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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2010

Open to Public Inspection

| A Fo | rthe | 2010 ca | | inning 01-01-2010 and ending 12-31-2 | 010 | D Emr | lovor | identification number | | |
|--|------------------|---|---|--|--|-------------------------|--|------------------------------|--|--|
| _ | | applicable | C Name of organization FINRA REGULATION INC | | | | - | | | |
| _ | dress cl | - | Doing Business As | | | | 1959 | | | |
| _ | me cha | - | | | | E Tele | phone | number | | |
| _ | tıal retu | | Number and street (or P O box 1735 K STREET NW | r if mail is not delivered to street address) | Room/suit | e (20 | 2)72 | 8-8949 | | |
| _ | mınate | | | | | G Gros | s receir | ots \$ 679,516,467 | | |
| _ | ended | | City or town, state or country, a WASHINGTON, DC 200061506 | and ZIP + 4 | | | , o , e e e , p | 7.65 \$ 67.373197.67 | | |
| Ap | plication | n pending | | | _ | | | | | |
| | | | F Name and address of RICHARD G KETCHUM | principal officer | H(a) Is t | his a group retur | n for affil | ıates [→] Yes No | | |
| | | | 1735 K STREET NW | 2064506 | H(b) Are | e all affiliates i | ncluded | ? | | |
| | | | WASHINGTON, DC 200 | 0061506 | 1 - | | | t (see instructions) | | |
| r Ta | x-exen | npt status | F 501(c)(3) | (Insert no) | H(c) G | roup exemp | tion n | umber 🟲 | | |
| | eheit 4 | e• = \//\/ | WW FINRA ORG | | | | | | | |
| | | | | | <u> </u> | | | • | | |
| | m of or rt I | | n 🔽 Corporation 🗌 Trust 🦳 Assoc | ciation Other - | L Year o | f formation 1 | .996 | M State of legal domicile DE | | |
| I G | | | <u> </u> | ssion or most significant activities | | | | | | |
| ሧ | | FINRA I | - | OR PROTECTION AND MARKET INTE | GRITY THRO | UGH EFFEC | CTIVE | AND EFFICIENT | | |
| € | | | | | | | | | | |
| Governance | | | | | | | | | | |
| ò | 2 | Check th | his box 🚩 if the organizatio | n discontinued its operations or dispose | d of more tha | n 25% of ıt | s net a | assets | | |
| ర | 3 | Number | of voting members of the gov | verning body (Part VI, line 1a) | | | 3 | 12 | | |
| Activities & | 4 | Number | of independent voting member | ers of the governing body (Part VI, line $1 $ | .b) | | 4 | 5 | | |
| | 5 | Total nu | ımber of ındıvıduals employed | l in calendar year 2010 (Part V, line 2a) | | | 5 | 2,665 | | |
| <u> </u> | | | ımber of volunteers (estımate | • • | | | 6 | 1 | | |
| | | | | m Part VIII, column (C), line 12 | | | 7a | 57,439 | | |
| | Ь | Net unre | alated business taxable incon | ne from Form 990-T, line 34 | | rior Year | 7b | 11,286 | | |
| | 8 | Contri | 0 | Current Year | | | | | | |
| ₫ | 9 | | ibutions and grants (Part VII am service revenue (Part VII | | 608,713 | | 679,513,012 | | | |
| Revent | 10 | • | tment income (Part VIII, col | | -900 | | 0 | | | |
| Ë | 11 | Other | revenue (Part VIII, column (| (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 8,213 | 3,455 | | | |
| | 12 | | = | 11 (must equal Part VIII, column (A), | | 616,026 | 455 | 679,516,467 | | |
| | 13 | | | Part IX, column (A), lines 1–3) | | | ,705 | 278,005 | | |
| | 14 | | | art IX, column (A), line 4) | • | 100 | 0 | 0 | | |
| | 15 | | | loyee benefits (Part IX, column (A), line | s 5- | | | | | |
| Expenses | | 10) | | | | 325,732 | ,400 | 353,262,747 | | |
| <u>a</u> | 16a | | | IX, column (A), line 11e) | | | 0 | 0 | | |
| 五 | Ь | | undraising expenses (Part IX, colum | | - | | | | | |
| | 17 | | | A), lines 11a-11d, 11f-24f) | | 312,679 | | 363,469,630 | | |
| | 18 19 | | | (must equal Part IX, column (A), line 25 ine 18 from line 12 | | 638,512 -22,485 | ` | 717,010,382 | | |
| ± 27 | 13 | Keven | ide leas expenses Subtract I | me to nom fine 12 | | ing of Curr | _ | | | |
| 6 8 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | | | | | Degiill | Year | | End of Year | | |
| 3.4 <u>6</u> | 20 | | | | | 69,344 | ,898 | 38,378,143 | | |
| Net Assets of Fund Balances | 21 | | | | | 327,835 | - | 356,483,450 | | |
| | 22 | _ | | act line 21 from line 20 | | -258,490 | ,618 | -318,105,307 | | |
| | rt III r nena | _ | nature Block | mined this return, including accompanying | ı schedules an | d statement | s and | to the best of my | | |
| anow | | and belie | | ete. Declaration of preparer (other than off | | | | | | |
| | | T _k | | | | 2011-11-11 | | | | |
| Sigr | | Signa | ature of officer | | | Date | | | | |
| Her | | | BERT A RENNER V P & ASS'T CONTR | ROLLER | | | | | | |
| | - | <u> </u> | e or print name and title | | ı | 1 | | 1 | | |
| | | Print/Type preparer's | | Preparer's signature | Date | Check if se employed | | PTIN | | |
| Paid | ļ | | nme FERNST & YOUNG US LLP | 1 | I | | • | Firm's EIN | | |
| Prep | | Fırm's add | Idress F TWO NORTH CENTRAL AVE | NUE STE 2300 | | | | Phone no • (602) 322- | | |
| Jse (| Only | | Phone no (602) 322- PHOENIX, AZ 85004 | | | | | | | |

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

┌Yes ┌No

| -orm | 1990 (2010) | | | | Page 2 |
|----------|---|------------------------|---|-----------------------------|------------|
| Par | | | Accomplishments e to any question in this Part III | | · |
| 1 | Briefly describe the orga | inization's mission | N AND MARKET INTEGRITY THE | | |
| OFT | HE SECURITIES INDUST | ΓRY | | | |
| 2 | Did the organization undo the prior Form 990 or 99 | | program services during the year v | which were not listed on | ┌ Yes ┌ No |
| | If "Yes," describe these i | new services on Sched | ule O | | |
| 3 | Did the organization ceas | | significant changes in how it cond | ducts, any program | ┌ Yes ┌ No |
| | If "Yes," describe these | changes on Schedule (|) | | |
| 4 | Section 501(c)(3) and 5 | 01(c)(4) organizations | each of the organization's three la and section 4947(a)(1) trusts are evenue, if any, for each program se | e required to report the an | |
| 4a | (Code SEE SCHEDULE O |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| 4b | (Code |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| | | | | | |
| 4c | (Code |) (Expenses \$ | ıncludıng grants of \$ |) (Revenue \$ |) |
| | | | | | |
| | | | | | |
| | | | | | |
| 4d | Other program services | · | • | | |
| | (Expenses \$ | | g grants of \$ |) (Revenue \$ |) |
| 4e | Total program service e | xpenses ► \$ | | | |

| | | | 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 | | Νο |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? | 2 | | Νο |
| 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 | | Νο |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II | 4 | | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | No |
| 6 | Did the organization maintain any donor advised funds or any similar funds or 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 | | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II | 7 | | Νο |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | Νο |
| 9 | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? <i>If</i> " <i>Yes," complete Schedule D, Part V</i> | 10 | | No |
| 11 | If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line10? <i>If "Yes," complete Schedule D, Part VI.</i> | 11a | Yes | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. | 11b | | No |
| c | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. | 11c | | No |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. | 11d | Yes | |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. | 11e | | Νο |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. | 11f | Yes | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes,"</i> complete Schedule D, Parts XI, XII, and XIII | 12a | | No |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional | 12b | Yes | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | No |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | N o |
| Ь | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV | 14b | | N o |
| 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 U S ? If "Yes," complete Schedule F, Parts II and IV | 15 | | No |
| 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 U S ? If "Yes," complete Schedule F, Parts III and IV. | 16 | | No |
| 17 | Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I (see instructions) | 17 | | N o |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II | 18 | | No |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | N o |
| 20a | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20a | | Νο |
| b | If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) | 20b | | |

| Par | t IV Checklist of Required Schedules (continued) | | | |
|-----|---|-----|-----|----|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | Yes | |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | No |
| 23 | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | Yes | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25 | 24a | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | |
| 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 | | No |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III | 27 | | No |
| 28 | Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part | | | |
| | | 28a | | No |
| Ь | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | No |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | Yes | |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | No |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I | 33 | | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | Yes | |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? | 35 | Yes | |
| а | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 \bigcirc Yes \bigcap No | | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2 | 36 | | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? | 38 | Yes | |

| Part V | Statements | Regarding | Other IRS | 5 Filings | and Tax | Compliance |
|--------|------------|-----------|-----------|-----------|---------|-------------------|

