related. See Form 990, Part X, line 13  (a) Description of investment type  (b) Book value  Cost or end-of-year market value  Total (Column (a) should equal Form 990, Part X, or (B) Ine 13)  Part IX  Other Assets. See Form 990, Part X, line 15.  (a) Description  (b) Book value  (c) Method of valuation Cost or end-of-year market value  Cost or end-of-year market value  Total (Column (a) should equal Form 990, Part X, or (B) Ine 15)  (a) Description  (b) Book value	Financial deri	ivatives and other financial products			
Total (Column (a) should equal Form 990, Part X, cor (a) line 12)   Part VIII Investments - Program Related, See Form 990, Part X, line 13 (a) Description of investment type (b) Book value (c) Method of valuation Cost or end-of-year market value  Total, (Column (a) should equal Form 990, Part X, cor (d) line 13)   Part IX Other Assets, See Form 990, Part X, line 15. (a) Description (b) should equal Form 990, Part X, cor (d) line 15).  Total, (Column (a) should equal Form 990, Part X, cor (d) line 15).  Total, (Column (a) should equal Form 990, Part X, cor (d) line 15).  Total, (Column (a) should equal Form 990, Part X, cor (d) line 15).  Part X Other Liabilities See Form 990, Part X, line 25 (a) Description of liability (b) Amount Part X (c) (d) Ine 15).  Part X Other Liabilities See Form 990, Part X, line 25 (a) Description of liability (b) Amount Part X (c) (d) Ine 15).					
Total. (Column (b) should equal Form 990, Part X. col. (B) Inc 12)  Part VIII Investments - Program Related. See Form 990, Part X. line 13  (a) Description of investment type  (b) Book value  Cost of end-of-year market value  Total. (Column (b) should equal Form 990, Part X. col. (B) Inc 13)  Part IX  Other Assets. See Form 990, Part X, line 15.  (a) Description  (b) Book value  (c) Memod of valuation Cost of end-of-year market value  (b) Book value  Total. (Column (b) should equal Form 990, Part X, col. (B) Inc 13)  (c) Description  (d) Book value  Total. (Column (b) should equal Form 990, Part X, col. (B) Inc 15)  Part X  Other Labilities. See Form 990, Part X, line 25  (d) Description of liability  (e) Amount  Federal income taxes					
Investments - Program Related. See Form 990, Part X, Ime 13   (a) Description of investment type   (b) Book value   (c) Method of valuation   Cost or end-of-year market value					
Investments - Program Related. See Form 990, Part X, Ime 13   (a) Description of investment type   (b) Book value   (c) Method of valuation   Cost or end-of-year market value					
Investments - Program Related. See Form 990, Part X, Ime 13   (a) Description of investment type   (b) Book value   (c) Method of valuation   Cost or end-of-year market value					
Investments - Program Related. See Form 990, Part X, Ime 13   (a) Description of investment type   (b) Book value   (c) Method of valuation   Cost or end-of-year market value			-		
Investments - Program Related. See Form 990, Part X, Ime 13   (a) Description of investment type   (b) Book value   (c) Method of valuation   Cost or end-of-year market value			1		
Investments - Program Related. See Form 990, Part X, line 13   (a) Description of investment type   (b) Book value   (c) Method of valuation   Cost or end-of-year market value			<del></del>		<del></del>
Investments - Program Related. See Form 990, Part X, line 13   (a) Description of investment type   (b) Book value   (c) Method of valuation   Cost or end-of-year market value			+		
Investments - Program Related. See Form 990, Part X, line 13   (a) Description of investment type   (b) Book value   (c) Method of valuation   Cost or end-of-year market value			<del>  =</del>		
Investments - Program Related. See Form 990, Part X, line 13   (a) Description of investment type   (b) Book value   (c) Method of valuation   Cost or end-of-year market value	Total (Column	(h) should equal Form 990 Part X col. (B) line 12.)			
(a) Description of investment type  (b) Book value  (c) Method of valuation Cost or end-of-year market value  Total. (Column (b) should equal Form 990, Part X. col (8) kine 13)  Part IX  Other Assets. See Form 990, Part X, line 15.  (a) Description  (b) Book value  Total. (Column (b) should equal Form 990, Part X. col (8) kine 15)  Part X  Other Liabilities. See Form 990, Part X, line 25  (a) Description of liability  (b) Amount  Federal income laxes				line 13	
Total. (Column (b) should equal Form 990, Part X col (B) line 13)  Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description (b) Should equal Form 990, Part X, col (B) line 15).  Total. (Column (b) Should equal Form 990, Part X, col (B) line 15).  Part X Other Liabilities. See Form 990, Part X, line 25  (a) Description of liability (b) Amount Federal income taxes	Fait VIII				tion
Total. (Column (b) should equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities. See Form 990, Part X, line 25  (a) Description of liability (b) Amount Federal income taxes		(a) Description of investment type	(b) Book value	Cost or end-of-year mark	ket value
Total. (Column (b) should equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities. See Form 990, Part X, line 25  (a) Description of liability (b) Amount Federal income taxes					
Total. (Column (b) should equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities. See Form 990, Part X, line 25  (a) Description of liability (b) Amount Federal income taxes		<del></del>			
Total. (Column (b) should equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities. See Form 990, Part X, line 25  (a) Description of liability (b) Amount Federal income taxes					
Total. (Column (b) should equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities. See Form 990, Part X, line 25  (a) Description of liability (b) Amount Federal income taxes	-	·			
Total. (Column (b) should equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities. See Form 990, Part X, line 25  (a) Description of liability (b) Amount Federal income taxes	• • • • • • • • • • • • • • • • • • • •				<del></del>
Total. (Column (b) should equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities. See Form 990, Part X, line 25  (a) Description of liability (b) Amount Federal income taxes					· · · · · · · · · · · · · · · · · · ·
Total. (Column (b) should equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities. See Form 990, Part X, line 25  (a) Description of liability (b) Amount Federal income taxes					
Total. (Column (b) should equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities. See Form 990, Part X, line 25  (a) Description of liability (b) Amount Federal income taxes					
Total. (Column (b) should equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities. See Form 990, Part X, line 25  (a) Description of liability (b) Amount Federal income taxes					
Total. (Column (b) should equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities. See Form 990, Part X, line 25  (a) Description of liability (b) Amount  Federal income taxes				چې رو په	學學學是不過
Total. (Column (b) should equal Form 990, Part X, col. (B) Inne 15)  Part X Other Liabilities. See Form 990, Part X, line 25  (a) Description of liability (b) Amount  Federal income taxes	Part IX				T
Part X Other Liabilities. See Form 990, Part X, line 25 (a) Description of liability (b) Amount Federal income taxes		(8	i) Description		(b) Book value
Part X Other Liabilities. See Form 990, Part X, line 25 (a) Description of liability (b) Amount Federal income taxes					
Part X Other Liabilities. See Form 990, Part X, line 25  (a) Description of liability (b) Amount  Federal income taxes					
Part X Other Liabilities. See Form 990, Part X, line 25  (a) Description of liability (b) Amount  Federal income taxes					
Part X Other Liabilities. See Form 990, Part X, line 25  (a) Description of liability (b) Amount  Federal income taxes					
Part X Other Liabilities. See Form 990, Part X, line 25  (a) Description of liability (b) Amount  Federal income taxes					
Part X Other Liabilities. See Form 990, Part X, line 25  (a) Description of liability (b) Amount  Federal income taxes					
Part X Other Liabilities. See Form 990, Part X, line 25 (a) Description of liability (b) Amount Federal income taxes					
Part X Other Liabilities. See Form 990, Part X, line 25  (a) Description of liability (b) Amount  Federal income taxes					
Part X Other Liabilities. See Form 990, Part X, line 25  (a) Description of liability (b) Amount  Federal income taxes					
(a) Description of liability (b) Amount  Federal income taxes	Total. (Column			<u></u>	
Federal income taxes	Part X		X, line 25		
		<del></del>	(b) Amount		
Total (Column (b) should equal Form 990, Part X, col (B) line 25)	Federal incon	ne taxes	ļ		
Total (Column (b) should equal Form 990, Part X, col (B) line 25)				The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	
Total (Column (b) should equal Form 990, Part X, col (B) line 25)					
Total (Column (b) should equal Form 990, Part X, col (B) line 25)			-		12 to 12 to 12 to 12 to 12 to 12 to 12 to 12 to 12 to 12 to 12 to 12 to 12 to 12 to 12 to 12 to 12 to 12 to 12
Total (Column (b) should equal Form 990, Part X, col (B) line 25)		· · · · · · · · · · · · · · · · · · ·		- 25 P. S. Mary 189	
Total (Column (b) should equal Form 990, Part X, col (B) line 25)			<del> </del>		
Total (Column (b) should equal Form 990, Part X, col (B) line 25)			<del>                                     </del>		
Total (Column (b) should equal Form 990, Part X, col (B) line 25)					
Total (Column (b) should equal Form 990, Part X, col (B) line 25)		· · · · · · · · · · · · · · · · · · ·		一点的 医内耳氏 经净额	1
Total (Column (b) should equal Form 990, Part X, col (B) line 25)			<del>                                     </del>		
	Total (Column	(b) should equal Form 990, Part X. col. (B) line 25.)		一场,就是这个	

