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Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

## 2008

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)  
Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.  
The organization may have to use a copy of this return to satisfy state reporting requirements.

Department of the Treasury  
Internal Revenue Service

**A** For the 2008 calendar year, or tax year beginning Nov 1, 2008, and ending Oct 31, 2009

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Name of organization <u>Securities Industry Association Mid-Atlantic District</u>		<b>D</b> Employer identification number <u>13-3375381</u>
		Number and street (or P O box, if mail is not delivered to street address) Room/suite <u>120 Broadway</u> <u>35th Floor</u>		<b>E</b> Telephone number <u>(212) 313-1220</u>
		City or town, state or country, and ZIP + 4 <u>New York NY 10271</u>		<b>F</b> Group Exemption Number _____

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

**G** Accounting method:  Cash  Accrual  
Other (specify) \_\_\_\_\_

**I** Website: N/A

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**J** Organization type (check only one) —  501(c) ( 6 ) (insert no) \_\_\_\_\_ 4947(a)(1) or \_\_\_\_\_ 527

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ \$ 18,373.

### Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

REVENUE	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	18,373.
	<b>3</b> Membership dues and assessments	<b>3</b>	
	<b>4</b> Investment income	<b>4</b>	0.
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>b</b> Less: cost or other basis and sales expenses	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)	<b>5c</b>	
	<b>6</b> Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1)	<b>6a</b>	
	<b>b</b> Less: direct expenses other than fundraising expenses	<b>6b</b>	
	<b>c</b> Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	<b>6c</b>	
	<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>	
	<b>b</b> Less: cost of goods sold	<b>7b</b>	
	<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>	
	<b>8</b> Other revenue (describe _____)	<b>8</b>	
	<b>9 Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	<b>9</b>	18,373.
	EXPENSES	<b>10</b> Grants and similar amounts paid (attach schedule)	<b>10</b>
<b>11</b> Benefits paid to or for members		<b>11</b>	
<b>12</b> Salaries, other compensation, and employee benefits		<b>12</b>	
<b>13</b> Professional fees and other payments to independent contractors		<b>13</b>	
<b>14</b> Occupancy, rent, utilities, and maintenance		<b>14</b>	
<b>15</b> Printing, publications, postage, and shipping		<b>15</b>	2,257.
<b>16</b> Other expenses (describe _____)		<b>16</b>	
<b>17 Total expenses</b> (add lines 10 through 16)	<b>17</b>	34,257.	
<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	-15,884.	
NET ASSETS	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	<b>19</b>	61,258.
	<b>20</b> Changes in net assets or fund balances (attach explanation)	<b>20</b>	
	<b>21 Net assets or fund balances at end of year</b> Combine lines 18 through 20	<b>21</b>	45,374.

### Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments	61,258.	45,374.
<b>23</b> Land and buildings	0.	0.
<b>24</b> Other assets (describe _____)	0.	0.
<b>25 Total assets</b>	61,258.	45,374.
<b>26 Total liabilities</b> (describe _____)	0.	0.
<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	61,258.	45,374.

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

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Handwritten marks: a circled '9' and a checkmark.

Part III Statement of Program Service Accomplishments (See the instructions.)		Expenses
What is the organization's primary exempt purpose? <u>Education of the public about the securities industry</u> Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others.)
28	<u>Sponsorship of district participants in the Stock Market Game</u> ----- ----- (Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29	----- ----- (Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30	----- ----- (Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31	Other program services (attach schedule) (Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32	<b>Total program service expenses</b> (add lines 28a through 31a) <input type="checkbox"/>	32

Part IV List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated. See the instrs.)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
<u>Jay Lind</u> C/O SIFMA, 120 Broadway New York, NY 10271	Chairman 1.00	0.	0.	0.
<u>James A. Tyler, Jr.</u> C/O SIFMA, 120 Broadway 35th Fl New York, NY 10271	Vice Chair/Treasurer 1.00	0.	0.	0.
<u>Jonathan Murray</u> C/O SIFMA, 120 Broadway New York, NY 10271	Vice Chair/Secretary 1.00	0.	0.	0.
<u>Mark Hamby</u> C/O SIFMA, 120 Broadway 35th Fl New York, NY 10271	Director 1.00	0.	0.	0.
<u>Frederick Zeh</u> C/O SIFMA, 120 Broadway 35th Fl New York, NY 10271	Director 1.00	0.	0.	0.
<u>Kathy Innis</u> c/o SIFMA 120 Broadway, 35fl. New York, NY 10271	Director 1.00	0.	0.	0.
<u>Thomas T. Wallace</u> C/O SIFMA, 120 Broadway 35th Fl New York, NY 10271	Director 1.00	0.	0.	0.
<u>Justin Bowman</u> c/o SIFMA 120 B'way, 35th Fl New York, NY 10271	Director 1.00	0.	0.	0.
<u>Brian Coll</u> c/o SIFMA 120 B'way, 35th Fl New York, NY 10271	Director 1.00	0.	0.	0.
<u>Will Corkhill</u> c/o SIFMA 120 B'way, 35th Fl New York, NY 10271	Director 1.00	0.	0.	0.
<u>Richard Boyd</u> C/O SIFMA, 120 Broadway 35th Fl New York, NY 10271	Director 1.00	0.	0.	0.
<u>Michael Molloy</u> C/O SIFMA, 120 Broadway New York, NY 10271	Director 1.00	0.	0.	0.