| Pa | Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V | | | |
|---------|--|-----------------------------|------------------|---------------------|
| | onest in periodical of containing a respondence and question in an array area. | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable | 83 | | |
| b | b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | 0 | | |
| c | c Did the organization comply with backup withholding rules for reportable payments to vendors a | nd reportable | Yes | |
| 2a | gaming (gambling) winnings to prize winners? | | 165 | |
| | Statements filed for the calendar year ending with or within the year covered by this return | 2,665 | | |
| b | b If at least one is reported on line 2a, did the organization file all required federal employment tax | x returns? | Yes | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instr | uctions) | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | За | Yes | |
| b | b If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i> . | | Yes | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or cover, a financial account in a foreign country (such as a bank account, securities account, or otherwise). | | | No |
| b | if ites, enter the name of the foreign country = | | | |
| | See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Fina | ncial Accounts | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax ye | ear? 5a | | No |
| Ь | b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter t | transaction? 5b | | No |
| С | c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a | organization solicit any contributions that were not tax deductible? | | | Νο |
| Ь | b If "Yes," did the organization include with every solicitation an express statement that such con were not tax deductible? | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly services provided to the payor? | ly for goods and 7a | | |
| | b If "Yes," did the organization notify the donor of the value of the goods or services provided? . | | | |
| С | c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which file Form 8282? | 1 it was required to 7c | | |
| d | d If "Yes," indicate the number of Forms 8282 filed during the year 7d | | | |
| e | e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal ber contract? | nefit 7e | | |
| | f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit | | | |
| g | g If the organization received a contribution of qualified intellectual property, did the organization required? | 7g | | |
| h | h Ifthe organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, and the organization received a contribution r | ganızatıon file a 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization, or a donor advised fund maintained by a sponsoring organization, he business holdings at any time during the year? | ave excess | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | a Did the organization make any taxable distributions under section 4966? | | | |
| ь 10 | | 9b | | |
| | a Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| b | b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | |
| | Section 501(c)(12) organizations. Enter | | | |
| | a Gross income from members or shareholders | | | |
| | against amounts due or received from them) | | | |
| 12a | a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of F | Form 1041? 12a | | |
| b | b If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O | 13a | | |
| b | b Enter the amount of reserves the organization is required to maintain by the states | | | |
| c | in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand | | | |
| | 13c | | | |
| | a Did the organization receive any payments for indoor tanning services during the tax year? . | | + | No |
| D | b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Sche</i> | | Form 99 0 | <u> </u> (2010 |

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

| Se | ection A. Governing Body and Management | | | |
|--|---|--------------------------------------|--------------------------|----|
| | | | Yes | No |
| | | | | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | Yes | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . | 5 | | Νο |
| 6 | Does the organization have members or stockholders? | 6 | Yes | |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | 7a | Yes | |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b | Yes | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | |
| а | The governing body? | 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Yes | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | Νο |
| | ection B. Policies (This Section B requests information about policies not required by the Internal | | | |
| ке | evenue Code.) | | Yes | No |
| 10a | Does the organization have local chapters, branches, or affiliates? | 10a | 163 | No |
| | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, | | | |
| | affiliates, and branches to ensure their operations are consistent with those of the organization? | 10ь | | |
| 11a | affiliates, and branches to ensure their operations are consistent with those of the organization? Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? | 10b 11a | Yes | |
| | | 10b 11a | Yes | |
| b | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? | | Yes | |
| b 12a | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Does the organization have a written conflict of interest policy? If "No," go to line 13 | 11a | | |
| b 12a b | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Does the organization have a written conflict of interest policy? If "No," go to line 13 Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 11a 12a 12b | Yes Yes | |
| b 12a b | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Does the organization have a written conflict of interest policy? If "No," go to line 13 Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 11a 12a | Yes | |
| b 12a b | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Does the organization have a written conflict of interest policy? If "No," go to line 13 Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 11a 12a 12b | Yes Yes | |
| b 12a b c | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Does the organization have a written conflict of interest policy? If "No," go to line 13 Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 11a 12a 12b 12c 13 | Yes Yes Yes | |
| b 12a b c | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Does the organization have a written conflict of interest policy? If "No," go to line 13 Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 11a 12a 12b 12c 13 | Yes Yes Yes | |
| b 12a b c 13 14 15 | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Does the organization have a written conflict of interest policy? If "No," go to line 13 Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 11a 12a 12b 12c 13 14 | Yes Yes Yes Yes | |
| b 12a b c 13 14 15 | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Does the organization have a written conflict of interest policy? If "No," go to line 13 Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 11a 12a 12b 12c 13 14 | Yes Yes Yes Yes Yes Yes | |
| b 12a b c 13 14 15 a b | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 11a 12a 12b 12c 13 14 15a 15b | Yes Yes Yes Yes Yes Yes | Ne |
| b 12a b c 13 14 15 a b | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 11a 12a 12b 12c 13 14 | Yes Yes Yes Yes Yes Yes | No |
| b 12a b c 13 14 15 a b | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 11a 12a 12b 12c 13 14 15a 15b | Yes Yes Yes Yes Yes Yes | No |
| b 12a b c 13 14 15 a b 16a b | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Does the organization have a written conflict of interest policy? If "No," go to line 13 Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 11a 12a 12b 12c 13 14 15a 15b | Yes Yes Yes Yes Yes Yes | No |
| b 12a b c 13 14 15 a b 16a b | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 | 11a 12a 12b 12c 13 14 15a 15b | Yes Yes Yes Yes Yes Yes | No |

18 Section 6104 requires an organization to make its Form 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 Another's website 🔽 Upon request

- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► MARCIA E ASQUITH 1735 K STREET NW WASHINGTON, DC 200061506 (202) 728-8949

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 Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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

| Check this box if neither the organ | • | elated o | rganı | zatio | on co | ompen | sate | d any current office | r, director, or trust | ee |
|-------------------------------------|---|-----------------------------------|--|---------|--------------|------------------------------|--------|---|--|--|
| (A) Name and Title | (B) Average hours | Posi | (C) Position (check all that apply) | | | | | (D) Reportable compensation from the | (E) Reportable compensation from related | (F) Estimated amount of other |
| | per week (describe hours for related organizations in Schedule O) | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | organization (W- 2/1099-MISC) | organizations (W- 2/1099- MISC) | compensation from the organization and related organizations |
| See Additional Data Table | | | | | | | | | | |
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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and Title | Name and Title Average Position (check all hours that apply) | | | | | | (D) Reportable compensation | (E) Reportable compensation | | (F) Estima amount o | ated fother | |
|---|---|---|------|--------|--|---|-----------------------------------|--|----------------------|---------------------------|----------------|---------|
| | per week (describe hours for related organizations in Schedule O) | Former Highest compensated employee Key employee Officer Instrutional Trustee or director | | Former | from the organization (W- 2/1099-MISC) | from related organizations (W- 2/1099- MISC) | | compens from t organizati relat organiza | the ion and ed | | | |
| See Additional Data Table | | | | | | | | | | | | |
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| | | | | • | • | | <u> </u> | | | | | |
| c Total from continuation should do Total (add lines 1b and 1c) | | | | | | | | 14,726,172 | 9,741,53 | 3 | 4,: | 139,296 |
| 2 Total number of individuals \$100,000 in reportable co | (including but not lir | nıted to | thos | e lıs | ted | above; |) who | received more tha | n | | · | , |
| | | | | | | | | | | | Yes | No |
| 3 Did the organization list an on line 1a? If "Yes," comple | | | | | eye • | mploy • | ee, c | or highest compens | ated employee | 3 | | No |
| 4 For any individual listed on organization and related or individual | ganızatıons greater tl | | | | | | | | | 4 | Yes | |
| 5 Did any person listed on lir services rendered to the or | | | | | | | | | | 5 | | No |
| Section B. Independent | Contractors | | | | | | | | | | | |
| 1 Complete this table for you | | nsated i | ndep | ende | ent c | ontra | ctors | that received more | than | | | |

| | (A) | (B) | (C) |
|------|--|-------------------------|--------------|
| | Name and business address | Description of services | Compensation |
| PO I | METRIC BOX 223608 "SBURGH, PA 15251 | TESTING SERVICES | 22,621,140 |
| 218 | F PEARSON INCORPORATED 66 NETWORK PLACE CAGO, IL 60673 | TESTING SERVICES | 7,641,969 |
| PO I | SYSTEMS INC BOX 198568 ANTA, GA 30384 | TECH CONSULTING | 2,449,283 |
| PO I | LOGIC INC BOX 2803 FALO, NY 14240 | TECH CONSULTING | 1,941,507 |
| 535 | INSON-BAKER INC N BRAND BLVD SUITE 250 NDALE, CA 91203 | LEGAL CONSULTING | 1,454,250 |
| 2 | Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization \(\blacktriangle 47\) | who received more than | |

| Form 99 Part V | | | • | | | | Pag | e 9 |
|---|--------------------------|--|--|--|---------------------------|--|---|------------|
| railty | | • Statement of Revenu | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | |
| Contributions, gifts, grants and other similar amounts | b c d e f | Federated campaigns | . 1c . 1d . 1e and 1f es 1a-1f \$ | | 0 | | | 311 |
| Program Service Revenue | d e f | REGULATORY FEES USER FEES CONTRACT SERVICE FEES FINES ALL OTHER PROGRAM SERVICE REVI All other program service rev Total. Add lines 2a-2f | enue | 900099 900099 900099 900099 900099 | 150,627,768 58,034,958 | | | |
| | 4 5 6a b | Investment income (including and other similar amounts). Income from investment of tax-exe Royalties | mpt bond proceeds | (II) Personal | 0 0 3,455 | | | 3,455 |
| ine. | 7a b c d | Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraisin (not including | (ı) Securities | (II) O ther | 0 | | | |
| Offier Revenue | c 9a b c 10a | \$ of contributions reported on li See Part IV, line 18 Less direct expenses Net income or (loss) from fund | a b draising events tivities See Part IV, line 19 | a b | 0 | | | |
| | 11a b c | Miscellaneous Revenue | | Business Code | 0 | | | |
| | 12 | Total revenue. See Instructio | ns • • • | | 679,516,467 | 679,455,573 | 57,439 m 990 (203 | |