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Schedu		634508		Page <b>4</b>
Part	XI Reconciliation of Change in Net Assets from Form 990 to Financial 8	Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses		6	· · ·
7	Prior period adjustments	• • • • • • • •	7	
8	Other (Describe in Part YIV)	• • • • • • • •	8	·
9	Other (Describe in Part XIV)  Total adjustments (net) Add lines 4-8	• • • • • • •	9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	• • • • • • • • •	10	
Part				<del></del>
1	Total revenue, gains, and other support per audited financial statements	• • • • • • • •	. 1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains on investments		_ ;	
b	Donated services and use of facilities		!	
С	Recoveries of prior year grants 2c			
d	Other (Describe in Part XIV)		_	
е	Add lines 2a through 2d		. 2e	
3	Subtract line 2e from line 1		. 3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIV)		بور. دخر	
С	Add lines 4a and 4b		. 4c	
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)			
Part	XIII Reconciliation of Expenses per Audited Financial Statements With E	xpenses per R	eturn	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities 2a	_		
b	Prior year adjustments 2b			
C	Losses reported on Form 990, Part IX, line 25			
đ	Other (Describe in Part XIV)		7	
е	Add lines 2a through 2d		2 e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		-	
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIV)		٦.	
С	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)		. 5	
Part	XIV Supplemental Information			
	ete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 2d and 4b, and Part XIII, lines 2d and	nd 4b		
<del>-</del>				
	· · · · · · ·			