**Part V Other Information** (Note the statement requirement in General Instruction V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
35b	b If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?		X
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	▶ 37a	0.
37b	b Did the organization file <b>Form 1120-POL</b> for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
38b	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38b	
39	501(c)(7) organizations Enter:		
39a	a Initiation fees and capital contributions included on line 9	39a	
39b	b Gross receipts, included on line 9, for public use of club facilities	39b	
40a	501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
40b	b 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I		
40c	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	▶	
40d	d Enter amount of tax on line 40c reimbursed by the organization	▶	
40e	e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T		X
41	List the states with which a copy of this return is filed ▶ _____		

42a The books are in care of ▶ SIFMA Accounting Department Telephone no. ▶ (212) 313-1220  
 Located at ▶ 120 Broadway, 35th Floor NY ZIP + 4 ▶ 10271

		Yes	No
42b	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: ▶ _____		X
42c	c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: ▶ _____		X

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here  and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43

		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- |            | Yes | No |
|------------|-----|----|
| <b>46</b>  |     |    |
| <b>47</b>  |     |    |
| <b>48</b>  |     |    |
| <b>49a</b> |     |    |
| <b>49b</b> |     |    |
- 46 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
- 47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If 'Yes,' was the related organization(s) a section 527 organization?

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
-----				
-----				
-----				
-----				
-----				
Total number of other employees paid over \$100,000 ▶				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
-----		
-----		
-----		
-----		
-----		
Total number of other independent contractors receiving over \$100,000 ▶		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	<i>R Girdhar</i> Signature of officer	05.26.2010 Date	
	RAMESH GIRDHAR ACCOUNTANT Type or print name and title		
<b>Paid Preparer's Use Only</b>	Preparer's signature ▶	Date	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN	Preparer's Identifying Number (See instructions)
	SIFMA [REDACTED] 120 BROADWAY FL 35 NEW YORK NY 10271-3599	10271-3599	Phone no ▶

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

BAA Form 990-EZ (2008)

Form 990-EZ, Part I, Line 10  
**Grants and Similar Amounts Paid**

Purpose of Payment Economic Education

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Economic education</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Economics Pennsylvania</u> <u>123 N Market</u> <u>Selinsgrove PA 17870</u>	<u>NONE</u>	<u>9,000.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property \_\_\_\_\_  
 Date of Gift \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Economic education

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Economic education</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Virginia Council on Economic Education</u> <u>301 W Main Street, Box 844000</u> <u>Richmond VA 23284</u>	<u>NONE</u>	<u>8,000.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property \_\_\_\_\_  
 Date of Gift \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Economic education

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Economic education</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Maryland Council on Economic Education</u> <u>8000 York RD</u> <u>Towson MD 21252</u>	<u>NONE</u>	<u>7,000.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property \_\_\_\_\_  
 Date of Gift \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990-EZ, Part I, Line 10  
**Grants and Similar Amounts Paid**

Continued

Purpose of Payment Economic Education

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Economic education</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>North Carolina Council on Economic Education</u> <u>3825 Barrett Drive</u> <u>Raleigh NC 27609</u>	<u>NONE</u>	<u>4,000.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property \_\_\_\_\_

Date of Gift \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Economic Education

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Economic education</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Delaware Council on Economic Education</u> <u>University of Delaware, 102 Alfred Learner Hall</u> <u>Newark DE 19716</u>	<u>NONE</u>	<u>4,000.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property \_\_\_\_\_

Date of Gift \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined

**Supporting Statement of:**

Form 990-EZ/Line 2

Description	Amount
Meetings	18,373.
Total	<u>18,373.</u>