| | 990 (2010) | | | | Page 10 |
|----------|---|-------------------------------|-----------------------------|---------------------------------|-------------------------|
| Par | IX Statement of Functional Expenses | | | | |
| | Section 501(c)(3) and 501(c)(4) organizations mus | | | (D) | |
| | ll other organizations must complete column (A) but are not required to c | - | s (B), (C), and (B) | (D). | (D) |
| | ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII. | (A) Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 | 278,005 | | | |
| 2 | Grants and other assistance to individuals in the U.S. See Part IV, line 22 | 0 | | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16 | 0 | | | |
| 4 | Benefits paid to or for members | 0 | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 10,620,452 | | | |
| 6 | Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ | 0 | | | |
| 7 | Other salaries and wages | 269,188,131 | | | |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 37,769,595 | | | |
| 9 | Other employee benefits | 17,529,341 | | | |
| 10 | Payroll taxes | 18,155,228 | | | |
| а | Fees for services (non-employees) Management | 2,880,086 | | | |
| ь | Legal | 648,819 | | | |
| c | Accounting | 129,648 | | | |
| d | Lobbying | 0 | | | |
| u | Professional fundraising services See Part IV, line 17 | 0 | | | |
| • | Investment management fees | 0 | | | |
| T | - | | | | |
| g 12 | Other | 22,396,469 | | | |
| 12 13 | Advertising and promotion | 4,406,607 | | | |
| | Office expenses | 83,130,021 | | | |
| 14 15 | Royalties | 03,130,021 | | | |
| | · | - | | | |
| 16 | Occupancy | 45,643,832 | | | |
| 17 18 | Payments of travel or entertainment expenses for any federal, | 12,654,160 | | | |
| 19 | state, or local public officials | 411,209 | | | |
| 20 | Interest | -269 | | | |
| 21 | Payments to affiliates | -209 | | | |
| 22 | Depreciation, depletion, and amortization | 21,072,543 | | | |
| 23 | Insurance | 0 | | | |
| 24 | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) | <u> </u> | | | |
| 2 | OVERHEAD ALLO CATION | 165,674,348 | | | |
| | TEMPORARY HELP | 2,214,269 | | | |
| c | BAD DEBT EXPENSE | 1,594,885 | | | |
| | PUBLICATIONS/PRINTING | 425,509 | | | |
| | BANK SERVICE FEES | 177,464 | | | |
| f | All other expenses | -70,794 | | | |
| 25 | Total functional expenses. Add lines 1 through 24f | • | | | |
| | | 717,010,382 | | | |
| 26 | Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |
| | - 5 | | • | • | |

Part X Balance Sheet (A) (B) Beginning of year End of year -820.420 -1,572,636 1 2 2 3 3 40,428,072 30,038,428 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 Schedule L . 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Assets 6 7 8 Inventories for sale or use 8 1,333,071 9 566,141 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete 165,287,078 10a Part VI of Schedule D 163,133,812 20,070,056 **10c** ь Less accumulated depreciation 10b 2.153.266 0 11 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 461,369 634,247 14 14 8,624,966 15 5,806,481 15 16 69,344,898 16 38,378,143 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 265.141.717 17 292.665.981 17 Accounts payable and accrued expenses . 18 18 19 62.693.799 19 63.817.469 20 Tax-exempt bond liabilities 20 Liabilities 21 21 Escrow or custodial account liability $Complete\ Part\ IV\ of\ Schedule\ D$. . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties 25 25 Λ Other liabilities Complete Part X of Schedule D 26 327.835.516 26 356,483,450 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶
☐ and complete lines 27 Balances through 29, and lines 33 and 34. 27 Unrestricted net assets Temporarily restricted net assets 28 28 Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ 🔽 and complete lines 30 through 34. 5 30 350.000 30 350.000 Capital stock or trust principal, or current funds Assets 50,000,000 50,000,000 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 -308,840,618 32 -368, 455, 307 Retained earnings, endowment, accumulated income, or other funds ¥ -258,490,618 33 -318, 105, 307 33 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 69.344.898 38,378,143

| Pa | Check if Schedule O contains a response to any question in this Part XI | | | . [~ | |
|-----|--|----------|----|----------|---------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 679 | 516,46 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | 010,38 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | | 193,91 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | -258,4 | 190,61 |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | | -22,1 | L 20,77 |
| 6 | Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | | -318,1 | 105,30 |
| Pai | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response to any question in this Part XII | | • | <u>Г</u> | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | No |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | Yes | |
| c | If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain a Schedule O | | 2c | Yes | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were on a separate basis, consolidated basis, or both | ıssued | | | |
| | Separate basis Consolidated basis Both consolidated and separated basis | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133? | | 3a | | Νο |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | required | 3b | | |

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As Filed Data

DLN: 93493315032561

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

Inspection Internal Revenue Service ► Attach to Form 990. ► See separate instructions. Name of the organization **Employer identification number** FINRA REGULATION INC 52-1959501 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🛌 Number of states where property subject to conservation easement is located 🛌 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🕨 A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 🕨 \$ ___ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

| Part | ••• Organizations Maintaining Co | llections of Art | <u>t, His</u> | tori | <u>cal Tr</u> | easu | ires, or O | the | r Simila | <u>r Asse</u> | ts (co | ontinued) |
|---------|---|----------------------|---------------|--------|---------------|---------|------------------|---------|-------------|----------------------|----------------|--------------------------------|
| 3 | Using the organization's accession and othe items (check all that apply) | r records, check an | y of th | ne fol | owing t | hat ar | e a significa | ant us | se of its c | ollection | 1 | |
| а | Public exhibition | | d | Γ | Loan | orexc | hange progr | ams | | | | |
| b | Scholarly research | | e | Γ | Other | | | | | | | |
| c | Preservation for future generations | | | | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and expla | aın hov | w the | y furthe | rthe o | organızatıon | 's ex | empt purp | ose in | | |
| 5 | During the year, did the organization solicit of assets to be sold to raise funds rather than t | | | | | | | | ılar | Γ | Yes | ┌ No |
| Par | Escrow and Custodial Arrang Part IV, line 9, or reported an an | | | | | | n answere | d "Ye | es" to Fo | rm 990 |), | |
| 1a | Is the organization an agent, trustee, custod included on Form 990, Part X? | ıan or other ınterme | ediary | for c | ontrıbu | tions | or other ass | ets n | iot | Γ | Yes | ┌ No |
| b | If "Yes," explain the arrangement in Part XIV | / and complete the | follow | ing t | able | | Г | | | A mou | ınt | |
| с | Beginning balance | | | | | | | 1c | | | | |
| d | Additions during the year | | | | | | <u> </u> | 1d | | | | |
| e | Distributions during the year | | | | | | | 1e | | | | |
| f | Ending balance | | | | | | | 1f | | | | |
| | | orm 000 Bart V lin | 212 | | | | | | | | Yes | ┌ No |
| 2a h | Did the organization include an amount on Fo | | e Z I ' | | | | | | | 1 | . 65 | 1 140 |
| Par | If "Yes," explain the arrangement in Part XIV t V Endowment Funds. Complete i | | n ans | :Wer | ad "Ve | s" to | Form 990 | Dark | t IV line | 10 | | |
| F () | Endowment i unus. Complete i | (a)Current Year | | Prior | | | o Years Back | | hree Years | |)Four Y | ears Back |
| 1a | Beginning of year balance | | | - | | | | | | | | |
| b | Contributions | | | | | | | | | | | |
| С | Investment earnings or losses | | | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | | | |
| e | Other expenditures for facilities and programs | | | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | | | |
| g | End of year balance | | | | | | | | | | | |
| 2 | Provide the estimated percentage of the yea | r end balance held | as | | | | | | | | | |
| а | Board designated or quasi-endowment | | | | | | | | | | | |
| ь | Permanent endowment | | | | | | | | | | | |
| С | Term endowment ▶ | | | | | | | | | | | |
| 3a | Are there endowment funds not in the posses | ssion of the organiz | ation | thata | are held | d and a | administered | d for t | the | | | |
| | organization by | | | | | | | | | | Yes | No |
| | (i) unrelated organizations | | | | | | | • | | 3a(i) | | |
| | (ii) related organizations | | | | | | | | | 3a(ii) | <u> </u> | <u> </u> |
| ь 4 | If "Yes" to 3a(II), are the related organizatio Describe in Part XIV the intended uses of th | • | | | | | | • | | 3b | | <u> </u> |
| | VI Investments—Land, Buildings | | | | | 90 D: | art X line | 10 | | | | |
| ren | 111Vestillents—Land, buildings | s, and Equipme | | | Cost or | | (b)Cost or o | | (c) Accur | nulated | | |
| | Description of investment | | | | s (invest | | basis (othe | | deprec | | (d) Bo | ook value |
| | and | | • | | | | | | | | | |
| | Buildings | | • | | | | | | | | | |
| C 1 | easehold improvements | | • | | | | 28,20 | 5,108 | 26 | ,511,481 | | 1,693,627 |
| | | | | | | | | | | | | |
| d E | Equipment | | | | | | 12,32 | | | ,914,526 | | 410,369 |
| d E | Equipment | <u> </u> | · | | | | 12,324 124,75 | | | ,914,526 ,707,805 | | 410,369 49,270 2,153,266 |

| (a) Description of security or category | | 2. (c) Method of valuation |
|---|--|--|
| (including name of security) | (b)Book value | Cost or end-of-year market value |
| (1)Financial derivatives | | |
| (2)Closely-held equity interests Other | | <u> </u> |
| Other | | |
| | | |
| | | |
| | | |
| | | |
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| | | |
| | | |
| | | |
| | | |
| | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 12) | + | |
| Part VIII Investments—Program Related. Se | | <u>. </u> |
| (a) Description of investment type | (b) Book value | (c) Method of valuation |
| (a) Description of investment type | (B) Book value | Cost or end-of-year market value |
| | | |
| | | |
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| | | |
| | | |
| Totali (Colaini (2) Should equal (Cili 350) (are ii) cell (2) iiile 15) | • | |
| Part IX Other Assets. See Form 990, Part X, I | | (b) Book value |
| (1) CASH ON DEPOSIT LONG TERM | ption | 5,798,290 |
| (2) DUE FROM RELATED PARTY | | 8,191 |
| | | |
| | | |
| | | |
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| | | |
| | | |
| | | |
| | | |
| | | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line | 15.) | ▶ 5,806,481 |
| Part X Other Liabilities. See Form 990, Part | | |
| 1 (a) Description of Liability | (b) A mount | |
| Federal Income Taxes | 0 | |
| | | |
| | | |
| | | |
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| | | |
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| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 25) | 0 | |
| , | <u>. </u> | |

| | Total levellue (Form 990, Fait VIII, Column (A), mie 12) | - | |
|--------|---|--------------|--------|
| 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 XIV) | 8 | |
| _ | Total adjustments (net) Add lines 4 - 8 | 9 | |
| | Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 | 10 | |
| | XII Reconciliation of Revenue per Audited Financial Statements With Revenue p | er Re | turn |
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | |
| 2 | A mounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| а | Net unrealized gains on investments | | |
| b | Donated services and use of facilities | | |
| С | Recoveries of prior year grants | | |
| d | Other (Describe in Part XIV) 2d | | |
| e | Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | |
| 4 | A mounts 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) 4b | | |
| С | Add lines 4a and 4b | 4c | |
| 5 | Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) | 5 | |
| Part > | | per F | Return |
| 1 | Total expenses and losses per audited financial statements | ₁ | |
| 2 | A mounts included on line 1 but not on Form 990, Part IX, line 25 | - | |
| a | Donated services and use of facilities | | |
| b | Prior year adjustments | 1 | |
| С | Other losses | 1 | |
| d | Other (Describe in Part XIV) 2d | 1 | |
| e | Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | |
| 4 | A mounts 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 4a | | |
| | Other (Describe in Part XIV) 4b | 1 | |
| Ь | | | |
| b c | Add lines 4a and 4b | 4c | |
| | Add lines 4a and 4b | 4c 5 | |