### SCHEDULE J (Form 990)

**Compensation Information** 

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

Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23. OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

INSTITUTE FOR FINANCIAL MARKETS

Department of the Treasury Internal Revenue Service

Employer identification number

52-1634508

**Questions Regarding Compensation** Yes Nο 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a a Receive a severance payment or change of control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? 5a b Any related organization? 5h If "Yes" to line 5a or 5b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of. a The organization? 6a Х **b** Any related organization? . . . . . . . . . . 6b Х If "Yes" to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe 

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

Schedule J (Form 990) 2008

8E1290 1 000

52-1634508

Page 2

Schedule J (Form 990) 2008

For each individual whose compensation must be reported in Schedule J, report compensation from the organization from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Partil Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

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

	İ							
		(b) Breakdown	(b) Breakdown of W-2 and/or 1099-MISC compensation	compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name		(t) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(ı)-(D)	reported in pnor Form 990 or Form 990-EZ
	€	NONE	NONE	NONE	NONE	NON	BNON	HON
JOHN M DAMGARD	ॗ	381,	1,500,	10,	220,500.	31,458.	2,143,438.	NONE
KEVIN BALDWIN	ε €	148,346.	į	1	13,351.	-		BNON
	9				1			T NOW
	: 8	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		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	€							
	Ξ							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	
	(E)							
	(E)							
	€		i					
	ε							
	(ii)							
	(3)							
)	(1)							
	(3)							
	(ii)							
	€ €		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 F F F F F F F F F F F F F F F F F F
	=							
	: 3		 					
	ε					1		
	ε							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 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						Sche	Schedule J (Form 990) 2008

JSA

Schedule J (Form 990) 2008

### **SCHEDULE J-2** (Form 990)

### **Continuation Sheet for Form 990**

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the Organization

Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Employer Identification number