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

| Ident if ier | Return Reference | Explanation |
|--|------------------|--|
| FIN 48 FOOTNOTE FROM CONSOLIDATED AUDITED FINANCIAL STATEMENTS | | US GAAP PROVIDES A TWO-STEP APPROACH FOR EVALUATING TAX POSITIONS RECOGNITION (STEP 1) OCCURS WHEN AN ENTITY CONCLUDES THAT A TAX POSITION, BASED SOLELY ON ITS TECHNICAL MERITS, IS MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION IN STEP 2 (MEASUREMENT), THE TAX BENEFIT IS MEASURED AS THE LARGEST AMOUNT OF BENEFIT, DETERMINED ON A CUMULATIVE PROBABILITY BASIS, THAT IS MORE LIKELY THAN NOT TO BE REALIZED UPON ULTIMATE SETTLEMENT DURING THE YEARS FROM 2007 TO 2010, WHICH REPRESENT THE YEARS MANAGEMENT CONSIDERS TO BE OPEN FOR EXAMINATION BY TAXING AUTHORITIES, MANAGEMENT DID NOT IDENTIFY THE EXISTENCE OF ANY UNCERTAIN TAX POSITIONS ACCORDINGLY, ALL TAX POSITIONS ARE RECOGNIZED AND MEASURED AT THEIR FULL BENEFIT IN THE CONSOLIDATED BALANCE SHEETS AND STATEMENT OF OPERATIONS |

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DLN: 93493315032561

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No 1545-0047

2010

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

Attach to Form 990

Open to Public Inspection

Employer identification number

| INRA REGULATION INC | | | | | | 52-19595 | 01 |
|---|--|---|------------------------------|---|---|--|--|
| Part I General Inform | nation on Grants | and Assistance | | | | ' | |
| Does the organization ma the selection criteria use Describe in Part IV the organization | d to award the grants rganızatıon's procedu | or assistance? ires for monitoring the u | se of grant funds in th | ne United States | | | |
| Form 990, Part I | | | ed more than \$5,00 | | if no one recipient | received more than | ered "Yes" to \$5,000. Part II can be |
| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| (1) EMPLOYEE BENEFIT RESEARCH INSTITUTE 1100 13TH STREET NW 378 WASHINGTON, DC 20006 | 52-1190398 | 501(C)(3) | 32,500 | | | | SUSTAINING PARTNER CONTRIBUTION |
| (2) AMERICAN RED CROSS 211 WARMOUR BLVD KANSAS CITY, MO 64111 | 53-0196605 | 501(C)(3) | 96,085 | | | | HAITI EARTHQUAKE/PAKISTAN FLOOD RELIEF |
| (3) SECURITIES AND EXCHANGE COMMISSION HISTORICAL SOCI1101 PENNSYLVANIA AVENUE NW WASHINGTON, DC 20004 | 52-2213646 | 501(c)(3) | 25,000 | | | | A WARDS DINNER CONTRIBUTION |
| (4) APPLESEED FOUNDATION INC727 15TH STREET 11TH FLOOR WASHINGTON, DC 20005 | 52-1835698 | 501(C)(3) | 15,000 | | | | A WARDS DINNER CONTRIBUTION |
| (5) AUTISM SPEAKS1 EAST 33RD STREET 4TH FLOOR NEW YORK, NY 10016 | 20-2329938 | 501(c)(3) | 15,000 | | | | A WARDS DINNER CONTRIBUTION |
| (6) JUMPSTART COALITION FOR PERSONAL LITERACY919 18TH STREET NW 300 WASHINGTON, DC 20006 | 52-2031287 | 501(C)(3) | 10,000 | | | | A WARDS DINNER CONTRIBUTION |
| (7) DOCTORS WITHOUT BORDERSPO BOX 5030 HAGERSTOWN,MD 21741 | 13-3433452 | 501(C)(3) | 8,003 | | | | HAITI EARTHQUAKE/PAKISTAN FLOOD RELIEF |
| (8) IONA COLLEGE715 NORTH AVENUE NEW ROCHELLE, NY 10801 | 13-3508093 | 501(C)(3) | 6,000 | | | | A WARDS DINNER CONTRIBUTION |
| (9) CATHOLIC RELIEF SERVICESPO BOX 17090 BALTIMORE, MD 21203 | 13-5563422 | 501(C)(3) | 5,465 | | | | HAITI EARTHQUAKE/PAKISTAN FLOOD RELIEF |
| (10) CLINTON BUSH HAITI FUNDC/O COMMUNITIES FOUNDATION OF TEXAS 5500 CARUTH HAVEN LANE DALLAS,TX 75222 | 31-1580204 | 501(C)(3) | 5,311 | | | | HAITI EARTHQUAKE RELIEF |
| | | | | | | | |
| | | | | | | | |

Enter total number of section 501(c)(3) and government organizations . .

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

| (a)Type of grant or assistance | (b) Number of recipients | (c) A mount of cash grant | (d)A mount of non-cash assistance | (e)Method of valuation (book, FMV, appraisal, other) | (f)Description of non-cash assistance |
|--------------------------------|----------------------------------|-------------------------------------|--------------------------------------|--|---------------------------------------|
| | | | | | |
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Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

| Ident if ier | Return Reference | Explanation |
|----------------------|-------------------------------|--|
| Form 990, Schedule I | Description of Organization's | FINRA REGULATION CONTRIBUTED A TOTAL OF \$32,500 IN 2010 TO THE EMPLOYEE BENEFIT RESEARCH |
| | Procedures for Monitoring the | INSTITUTE EDUCATION AND RESEARCH FUND (EBRI-ERF), A SEPARATE CORPORATE 501(C)(3) AFFILIATE FOR |
| | Use of Grants | THE EMPLOYEE BENEFIT RESEARCH INSTITUTE, OF WHICH FINRA FOUNDATION BOARD MEMBER, DALLAS |
| | | SALISBURY, IS PRESIDENT AND CEO THIS INCLUDES \$7,500 IN SUPPORT OF THE EBRI RETIREMENT |
| | | CONFIDENCE SURVEY FOR 2011, AND \$25,000 TO WARDS ANNUAL PARTNERSHIP IN THE AMERICAN SAVINGS |
| | | AND EDUCATION COUNCIL WHICH THE EMPLOYEE BENEFIT RESEARCH INSTITUTE ADMINISTERS VOLUNTARY |
| | | DISCLOSURE FOR APPLESEED FOUNDATION CONTRIBUTION DURING 2010 RICHARD G KETCHUM, FINRA CEO, |
| | | SERVED AS A BOARD MEMBER OF THE APPLESEED FOUNDATION |
| OVERSIGHT AND | SCHEDULE I, PART I, LINE 2 | CHARITABLE CONTRIBUTIONS ARE REVIEWED AND APPROVED BY THE APPROPRIATE BUSINESS UNIT HEAD (OR |
| RECORDKEEPING OF | , i | THEIR DESIGNEE) THE ORGANIZATION MAINTAINS ADEQUATE RECORDS TO SUBSTANTIATE THE AMOUNT AND |
| CONTRIBUTIONS | | THE PURPOSE OF THE CHARITABLE CONTRIBUTIONS |

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DLN: 93493315032561

OMB No 1545-0047

Compensation Information

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

Compensated Employees ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization FINRA REGULATION INC

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Employer identification number

52-1959501

| Pa | rt I Questions Regarding Compensation | | | |
|----|---|----|-----|----|
| | | | Yes | Νo |
| 1a | Check the appropiate 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 | | | |
| | Tax idemnification and gross-up payments Health or social club dues or initiation fees | | | |
| | Discretionary spending account Personal services (e.g., maid, chauffeur, chef) | | | |
| b | If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain | 1b | Yes | |
| 2 | 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? | 2 | Yes | |
| 3 | 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 | | | |
| 4 | During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization | | | |
| а | Receive a severance payment or change-of-control payment from the organization or a related organization? | 4a | Yes | |
| b | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | Yes | |
| С | Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | | Νο |
| | 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 only must complete lines 5-9. | | | |
| 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 | | | |
| а | The organization? | 5a | | |
| b | Any related organization? | 5b | | |
| | If "Yes," to line 5a or 5b, describe in Part III | | | |
| 6 | 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 | | | |
| а | The organization? | 6a | | |
| ь | Any related organization? | 6b | | |
| | If "Yes," to line 6a or 6b, describe in Part III | | | |
| 7 | 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 | | |
| 8 | Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III | 8 | | |
| 9 | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)? | 9 | | |

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

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

| (A) Name | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and | (D) Nontaxable | (E) Total of columns | | |
|---------------------------|--|---|---|--------------------------------|------------------------|----------------------|---|--|
| | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | other deferred compensation | benefits | (B)(ı)-(D) | reported in prior Form 990 or Form 990-EZ | |
| See Additional Data Table | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| (5) | | | | | | | | |
| (6) | | | | | | | | |
| (7) | | | | | | | | |
| (8) | | | | | | | | |
| (9) | | | | | | | | |
| (10) | | | | | | | | |
| (11) | | | | | | | | |
| (12) | | | | | | | | |
| (13) | | | | | | | | |
| (14) | | | | | | | | |
| (15) | | | | | | | | |
| (16) | | | | | | | | |