INSTITUTE FOR FINANCIAL MARKETS

52-1634508

Part I	Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated
	Employees

(A)	(B)			(0	 C)			(D)	(E)	(F)
Name and Title	Average hours per week		1	<del></del>		that app	1	Reportable compensation from	Reportable compensation from related	Estimated amount of other
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
PETER_F_BORISHCHAIRMAN	1.	x						NONE	NONE	NONE
THOMAS A RUSSO		_	├	-				NONE	NONE	NONE
VICE CHAIRMAN	1.	x						NONE	NONE	NONE
MARK E HOLDER	٠		$\vdash$				<b>-</b>	NONE	NONE	NONE
SECRETARY/TREASURER	1.	x	1					NONE	NONE	NONE
ALGER_B_CHAPMAN		^					<del></del>	NONE	NONE	NONE
BOARD OF TRUSTEES MEMBER	1.	x						NONE	NONE	NONE
JOHN M DAMGARD		Λ		<del>                                     </del>		<b></b>		NONE	NONE	NONE
BOARD OF TRUSTEES MEMBER	38.	x						NONE	1,891,480.	NONE
DANIEL A DRISCOLL	30:	Α_	<del>                                     </del>	l				HONE	1,091,400.	NONE
BOARD OF TRUSTEES MEMBER	1 1	x						NONE	NONE	NONE
LAURIE R FERBER		- 21			$\vdash$			HONE	NONE	NONE
BOARD OF TRUSTEES MEMBER	1.	х	1					NONE	NONE	NONE
SCOTT_GORDON	·	1				<del>                                     </del>		HONE	NONE	HOME
BOARD OF TRUSTEES MEMBER	1 1.	x	1					NONE	NONE	NONE
ARTHUR W HAHN			T	-	-	<u> </u>		HONE	110112	
BOARD OF TRUSTEES MEMBER	1.	х						NONE	NONE	NONE
DAVID M HARDY			$\vdash$					NONE	HONE	NONE
BOARD OF TRUSTEES MEMBER	1 1.	x				ĺ		NONE	NONE	NONE
EDWARD A KWALWASSER										
BOARD OF TRUSTEES MEMBER	1.	x						NONE	NONE	NONE
JAMES_E_NEWSOME_										
BOARD OF TRUSTEES MEMBER	1.	х				1	į	NONE	NONE	NONE
ROBERT G PICKEL										
BOARD OF TRUSTEES MEMBER	1.	х				-		NONE	NONE	NONE
NEAL SHEAR										
BOARD OF TRUSTEES MEMBER	l 1.	х						NONE	NONE	NONE
PAUL SALTZMAN										
SECRETARY/TREASURER	. 1.	L X						NONE	NONE	NONE
RICHARD BERLIAND										
BOARD OF TRUSTEES MEMBER	1.	x						NONE	NONE	NONE
MARC E. LACKRITZ										
BOARD OF TRUSTEES MEMBER	1.	x						NONE	NONE	NONE
PATRICIA FOSHEE										
EXECUTIVE VICE PRESIDENT	38.			x				105,552.	NONE	16,249.
GARY HERMAN										
CONTROLLER	38.	<u> </u>		х			L	NONE	28,203.	1,326.
PAUL ARCHAMBEAULT										
CFO	38.		L_	х			L	NONE	61,252.	3,214.
JEFFREY MORGAN										
CFO	38.		L	X		<u>L</u>		NONE	18,465.	3,113.

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

Schedule J-2 (Form 990) 2008

78908G 649C 11/11/2009 19:35:59

### **SCHEDULE J-2** (Form 990)

### **Continuation Sheet for Form 990**

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the Organization

Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Inspection Employer Identification number

52-1634508

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees											
	(A)	(B)			((	C)			(D)	(E)	(F)
	Name and Title	Average hours	Posit	tion (			that ap	ply)	Reportable	Reportable	Estimated
		per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
KEVIN_BALDW	IIN				ŀ				,		
DIRECTOR, E	DUCATION	38.					Х		152,846.	NONE	NONE
		_									
		,									
				ļ——							·

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

Schedule J-2 (Form 990) 2008

### SCHEDULE O (Form 990)

### Supplemental Information to Form 990

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public
Inspection

Name of the organization	Employer identification number				
INSTITUTE FOR FINANCIAL MARKETS	52-1634508				
FORM 990, PART IV, LINE 12					
THE ORGANIZATION AND ITS RELATED ORGANIZATIONS MEET THE GAAP REQU	IREMENTS				
FOR A CONSOLIDATED AUDIT. THE ORGANIZATION RECEIVED CONSOLIDATED AUDITED					
FINANCIAL STATEMENTS FOR THE YEAR THAT IS THE SUBJECT OF THIS RETURN.					
	<u> </u>				
THE AUDITED FINANCIAL STATEMENTS WERE PREPARED IN ACCORDANCE WITH	_GAAP.				