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

| Ident if ier | Return | Explanation |
|---|-------------------------------|--|
| | Reference | |
| SUPPLEMENTAL COMPENSATION INFORMATION | | FOR THE HIGHEST COMPENSATED EXECUTIVES, BASE SALARY AND INCENTIVE COMPENSATION (EARNED IN THE PRIOR YEAR) REPORTED IN COLUMNS BIO, AND BUI, ARE INDEPENDENTLY DOTERMINED SALARIES AND INCENTIVE PAY, THE COMMITTEE RELIED ON A THIRD-PARTY COMMENSATION STUDY PERFORMED BY MERCER, INC. THAT COMPARED FINAR AS EXECUTIVES TO INDUSTRY BENCHMARKING DATA OTHER REPORTABLE COMPENSATION (COLUMN BILIT) IS LARGELY COMPOSED OF RETIREMENT VESTING AND/OR PAYOUT EVENTS FROM NO N-QUALIFIED PLANS, AS WELL AS SEVERANCE OR SEPARATION PAYMENTS, IF APPLICABLE FINAR OFFERS TWO NON-QUALIFIED SUPPLEMENTAL EXECUTIVE RETIREMENT PLANS 1) FINAR'S SUPPLEMENTAL DEFINED BENEFIT PLAN IS A NON-QUALIFIED DEFINED BENEFIT PLAN THAT IS PROVIDED TO MEMBERS OF A SELECT GROUP OF MANAGEMENT OR HIGHLY COMPENSATED EMPLOYEES SUCH AS THOSE DESCRIBED UNDER 201(2), 301 (A)(3), AND 401(A)(1) OF ERISA IT IS A FINAR FUNDED PLAN THAT VESTS AT SPECIFIED AGE AND SERVICE MILESTOMES THIS PLAN WAS CLOSED TO NEW ENTRANTS AS OF 12(3)(5) 2) FINAR'S SUPPLEMENTAL DEFINED CONTENT OF MEMBERS OF A SELECT SUPPLEMENTAL OF THE PLAN WAS CLOSED TO NEW ENTRANTS AS OF 12(3)(5) 2) FINAR'S SUPPLEMENTAL DEFINED CONTENT IS A NON-QUALIFIED PLAN THAT IS OPEN TO VICE PRESIDENTS AND ABOVE WITH AN ANNUAL BASE PAY ABOVE THE QUALIFIED LIMIT IT IS ONLY OPEN TO THOSE NOT PARTICIPATING INTHE CLOSED NON-QUALIFIED DEFINED CONTENT OF THE PLAN WAS CYCLE WITH ANNUAL VESTING SEGNINING AT AGE 62 ADDITIONAL INFORMATION CONCERNING FINAR'S RETIREMENT PLANS AND OTHER PARTICIPANTS IS PROVIDED BELD W SCHEDULE, PARTI, LINE 1 FIRST CLASS OR CHARTER TRAVEL THE NEXT CABIN ABOVE ECONOMY IS ALLOWED FOR INTERNATIONAL TRAVELT OF AN EXPENDED PLAN WITH A 3 YEAR MADE AND ASSOCIATED AND ASSOCIATED AS A SECONDAY IS A SHORT OF THE NEXT CABINADOR OF THE NEXT CABOUTTO TH |
| SUPPLEMENTAL COMPENSATION INFORMATION | PART I, LINES 4A AND 4B | 4A) IN CONNECTION WITH ROBERT C ERRICO'S SEPARATION FROM FINRA, HE WAS PAID \$203,102 IN 2010 LINE 4B) FINRA OFFERS TWO NON-QUALIFIED SUPPLEMENTAL EXECUTIVE RETIREMENT PLANS ANNUAL INCREASES IN BENEFIT VALUE, CLIFF VESTING EVENTS, AND PAYOUT DIFFERENTIALS ARE TAXABLE IN THE YEAR IN WHICH THEY OCCUR AND ARE REPORTED IN COLUMN B (III) OF SCHEDULE J, PART II UNVESTED BENEFIT AND CONTRIBUTION ACCRUALS ARE TAX DEFERRED AND ARE REPORTED IN COLUMN C OF SCHEDULE J, PART II UNVESTED BENEFIT AND CONTRIBUTION ACCRUALS ARE TAX DEFERRED AND ARE REPORTED IN COLUMN C OF SCHEDULE J, PART II 1) FINRA'S SUPPLEMENTAL DEFINED BENEFIT PLAN IS A NON-QUALIFIED DEFINED BENEFIT PLAN THAT IS PROVIDED TO MEMBERS OF A SELECT GROUP OF MANAGEMENT OR HIGHLY COMPENSATED EMPLOYEES SUCH AS THOSE DESCRIBED UNDER 201(2), 301(A)(3), AND 401(A) (1) OF ERISA IT IS A FINRA FUNDED PLAN THAT VESTS AT SPECIFIED AGE AND SERVICE MILESTONES THIS PLAN WAS CLOSED TO NEW ENTRANTS AS OF 12/31/05 PARTICIPANTS IN THE NON-QUALIFIED DEFINED BENEFIT PLAN THAT HAD AN INCREMENTAL INCREASE IN PRESENT VALUE OF PARTICIPANTS BENEFIT VALUE FROM PRIOR YEAR INCLUDE T GRANT CALLERY - \$3,122 JAMES J CUMMINGS - \$3,135 DEREK W LINDEN - \$775,044 00 (CLIFF) STEPHEN LUPARELLO - \$62,740 MARC MENCHEL - \$256,521 CARLOTTA A ROMANO - \$451,802 (CLIFF) DANIEL M SIBEARS - \$10,134 PARTICIPANTS IN THE SUPPLEMENTAL NON-QUALIFIED DEFINED BENEFIT PLAN THAT HAD A GROSS TAXABLE PAYOUT INCLUDE ROBERT C ERRICO - \$1,500,693 2) FINRA'S SUPPLEMENTAL DEFINED CONTRIBUTION PLAN IS A NON-QUALIFIED PLAN THAT IS OPEN TO VICE PRESIDENTS AND ABOVE WITH AN ANNUAL BASE PAY ABOVE THE QUALIFIED LIMIT IT IS ONLY OPEN TO THOSE NOT PARTICIPATING IN THE CLOSED NON-QUALIFIED DEFINED BENEFIT PLAN DESCRIBED ABOVE IT IS A FINRA FUNDED PLAN WITH A 3 YEAR VESTING CYCLE WITH ANNUAL VESTING BEGINNING AT AGE 62 PARTICIPANTS IN THE SUPPLEMENTAL NON-QUALIFIED DEFINED CONTRIBUTION PLAN WITH CONTRIBUTIONS VESTING IN 2010 INCLUDE MARCIA E ASQUITH - \$137,929 SUSAN F AXELROD - \$176,576 STEPHEN M SCHOENEMAN - \$174,043 MICHAELG RUFINO |
| VOLUNTARY COMPENSATION DISCLOSURES | | JAMES D WEDDLE WAS A VOLUNTEER BOARD MEMBER IN 2010 AND DID NOT RECEIVE COMPENSATION FOR HIS SERVICES |

Software ID: Software Version:

EIN: 52-1959501

Name: FINRA REGULATION INC

| Form 990, Schedule J, | Part II | : - Officers, Direct | tors, Trustees, Ke | y Employees, and | Highest Compens | sated Employees | ì | | |
|-------------------------|-------------|--|---|-----------------------------|-----------------|-----------------|----------------------|--|--|
| (A) Name | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Deferred | (D) Nontaxable | (E) Total of columns | (F) Compensation reported in prior Form | |
| | | (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) Other compensation | compensation | benefits | (B)(ı)-(D) | 990 or Form 990-EZ | |
| RICHARD G KETCHUM | (1) (11) | 0 980,740 | 0 1,250,000 | 0 29,606 | 0 321,305 | 0 27,703 | 0 2,609,354 | 0 | |
| TODD T DIGANCI | (1) (11) | 0 476,490 | 0 660,000 | 0 35,704 | 0 30,644 | 0 29,160 | 0 1,231,998 | 0 | |
| MARCIA E ASQUITH | (1) (11) | 0 207,155 | 220,000 | 0 161,087 | 0 23,460 | 0 27,865 | 0 | 0 35,876 | |
| SUSAN FAXELROD | (1) | 280,142 | 297,500 | 194,093 | 21,398 | 38,108 | | 48,124 | |
| T GRANT CALLERY | (1) | 0 357,230 | 0 317,800 | 0 30,174 | 0 84,163 | 0 27,117 | 0 816,485 | 0 | |
| MARTIN P COLBURN | (1) (11) | 0 382,482 | 0 454,043 | 0 19,908 | 0 159,027 | 0 36,589 | 0 | 0 | |
| JAMES J CUMMINGS | (1) | 268,303 | 347,149 | 27,674 | 70,295 | 29,780 | | 0 | |
| JAMES P DONOVAN | (1) | 500,000 | 0 360,000 | 0 9,225 | 0 1,158,318 | 0 7,228 | 2,034,771 | 0 | |
| ROBERT C ERRICO | (1) (11) | 193,419 0 | 342,000 | 1,754,375 | 233,744 | 17,890 | | 244,344 | |
| LINDA D FIENBERG | (1) (11) | 0 440,336 | 0 420,300 | 0 32,858 | 0 62,664 | 0 17,842 | 0 974,000 | 0 | |
| SAMUEL H GAER | (1) (11) | 0 76,735 | 0 | 0 115 | 0 203,077 | , 0 942 | 0 | 0 | |
| THOMAS R GIRA | (1) (11) | 370,718 0 | 420,000 | 4,758 0 | 79,653 0 | 39,724 0 | | 0 | |
| DEREK W LINDEN | (I) (II) | 308,612 0 | 260,635 0 | 791,422 0 | 43,702 | 37,230 0 | 1,441,600 | 11,587 | |
| STEPHEN LUPARELLO | (ı) (ıı) | 585,278 0 | 700,000 | 85,248 0 | 31,847 | 30,517 | 1,432,890 | 0 | |
| MARC MENCHEL | (ı) (ıı) | 391,140 0 | 434,300 | 267,070 0 | 34,801 0 | 30,862 | 1,158,173 | 0 | |
| SUSAN L MERRILL | (I) (II) | 123,669 0 | 605,000 | 31,214 0 | 10,768 0 | 9,014 | 779,666 0 | 0 | |
| HOWARD M SCHLOSS | (1) (11) | 0 422,440 | 0 393,000 | 0 11,704 | 0 157,340 | 0 42,899 | 0 1,027,383 | 0 | |
| STEPHEN M SCHOENEMAN | (1) (11) | 0 287,126 | 0 225,000 | 0 196,382 | 0 31,076 | 0 32,363 | 0 771,947 | 0 45,366 | |
| THOMAS M SELMAN | (1) (11) | 326,105 0 | 324,400 0 | 21,997 0 | 63,136 0 | 12,547 | 748,185 0 | 0 | |
| GRACE B VOGEL | (1) (11) | 348,432 0 | 525,000 0 | 337,049 0 | 29,990 0 | 35,040 0 | 1,275,511 | 88,530 0 | |
| CARLOTTA ROMANO | (1) (11) | 299,684 0 | 275,000 0 | 474,081 0 | 48,037 0 | 12,867 | 1,109,669 | 0 | |
| MICHAEL RUFINO | (1) (11) | 259,207 0 | 270,000 | 191,855 | 20,466 | 47,466 0 | 788,994 0 | 0 | |
| JAMES J SHORRIS | (I) (II) | 328,627 0 | 300,000 | 22,425 | 448,051 | 33,522 | 1,132,625 | 0 | |
| DANIEL M SIBEARS | (1) (11) | 360,484 0 | 315,000 | 33,037 | 53,320 | 46,468 | 808,309 | 0 | |
| WILLIAM J WOLLMAN | (ı) (ıı) | 225,796 0 | 235,000 | 169,273 0 | 19,817 | 28,458 0 | 678,344 | 0 | |

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493315032561

N. 93493313032301

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V lines 38a or 40b.

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

2010

Open to Public Inspection

| | lame of the organization INRA REGULATION INC | | | | | | | | | | ation numb | er | |
|---------|---|-------------------|--------------|--------------|-----------------|---|-----------|--------------------------------|------------|----------------------------|-------------|-----------|--|
| Part I | Excess Benefit Trai | | | | | | | organ | | only). | line 40h | | |
| | | | | | 111 230, 1 | | | | | | | orrected? | |
| 1 | (a) Name of disq | ualified | person | | | (b) Desc | ription | of trans | action | | Yes | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 3 Ent | er the amount of tax imposition 4958 er the amount of tax, if any Loans to and/or in the organization of interested person and | From zation (b) L | e 2, abo | ve, reimburs | ed by the sons. | one organization . D, Part IV, line 26 | , or Form | n 990- | EZ, Part V | * \$ * \$ /, line 38 | (g)Writ | | |
| (a) Nam | purpose | | ızatıon? | principal | | (d)Balance due | defau | efault? by board or committee? | | agreem | agreement? | | |
| | | To | From | _ | | | Yes | No | Yes | No | Yes | No | |
| | | 1 | 110111 | | | | 1.00 | 1.0 | 1.55 | 1.0 | 1.55 | | |
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| | | | + | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Total . | | <u> </u> | - | | ▶ \$ | | | | | ı | | 1 | |
| Part II | | | | | | Persons. | | | | | | | |
| | Complete if the orga | anızatı | on ans | wered "Yes | " on Fo | rm 990, Part IV | /, line 2 | 27. | | | | | |
| (| a) Name of interested pers | on | (| | | een interested pei ganization | rson | (c) A r | nount of g | rant or t | ype of assi | stance | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| Complete ii the organization | ranswered res on r | Offic 990, Part IV, III | ie 20a, 20b, 0i 20c. | | | |
|---------------------------------------|--|-------------------------|--------------------------------|---|----|--|
| (a) Name of interested person | (b) Relationship between interested person and the (c) A mount of transaction | | (d) Description of transaction | (e) Sharing of organization's revenues? | | |
| | organization | | | Yes | No | |
| (1) NYSE EURONEXTNYSE REGULATION | SCHEDULE L, PART V | 32,112,111 | SCHEDULE L, PART V | | Νο | |
| (2) EDWARD JONES | SCHEDULE L, PART V | 23,493,222 | SCHEDULE L, PART V | | Νο | |
| (3) LPL FINANCIAL | SCHEDULE L, PART V | 14,610,929 | SCHEDULE L, PART V | | Νο | |
| (4) UVEST FINANCIAL SERVICES GROUP | SCHEDULE L, PART V | 1,190,707 | SCHEDULE L, PART V | | No | |
| (5) STERNE AGEE FINANCIAL SERVICES | SCHEDULE L, PART V | 702,232 | SCHEDULE L, PART V | | Νo | |
| (6) STERNE AGEE LEACH INC | SCHEDULE L, PART V | 350,285 | SCHEDULE L, PART V | | Νο | |
| Part V Supplemental Information | | | | | | |

| Td1:6: | Data Dafa | Evolunation |
|--|---------------------|---|
| Ident if ier | Return Reference | Explanation |
| BUSINESS TRANSACTIONS NVOLVING INTERESTED | SCHEDULE L, PART IV | FINRA'S BYLAWS DO NOT CLASSIFY DIRECTORS AS INDEPENDENT OR NOT INDEPENDENT AS A SELF- |
| PARTIES | | REGULATORY ORGANIZATION, BOARD MEMBERS ARE |
| | | CLASSIFIED AS "PUBLIC" OR "INDUSTRY" AND A MAJORITY OF THE BOARD MUST ALWAYS MEET THE |
| | | "PUBLIC" DEFINITION ADDITIONALLY, ANY |
| | | TRANSACTIONS WITH COMPANIES THAT EMPLOY A BOARD MEMBER, OR FOR WHICH A BOARD MEMBER MAY |
| | | SERVE AS A MEMBER OF ITS DIRECTORATE, INCLUDING |
| | | THOSE LISTED BELOW, WERE CONDUCTED IN THE ORDINARY COURSE OF BUSINESS AND DO NOT REFLECT |
| | | SPECIAL ARRANGEMENTS BETWEEN INTERESTED |
| | | PARTIES HOWEVER, THE IRS DEFINITION OF AN |
| | | INDEPENDENT VOTING MEMBER OF A GOVERNING BODY IS SPECIFIC TO THE FORM 990, AND APPLIES A |
| | | CIRCUMSTANCES-BASED APPROACH FOCUSING ON |
| | | COMPENSATION AS AN EMPLOYEE, COMPENSATION AS AN INDEPENDENT CONTRACTOR (EXCLUSIVE OF |
| | | REASONABLE COMPENSATION FOR SERVING ON THE |
| | | BOARD), AND A DOLLAR THRESHOLD FOR PAYMENTS MADE TO OR RECEIVED FROM ANOTHER ORGANIZATION |
| | | IN THE ORDINARY COURSE OF BUSINESS PLEASE SEE |
| | | PAGE 19 OF THE 2010 FORM 990 INSTRUCTIONS FOR THI |
| | | COMPLETE IRS DEFINITION ELLYN L BROWN IS A MEMBE OF THE BOARDS OF NYSE EURONEXT AND NYSE |
| | | REGULATION, AND A MEMBER OF THE FINRA REGULATOR |
| | | POLICY COMMITTEE NYSE RELATED ORGANIZATIONS PAID FINRA REGULATION \$30,406,261 IN REGULATORY |
| | | FEES FINRA REGULATION PAID NYSE RELATED |
| | | ORGANIZATIONS \$1,418,850 FOR TRANSITION AND SUPPORT SERVICES AND \$287,000 FOR PASS-THROUGH |
| | | FINES COLLECTED BY FINRA REGULATION AND REMITTE |
| | | TO NYSE MARKS CASADY IS THE CHAIRMAN AND CEO C |
| | | LPL FINANCIAL AND A MEMBER OF THE FINRA REGULATORY POLICY COMMITTEE LPL FINANCIAL PAID |
| | | FINRA REGULATION \$14,610,929 FOR REGULATORY |
| | | SERVICES MARKS CASADY IS A MEMBER OF THE BOARD OF UVEST FINANCIAL SERVICES GROUP AND A MEMBER |
| | | OF THE FINRA REGULATORY POLICY COMMITTEE UVEST |
| | | FINANCIAL SERVICES GROUP IS A WHOLLY OWNED |
| | | SUBSIDIARY OF LPL FINANCIAL OF WHICH MARK S CASADY IS THE CHAIRMAN AND CEO UVEST FINANCIAL |
| | | SERVICES PAID FINRA REGULATION \$1,190,707 FOR |
| | | REGULATORY SERVICES JAMES F DUFFY WAS INTERIM CEO AND A MEMBER OF THE BOARD OF NYSE |
| | | REGULATION, INC , AND DURING 2010 WAS A MEMBER OF |
| | | THE FINRA REGULATORY POLICY COMMITTEE NYSE RELATED ORGANIZATIONS PAID FINRA REGULATION |
| | | \$30,406,261 FOR REGULATORY SERVICES FINRA |
| | | REGULATION PAID NYSE RELATED ORGANIZATIONS |
| | | \$1,418,850 FOR TRANSITION AND SUPPORT SERVICES AND \$287,000 FOR PASS-THROUGH FINES COLLECTED B' |
| | | FINRA REGULATION AND REMITTED TO NYSE W DENNIS |
| | | FERGUSON IS A PRINCIPAL OF STERNE AGEE FINANCIAL SERVICES AND IS A MEMBER OF THE FINRA REGULATORY |
| | | POLICY COMMITTEE STERNE AGEE FINANCIAL SERVICE |
| | | PAID FINRA REGULATION \$350,285 FOR REGULATORY |
| | | SERVICES W DENNIS FERGUSON IS THE DIRECTOR OF CLEARING FOR STERNE, AGEE & LEACH, INC. AND IS A |
| | | MEMBER OF THE FINRA REGULATORY POLICY COMMITTE |
| | | STERNE, AGEE & LEACH, INC PAID FINRA REGULATION \$702,232 FOR REGULATORY SERVICES DR SHIRLEY ANN |
| | | JACKSON IS CHAIRMAN OF NYSE REGULATION, INC , WAS |
| | | A MEMBER OF THE BOARD OF NYSE EURONEXT DURING 2010, AND IS A MEMBER OF THE FINRA REGULATORY |
| | | POLICY COMMITTEE NYSE RELATED ORGANIZATIONS |
| | | PAID FINRA REGULATION \$30,406,261 FOR REGULATORY |
| | | SERVICES FINRA REGULATION PAID NYSE RELATED ORGANIZATIONS \$1,418,850 FOR TRANSITION AND |
| | | SUPPORT SERVICES AND \$287,000 FOR PASS-THROUGH |
| | | FINES COLLECTED BY FINRA REGULATION AND REMITTE TO NYSE RICHARD S PECHTER IS A MEMBER OF THE |
| | | BOARD OF NYSE REGULATION, INC , AND A MEMBER OF |
| | | THE FINRA REGULATORY POLICY COMMITTEE NYSE |
| | | RELATED ORGANIZATIONS PAID FINRA REGULATION \$30,406,261 FOR REGULATORY SERVICES FINRA |
| | | REGULATION PAID NYSE RELATED ORGANIZATIONS |
| | | \$1,418,850 FOR TRANSITION AND SUPPORT SERVICES |
| | | AND \$287,000 FOR PASS-THROUGH FINES COLLECTED B' FINRA REGULATION AND REMITTED TO NYSE JOHN W |
| | | SCHMIDLIN IS A MEMBER OF THE BOARD OF NYSE |
| | | REGULATION, INC , AND A MEMBER OF THE FINRA REGULATORY POLICY COMMITTEE NYSE RELATED |
| | | ORGANIZATIONS PAID FINRA REGULATION \$30,406,261 |
| | | FOR REGULATORY SERVICES FINRA REGULATION PAID |
| | | NYSE RELATED ORGANIZATIONS \$1,418,850 FOR TRANSITION AND SUPPORT SERVICES AND \$287,000 FO |
| | | PASS-THROUGH FINES COLLECTED BY FINRA |
| | | REGULATION AND REMITTED TO NYSE JAMES D WEDDLE |
| | | IS MANAGING PARTNER OF EDWARD JONES AND A MEMBER OF THE FINRA REGULATORY POLICY COMMITTE |
| | | EDWARD JONES PAID FINRA REGULATION \$23,493,222 |
| | İ | FOR REGULATORY SERVICES |