Name of the organization	Employer identification number
INSTITUTE FOR FINANCIAL MARKETS	52-1634508
FORM 990, PART VI, LINE 10	
PRIOR TO FILING THE 2008 FORM 990, THE MANAGEMENT OF THE ORGANI	ZATION
COMPLETED AN INTERNAL REVIEW IN CONJUNCTION WITH THE ACCOUNTING	AND
FINANCE STAFF.	
	*****
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
<del></del>	
<del></del>	

Name of the organization	Page Z Employer identification number
INSTITUTE FOR FINANCIAL MARKETS	52-1634508
FORM 990, PART VI, LINE 12C	
OFFICERS, TRUSTEES AND KEY EMPLOYEES ARE COVERED UNDER THE POLICY	THE
LEVEL AT WHICH DETERMINATIONS OF WHETHER A CONFLICT EXISTS INCLUD	ES_BUT
IS NOT LIMITED TO THE FOLLOWING: OWNERSHIP INTEREST IN AN ENTITY	THE
ORGANIZATION IS PROCURING GOODS OR SERVICES FROM, OTHER TRANSACTI	ONS
WHERE AN INSIDER HAS THE POSSIBILITY OF PERSONAL GAIN AT THE EXPE	NSE OF
THE ORGANIZATION OR ANY TRANSACTION IN WHICH THE ORGANIZATION IS	DOING
BUSINESS WITH A FAMILY MEMBER OR BUSINESS PARTNER. ANY CONFLICTS	ARE
REVIEWED FIRST BY THE EXECUTIVE DIRECTOR AND THEN BY THE BOARD OF	
TRUSTEES. RESTRICTIONS INCLUDE REMOVAL OF PARTICIPATION OR ANY PE	RSONAL
INFLUENCE IN THE DISCUSSION OF THE SUBJECT AND ALL DECISION MAKIN	IG
REGARDING THE TOPIC.	
	<del></del>
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	

Name of the organization	Employer identification number
INSTITUTE FOR FINANCIAL MARKETS	52-1634508
FORM 990, PART VI, LINE 15B	
FORM 990, PART VI, LINE 15B	
SUGGESTED SALARY INCREASES AND ANNUAL BONUSES FOR ALL EMPLOYEES O	OF IFM
ARE PRESENTED TO THE BOARD COMPENSATION COMMITTEE FOR REVIEW AND	FINAL
_APPROVALSUBSEQUENTLY,_SALARY_INCREASES_AND_BONUSES_(IF_ANY)_ARI	E_SHARED
WITH INDIVIDUAL EMPLOYEES. THIS PROCESS IS PART OF THE ANNUAL BUI	DGET
APPROVAL PROCESS AT THE END OF EACH FISCAL YEAR.	
<del></del>	
<b></b>	
	·
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
<del></del>	

Name of the organization	Employer identification number
INSTITUTE FOR FINANCIAL MARKETS	52-1634508
FORM 990, PART VI, LINE 19	
·	
THE IFM MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICE	CY, AND
FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC AS REQUIRED BY APPLE	ICABLE
LAWS.	

Name of the organization	Employer identification number
INSTITUTE FOR FINANCIAL MARKETS	52-1634508
FORM 990, PART XI, LINE 2B	
THE ORGANIZATION AND ITS RELATED ORGANIZATIONS MEET THE GAAP REQU	IREMENTS
FOR A CONSOLIDATED AUDIT. THE ORGANIZATION RECEIVED CONSOLIDATED	AUDITED
DINANGIAL CHARDNESS FOR THE VEAR MUMBER OF THE OWN THE PROPERTY OF THE PROPERT	
FINANCIAL STATEMENTS FOR THE YEAR THAT IS THE SUBJECT OF THIS RET	URN. THE
AUDITED FINANCIAL STATEMENTS WERE PREPARED IN ACCORDANCE WITH GAA	P
·	

Schedule O (Folin 330) 2000	raye Z
Name of the organization	Employer identification number
INSTITUTE FOR FINANCIAL MARKETS	52-1634508
FORM 990, PART VI, LINE 1B	
ONE TRUSTEE WITH VOTING PRIVILEGES WAS EMPLOYED BY A RELATED ORGA	NIZATION
THROUGHOUT 2008, THAT TRUSTEE BEING JOHN DAMGARD, PRESIDENT OF FU	TURES
INDUSTRY ASSOCIATION, INC.	
~	
<del>-</del>	