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As Filed Data -

DLN: 93493315032561

OMB No 1545-0047

2010

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Supplemental Information to Form 990 or 990-EZ

► Attach to Form 990 or 990-EZ.

Name of the organization FINRA REGULATION INC

Employer identification number

52-1959501

| ldentifier | Return Reference | Explanation |
|---|---------------------|--|
| VOLUNTARY DISCLOSURE FOR FINANCIAL INFORMATION | | THE FINANCIAL INFORMATION INCLUDED IN THE FORM 990 IS PRESENTED ON A STAND-ALONE BASIS WITH ALL SIGNIFICANT INTERCOMPANY RECEIVABLE AND PAYABLE AMOUNTS ELIMINATED AND DOES NOT REPRESENT THE CONSOLIDATED RESULTS FOR FINANCIAL INDUSTRY REGULATORY AUTHORITY, INC (FINRA) AND ITS SUBSIDIARIES THE FINANCIAL INFORMATION PRESENTED REFLECTS ESTIMATES OF OVERHEAD ALLOCATIONS THE 2010 FORM 990 SHOULD BE READ IN CONNECTION WITH THE 2010 FINRA ANNUAL FINANCIAL REPORT WHICH IS AVAILABLE ON WWW FINRA ORG SEE ALSO SEPARATE 2010 FORM 990S FOR RELATED ENTITIES, INCLUDING FINRA, FINRA DISPUTE RESOLUTION, INC , AND FINRA INVESTOR EDUCATION FOUNDATION |

| ldentifier | Return Reference | Explanation |
|---|----------------------------------|--|
| ORGANIZATION ACHIEV EMENTS OR PROGRAM SERVICES | FORM 990, PART III, LINE 4 | FINRA IS THE LARGEST INDEPENDENT REGULATOR FOR ALL SECURTIES FIRMS DOING BUSINESS WITH THE PUBLIC IN THE UNITED STATES THROUGH FINRA REGULATION, FINRA OVERSEES NEARLY 4,600 BROKERAGE FIRMS, ABOUT 163,000 BRANCH OFFICES AND APPROXIMATELY 631,000 REGISTERED SECURITIES REPRESENTATIVES FINRA IS DEDICATED TO INVESTOR PROTECTION AND MARKET INTEGRITY THROUGH EFFECTIVE AND EFFICIENT REGULATION OF THE SECURTIES INDUSTRY 4A) MARKET REGULATION FINRA'S MARKET REGULATION FINRA'S MARKET REGULATION OF PARTIMENT OVERSEES AND REGULATES OVER-THE-COUNTER TRADING OF EXCHANGE-LISTED AND NON-EXCHANGE-LISTED SECURTIES FOR COMPLIANCE WITH FINRA RULES AND FEDERAL SECURTIES LAWS MARKET REGULATION ALSO PROVIDES REGULATED RYSE AND FEDERAL SECURTIES LAWS MARKET REGULATION ALSO PROVIDES REGULATORY SERVICES TO NASDAQ OMX, NASDAQ OMX PHIX, NASDAQ OMX BX, NYSE AMEX, NYSE ARCA, BATS, THE INTERNATIONAL SECURTIES EXCHANGE AND DIRECT EDGE. IN ADDITION, THIS AREA IS RESPONSIBLE FOR INSIDER-TRADING SURVEILLANCE FOR ALL NASDAQ., NYSE. AND NYSE AMEX-LISTED ISSUES ACROSS ALL U.S. EXCHANGES, AS WELL AS CERTIAN TRADING RULES THAT ARE COMMON BETWEEN FINRA AND OTHER MARKETS MARKET SEGULATION ALSO REGULATES TRADING IN CORPORATE AND MUNICIPAL DEBT INSTRUMENTS, AND EXAMINES MARKET-MAKING AND TRADING FIRMS TO ASSESS COMPLANCE WITH EXCHANGES' AND FINRA TRADING RULES AND FEDERAL SECURTIES LAWS 48) MEMBER REGULATION FINRA'S MEMBER REGULATION DEPARTMENT HAS A COMPREHENSIVE EXAMINATION PROGRAM WITH DEDICATED RESOURCES OF MORE THAN 1,100 EMPLOYEES STAFFING EXAMINATION PROGRAM WITH DEDICATED RESOURCES OF MORE THAN 1,100 EMPLOYEES STAFFING EXAMINATIONS ON A SCHEDULE THAT IS ESTABLISHED BASED ON A RISK-PROFILE MODEL IN ADDITION, MEMBER REGULATION CONDUCTS TARGETED EXAMINATIONS OF BROKERAGE EMPLOYEES FOR CAUSE, ARBITRATIONS AND REFERRALS FROM OTHER REGULATION CONDUCTS BASED ON INVESTOR COMPLANTS, REFERRALS FROM OTHER FINRA DEPARTMENTS, TERMINATIONS OF BROKERAGE EMPLOYEES FOR CAUSE, ARBITRATIONS AND REFERRALS FROM OTHER REGULATION OF DESCRIPTION OF THE PROPRIES AND SUBJE |

| ldentifier | Return Reference | Explanation |
|---|---------------------------------|--|
| BUSINESS AND FAMILY RELATIONSHIPS | FORM 990, PART VI, LINE 2 | THE FOLLOWING FINRA REGULATORY POLICY COMMITTEE MEMBERS ALSO SERVE TOGETHER AS MEMBERS OF THE BOARD OF NYSE REGULATION JAMES F DUFFY (ALSO INTERIM CEO OF NYSE REGULATION THROUGH JULY 2010) ELLYN L BROWN (ALSO NYSE EURONEXT) DR SHIRLEY ANN JACKSON (ALSO NYSE EURONEXT) RICHARD S PECHTER JOHN W SCHMIDLIN |

| ldentifier | Return Reference | Explanation |
|--|------------------------------|---|
| DESCRIPTION OF CLASSES OF MEMBERS OR STOCKHOLDERS | FORM 990, PART VI, LINE 6 | FINRA IS THE SOLE NOT-FOR-PROFIT STOCKHOLDER OF FINRA REGULATION, INC |

| ldentifier | Return Reference | Explanation |
|--|-------------------------------|--|
| DESCRIPTION OF CLASSES OF PERSONS AND THE NATURE OF THEIR RIGHTS | FORM 990, PART VI, LINE 7A | FINRA, THE SOLE NOT-FOR-PROFIT STOCKHOLDER, ELECTS ALL MEMBERS OF THE GOVERNING BODY |