Schedule O (Form 990) 2008	Page Z
Name of the organization  INSTITUTE FOR FINANCIAL MARKETS	Employer identification number 52–1634508
FORM 990, PART IV, LINE 15	
SUGGESTED SALARY INCREASES AND ANNUAL BONUSES FOR ALL EMPLOYEES O	F_IFM
ARE PRESENTED TO THE BOARD COMPENSATION COMMITTEE FOR REVIEW AND	ETNAL
_ARE_FRESENTED_TO_TRE_BOARD_COMPENSATION_COMMITTEE_FOR_REVIEW_AND_	r inal
_APPROVALSUBSEQUENTLY,_SALARY_INCREASES_AND_BONUSES_(IF_ANY)_ARE	SHARED
WITH INDIVIDUAL EMPLOYEES. THIS PROCESS IS PART OF THE ANNUAL BUD	<u>GET</u>
APPROVAL PROCESS AT THE END OF EACH FISCAL YEAR.	
	*
	* <del>-</del>
<del></del>	

Schedule O (Form 990) 2008	Page 2
Name of the organization	Employer identification number
INSTITUTE FOR FINANCIAL MARKETS	52-1634508
FORM COO DARM TIT ATME AR	
FORM 990, PART III, LINE 4D	
THE ORGANIZATION HAD OTHER PROGRAM SERVICES WHICH CONSISTED OF PR	OVIDING
OHURD GRAZUADO AND GOUDORO	
OTHER SEMINARS AND COURSES.	
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	

### SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ▼ See separate instructions.

Open to Publi

INSTITUTE FOR FINANCIAL MARKETS

Internal Revenue Service Name of the organization Department of the Treasury

Employer identification number

52-1634508

Part I Identification of Disregarded Entities					
(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
Part II Identification of Related Tax-Exempt Organizations					
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public chanty status (if section 501(c)(3))	(F) Direct controlling entity
FUTURES INDUSTRY ASSOCIATION, INC. 13-5642275 2001 PENNSYLVANIA AVE, NW, STE WASHINGTON, DC 20006	MEMBERSHIP	DC	501 (C) (6)		N/A
For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.				Sched	Schedule R (Form 990) 2008

Taxable as a Partnership
l Organizations
າ of Related
Identification
Part III

(J) General or managing partner?	Yes No				
Code V-UBI Ger amount in box 20 of mai Schedule K-1 pai (Form 1065)					
(H) Disproportorata	-				
I .	Yes				
(G) Share of end-of-year assets					
(F) Share of total income					
(E) Predominant income (related, investment, unrelated)					
(D) Direct controlling entity					
(C) Legal domicile (state or foreign	(/)				
(B) Primary activity					
(A) Name, address, and EIN of related organization					

# Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A)	(8)	(5)	9	- 1	(£)	(9)	€
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp. S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership

Schedule R (Form 990) 2008

Schedule R (Form 990) 2009	Page 3
Part V Transactions With Related Organizations	•
Note. Complete line 1 if any entity is listed in Parts II, III, or IV  1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?  a Receipt of (i) interest (ii) annuities (iii) royalites (iv) rent from a controlled entity	No No No No No No No No No No No No No N
g Purchase of assets from other organization(s)	<del>-,}                                    </del>
j Lease of facilities, equipment, or other assets from other organization(s)	×
<ul> <li>Reimbursement paid to other organization for expenses</li></ul>	××
r Other transfer of cash or property from other organization(s)	covered relationships and transaction thresholds
(A) Name of other organization(s)	Transaction Amount involved type (a-r)
(1) FUTURES INDUSTRY ASSOCIATION, INC.	м 70,700.
(2) FUTURES INDUSTRY ASSOCIATION, INC.	N 53,000.
(3) FUTURES INDUSTRY ASSOCIATION, INC.	80,000.
(4)	
(9)	Schedule R (Form 990) 2008

m

## Part VI Unrelated Organizations Taxable as a Partnership

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

מו מוספי וכיניוות איני ווכן איני ווכן מו איני ווכן מו איני ווכן מו מומים מו מומים מומים ווכן מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומים מומ		מונים למונים	2 2		į	ğ	1
(A) Name, address and EIN of entity	(B) Primary activity	el G	Are all partners section	т Б	Disproportionate allocations?		General or managing
		country)	organizations?	assets		of Schedule K-1	parities
			Yes No		Yes No	(200)	Yes No
			<del>-</del>		-		
						Schedule R (Form 990) 2008	990) 2008

### FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE INSTITUTE IS QUALIFIED AS A NONPROFIT ORGANIZATION UNDER SECTION 501(C)(3) OF THE U.S. INTERNAL REVENUE SERVICE CODE. OUR MISSION FOCUSES ON THREE PRIMARY AREAS - EDUCATION, ETHICS AND DATA. WE SERVE AS AN INDUSTRY UTILITY AND DEVELOP AND DELIVER PRODUCTS AND SERVICES DIRECTED TO SECURITIES AND FUTURES BROKERAGE FIRMS, MARKET-USERS, AND THOSE WHO SHAPE AND IMPLEMENT PUBLIC-POLICY FOR THE FINANCIAL SERVICES INDUSTRY.

THE IFM IS PARTICULARLY KNOWN FOR THE QUALITY AND BALANCE OF ITS WORK. WE PUBLISH TEXTS, DEVELOP CUSTOMIZED EDUCATION AND PRODUCE SPECIALIZED IN-HOUSE TRAINING THAT ARE USED BY WIDE CROSS-SECTION OF FINANCIAL MARKET USERS INCLUDING INVESTORS, EXCHANGES, FINANCIAL FIRMS, U.S. AND INTERNATIONAL REGULATORS, AND MULTI-COUNTRY MEMBER ORGANIZATIONS. WE DELIVER EDUCATION IN A VARIETY OF MEDIUMS FROM ASYNCHRONOUS WEB-COURSES AND LIVE WEB-SEMINARS, TO PUBLIC-ENROLLMENT COURSES IN MAJOR FINANCIAL CENTERS AND CUSTOMIZED IN-HOUSE PROGRAMS FOR CLIENTS. FINALLY, THE IFM PARTICIPATES IN THE DEVELOPMENT OF STANDARDS AND FOSTERING BEST PRACTICES INITIATIVES IN THE FINANCIAL SERVICES INDUSTRY.

AS A NONPROFIT ORGANIZATION, THE INSTITUTE FUNDS ITS ACTIVITIES AND DEVELOPMENT OF NEW SERVICES FROM TWO PRINCIPAL SOURCES: THE SALE OF ITS PRODUCTS AND SERVICES AND THE GENEROUS SUPPORT OF A BROAD RANGE OF FINANCIAL INSTITUTIONS, EXCHANGES, BROKERAGE FIRMS AND PARTICIPANTS FROM A VARIETY OF MARKET SECTORS. TAX-DEDUCTIBLE CONTRIBUTIONS TO THE IFM HELP UNDERWRITE: EDUCATIONAL RESEARCH MATERIALS, INCLUDING PRODUCT DEVELOPMENT, ETHICS TRAINING, AND DATA CENTERS.

(Rev April 2008)

Department of the Treasury

### Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Internal Revenue S	Service			File a se	eparate appl	lication for each	n return						
		Automatic 3-	-Month	Extension, c	omplete o	nly Part I and	check this	box				<b>&gt;</b>	х
If you are f  Do not complete	filing for an ete Part II un	Additional (Naless you have	Not Auto e alread	omatic) 3-Mo ly been grant	nth Extens ed an auto	sion, comple matic 3-mon	te only Part th extension	II (on on a	page 2 previou:	of this f	orm) Form 8868		
Part I Auto	matic 3-N	/lonth Exter	nsion o	f Time. Only	/ submit o	riginal (no c	opies need	led)			_		
A corporation Part I only	•	file Form 99	0-T and	I requesting a	ın automat	ic 6-month e	xtension - cl	heck th	nis box a	and com	plete		
All other corpo			-C filers	), partnership	s, REMICs,	, and trusts m	ust use For	n 7004	to requ	est an e	extension o	f	
Electronic Filing one of the relectronically in returns, or a care 8868 For more	turns note if (1) you v composite o	d below (6 in want the add or consolidate	months litional ( ed From	for a corpo (not automat 990-T Inste	ration requic) 3-montlead, you mu	ured to file h extension ust submit th	Form 990-7 or (2) you for tully comp	r) Hov ile For pleted	wever, y ms 990 and sig	you ca D-BL, 60 Ined pa	nnot file F 069, or 88 ge 2 (Part	orm 8	8868 group
Type or	Name of I	Exempt Organiz	zation						En	nployer	identificatio	n num	ber
print	INS'	TITUTE FO	R FIN	ANCTAL MA	ARKETS					52-16	34508		
File by the	INSTITUTE FOR FINANCIAL MARKETS 52-1  Number, street, and room or suite no. If a P.O. box, see instructions									<u> </u>	334500		
due date for	2001 PENNSYLVANIA AVE, NW SUITE 600												
filing your return See		or post office,					tructions						
instructions		HINGTON,			<b>-</b>								
Check type o					on for each	return):			<del></del>				
X Form 990		be thed (me	[]	orm 990-T (co		returny			Earm 4	720			
Form 990				orm 990-T (se		100(a) tauat)		H	Form 41				
<del></del>			F	•					Form 52				
Form 990	Form 990-EZ Form 990-T (trust other than above) Form 6069												
rum 990			r	orm 1041-A				Ш	Form 88	870			
<ul> <li>If the organ</li> </ul>	nization do r a Group R	02 223-15  es not have and the sturn, enter the ck this box	n office he orga	nization's fou	– iusiness in ir digit Groi		Number (GI			attach	If the alist with	► his is	
names and EII	Ns of all me	embers the e	xtension	will cover									
until	ganızation':	itic 3-month (6 08/15 ,200 s return for	<u>19</u> , t								ve The ext	ension	IS
ightharpoonup		year <u>2008</u> (	or										
<b>&gt;</b>	tax year b	eginning	<del></del>			, and end	ling			•			
2 If this tax	year is for	less than 12	months	, check reaso	n 🔲 lr	nitial return	Final i	return	c	hange	in account	ıng pe	rıod
3a If this ap	plication is	for Form 9	90-BL, 9	990-PF, 990-	T. 4720.	or 6069, ent	ter the tenta	ative t	ax. less	anv	<del>                                      </del>		
		its See instru		,	,			•	.,	- ,	3a \$	N	ONE
		for Form 99		990-T. ente	r any refun	dable credits	and estima	ated ta	x pavm	nents	<del>                                      </del>	14/	2.111
		rior year over									3ь \$	NT/	ONE
		act line 3b fr				nent with this	form, or it	f requi	red. de	posit		TAI	ONE
		or, if requir											
instruction		.,		20g — 11	- (=100010	o . cociai	·ux i uyiii	J	,	500	2	***	017
		to make as a	Noot-o-:	o fundth -		b.o. Fe 001	20 5-	- 0451		<u></u>	3c \$	- No	<u>ONE</u>
Caution. If you for payment in		to make an e	Hectroni	ic iuna withdr	awai with t	ilis Form 886	oo, see Forr	n 8453	s-EO an	ia rom	ชช/9-EO		
for payment ins											<del> </del>		
For Privacy Ad	ct and Pap	erwork Redu	iction A	ct Notice, se	e Instructio	ns.				1	Form <b>8868</b>	(Rev 4	-2008)

Form 8	868 (Rev 4-2008)	Page 2								
• If y	you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box	<b>▶</b> 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    Additional (Not Automatic) 3-Month Extension of Time. You must file original and one copy										
	Name of Exempt Organization Employer identifi									
Type o print		8								
File by	Number street and room or suite no. If a P.O. box see instructions									
extend	ded 2001 DENNICYLVANIA AVE NIJ CUITE 600									
due da filing t	he City, town or post office, state, and ZIP code. For a foreign address, see instructions									
retum instru										
Chec	k type of return to be filed (File a separate application for each return)									
[x]	Form 990 Form 990-PF Form 1041-A	Form 6069								
	Form 990-BL Form 990-T (sec 401(a) or 408(a) trust) Form 4720	Form 8870								
	Form 990-EZ Form 990-T (trust other than above) Form 5227									
STO	PI Do not complete Part II if you were not already granted an automatic 3-month extension on a previo	usly filed Form 8868.								
• Th	e books are in the care of ► THE ORGANIZATION									
	llephone No ▶ 202 223–1528 FAX No ▶									
	the organization does not have an office or place of business in the United States, check this box									
		his is								
	he whole group, check this box If it is for part of the group, check this box and attack	ch a								
	with the names and EINs of all members the extension is for.									
5	11/10/2007									
6	· · · · · · · · · · · · · · · · · · ·	e in accounting period								
7	State in detail why you need the extension ADDITIONAL TIME IS REQUESTED TO GATHER THE	E .								
	INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.									
8 a	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.	8a \$								
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated									
	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.	8b \$ ;								
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	8c \$								
	Signature and Verification									
	penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of	f my knowledge and belief,								
it is tr	ue, correct, and complete, and that I am authorized to prepare this form									
	nn - 1 1 0 1 1 1	dulm								
Signat	ture Mugnet a Bradshaw Title PAlagort Date	<u>814104</u>								
	GRANT THORNTON LLP	Form <b>8868</b> (Rev 4-2008)								
	2010 CORPORATE RIDGE, SUITE 400									

JSA

F8055 2 000

700000 (400 07/20/2000 12:47:17

MCLEAN, VA 22102

5100