| ldentifier | Return Reference | Explanation |
|--|----------------------------------|---|
| CLASSES OF PERSONS, DECISIONS REQUIRING APPROVAL & TYPE OF VOTING RIGHTS | FORM 990, PART VI, LINE 7B | FINRA, THE SOLE NOT-FOR-PROFIT STOCKHOLDER, RETAINS THE FOLLOWING AUTHORITY AND FUNCTIONS 1) TO EXERCISE OVERALL RESPONSIBILITY FOR ENSURING THAT THE ASSOCIATION'S STATUTORY AND SELF-REGULATORY OBLIGATIONS AND FUNCTIONS ARE FULFILLED 2) TO DELEGATE AUTHORITY TO THE SUBSIDIARIES TO TAKE ACTIONS ON BEHALF OF THE ASSOCIATION 3) TO ELECT THE SUBSIDIARY BOARDS OF DIRECTORS 4) TO REVIEW THE RULEMAKING AND DISCIPLINARY DECISIONS OF THE SUBSIDIARIES 5) TO COORDINATE ACTIONS OF THE SUBSIDIARY BOARDS AS NECESSARY 6) TO RESOLVE ANY DISPUTES AMONG THE SUBSIDIARIES 7) TO ADMINISTER COMMON OVERHEAD AND TECHNOLOGY OF THE SUBSIDIARIES 8) TO ADMINISTER THE OFFICE OF INTERNAL REVIEW AS PROVIDED IN THE ASSOCIATION'S BY-LAWS 9) TO MANAGE EXTERNAL ASSOCIATION RELATIONS ON MAJOR POLICY ISSUES 10) TO DIRECT THE SUBSIDIARIES TO TAKE ACTION NECESSARY TO EFFECTUATE THE PURPOSES AND FUNCTIONS OF THE ASSOCIATION 11) TO TAKE ACTION AB INITIO IN AN AREA OF RESPONSIBILITY DELEGATED TO SUBSIDIARIES |

| ldentifier | Return Reference | Explanation |
|-------------------------------|----------------------------------|--|
| FORM 990 REVIEW PROCESS | FORM 990, PART VI, LINE 11 | THE FORM 990 WAS REVIEWED BY SENIOR MANAGEMENT AT VARIOUS STEPS THROUGHOUT THE PREPARATION CYCLE THE AUDIT AND MANAGEMENT COMPENSATION COMMITTEES REVIEWED AND APPROVED THE ORGANIZATION'S 2010 FORM 990 ON SEPTEMBER 21, 2011 THE BOARD WAS PROVIDED ACCESS TO THE FINAL FORM 990 FOR REVIEW (VIA A WEBSITE FOR BOARD MEMBERS ONLY) PRIOR TO FILING |

| ldentifier | Return Reference | Explanation |
|---|-----------------------------------|---|
| ENFORCEMENT OF CONFLICT OF INTEREST POLICY | FORM 990, PART VI, LINE 12C | THE ORGANIZATION HAS WRITTEN CONFLICT OF INTEREST POLICIES FOR BOARD MEMBERS AND EMPLOYEES THE WRITTEN CONFLICT OF INTEREST POLICY FOR BOARD MEMBERS REQUIRES INITIAL DISCLOSURE OF INTERESTS THAT COULD GIVE RISE TO CONFLICTS AS WELL AS ANNUAL DISCLOSURE BY THE SAME BOARD MEMBERS ADDITIONALLY, THE WRITTEN POLICY CONTAINS AN ONGOING OBLIGATION OF BOARD MEMBERS TO DISCLOSE POTENTIAL CONFLICTS OF INTEREST AS THEY ARISE EMPLOYEES ARE REQUIRED TO CERTIFY ANNUALLY AS TO THEIR COMPLIANCE WITH THE WRITTEN POLICY THE WRITTEN POLICY CONTAINS AN ONGOING OBLIGATION FOR EMPLOYEES TO INFORM FINRA OF ALL BROKERAGE ACCOUNTS IN WHICH THEY HAVE AN INTEREST AND TO ARRANGE FOR FINRA TO RECEIVE DUPLICATE ACCOUNT STATEMENTS FINRA REVIEWS TRANSACTIONS IN EMPLOYEES' BROKERAGE ACCOUNTS TO ENSURE COMPLIANCE WITH FINRA'S INVESTMENT RESTRICTIONS AMONG OTHER THINGS, THESE RESTRICTIONS PROHIBIT EMPLOYEES FROM HAVING AN INTEREST IN A BROKER-DEALER OR ENTITY THAT DERIVES 10% OR MORE OF ITS REVENUE, NET OF INTEREST EXPENSE, FROM BROKER-DEALER SUBSIDIARIES OR AFFILIATES A LIST OF PROHIBITED COMPANIES IS POSTED ON FINRA'S CORPORATE INTRANET FINRA'S DEPARTMENT HEADS HAVE ACCESS TO SEVERAL ONLINE REPORTS THAT HELP THEM AVOID ASSIGNING AN EMPLOYEE TO WORK ON A PROJECT THAT WOULD GIVE RISE TO A CONFLICT FOR INSTANCE, A MANAGER CAN DETERMINE WHETHER AN EMPLOYEES STOCK HOLDINGS WOULD CONFLICT WITH A PROPOSED FINRA ASSIGNMENT (E.G., ASSIGNING AN EMPLOYEE TO NEGOTIATE A CONTRACT WITH A VENDOR IN WHICH THE EMPLOYEE HAS A SIGNIFICANT STOCK POSITION) EMPLOYEES ARE REGULARLY REMINDED OF THE RESOURCES THAT ARE AVAILABLE WHEN THEY ARE UNSURE WHAT TO DO IN ADDITION TO TALKING TO DEPARTMENTAL MANAGEMENT, EMPLOYEES CAN DISCUSS CONFLICT-RELATED CONCERNS WITH FINRA'S OFFICE OF GENERAL COUNSEL OR ETHICS MANAGER THEY ARE UNCOMFORTABLE DISCLOSING AN ISSUE AND DISCLOSING THEIR IDENTITY, THEY CAN USE FINRA'S 24-HOUR ETHICSPOINT HOTLINE TO POSE QUESTIONS OR REPORT CONCERNS COMMUNICATIONS MADE THROUGH ETHICSPOINT ARE CONFIDENTIAL AND, IF THE EMPLOYEES WHO REPORT SUSPECTED |

| ldentifier | Return Reference | Explanation |
|--|---|--|
| PROCESS TO DETERMINE COMPENSATION OF TOP OFFICIALS, OFFICERS & KEY EMP | FORM 990, PART VI, LINES 15A AND 15B | THE MANAGEMENT COMPENSATION COMMITTEE OF THE FINRA BOARD OF GOVERNORS (THE "COMPENSATION COMMITTEE") IS RESPONSIBLE FOR SETTING PAY FOR EXECUTIVES OF FINRA AND SUBSIDIARIES WHOSE TOTAL COMPENSATION, INCLUDING INCENTIVE COMPENSATION, MAY EXCEED \$1 MILLION THE COMMITTEE IS COMPRISED OF FOUR NON-EMPLOYEE, NON-SECURITIES INDUSTRY MEMBERS OF THE BOARD OF GOVERNORS THE COMMITTEE MET ON NOVEMBER 18, 2009, JANUARY 27, 2010, AND AGAIN ON FEBRUARY 9, 2010 TO ESTABLISH INCENTIVE COMPENSATION ATTRIBUTABLE TO THE PERFORMANCE OF SERVICES DURING CALENDAR YEAR 2009 AND TO ESTABLISH BASE SALARIES FOR CALENDAR YEAR 2010 THE COMMITTEE ENGAGED MERCER, INC ("MERCER"), A THIRD-PARTY COMPENSATION CONSULTANT, TO PREPARE A COMPENSATION STUDY FOR REVIEW AT THESE MEETINGS THE COMPENSATION STUDY INCLUDED THE COMPENSATION LEVELS DURING 2009 FOR ALL OF THE EXECUTIVES UNDER CONSIDERATION AS WELL AS COMPETITIVE COMPENSATION INFORMATION FOR EXECUTIVES EMPLOYED BY A MIX OF PUBLIC AND PRIVATE FINANCIAL INSTITUTIONS, INCLUDING BROKERAGE/BANKING FIRMS, SECURITIES EXCHANGES AND REGULATORS, THAT MERCER BELIEVED TO BE APPROPRIATE FOR COMPARISON PURPOSES TO FINRA THE COMMITTEE'S MINUTES OF THE NOVEMBER 18, 2009, JANUARY 27, 2010, AND FEBRUARY 9, 2010 MEETINGS WERE REVIEWED AND APPROVED AS ACCURATE AND COMPLETE FOLLOWING THE COMMITTEE'S APPROVAL OF THE SENIOR EXECUTIVE COMPENSATION PACKAGES THE FULL BOARD FURTHER APPROVED THE 2009 INCENTIVE COMPENSATION OF THE CEO AT ITS TELEPHONIC MEETING ON FEBRUARY 10, 2010 ALL COMPENSATION COMMITTEE MEMBERS VOTED FOR THE PROPOSED LEVEL OF EXECUTIVE COMPENSATION |

| ldentifier | Return Reference | Explanation |
|--|-----------------------------|--|
| PUBLIC AVAILABILITY OF GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, | AND FINANCIAL STATEMENTS | FORM 990, PART VI, LINE 19 THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND THE FINRA CONSOLIDATED AUDITED FINANCIAL STATEMENTS AVAILABLE UPON REQUEST |

| ldentifier | Return Reference | Explanation |
|---|--|--|
| ESTIMATED AVERAGE HOURS PER WEEK | FORM 990, PART VII, COLUMN B - ESTIMATED AVERAGE PER WEEK | THE OFFICERS / KEY EMPLOYEES LISTED IN FORM 990, PART VII, DEVOTE AN AVERAGE TOTAL OF 60 HOURS PER WEEK TO THE FILING ORGANIZATION AND ANY OR ALL OF THE FOLLOWING RELATED ORGANIZATIONS FINANCIAL INDUSTRY REGULATORY AUTHORITY, INC. FINRA DISPUTE RESOLUTION, INC., AND FINRA INVESTOR EDUCATION FOUNDATION |

| ldentifier | Return Reference | Explanation |
|--|---------------------------------|--|
| OTHER CHANGES IN NET ASSETS OR FUND BALANCES | FORM 990, PART XI, LINE 5 | OTHER CHANGES IN NET ASSETS OR FUND BALANCES PRIMARILY RELATE TO ANY OR ALL OF THE FOLLOWING CHANGES IN NET INCOME/(LOSS), UNRECOGNIZED EMPLOYEE BENEFIT PLAN AMOUNTS AND UNREALIZED GAIN/(LOSS) ON INVESTMENTS FOR ADDITIONAL INFORMATION PLEASE SEE THE FINRA 2010 ANNUAL FINANCIAL REPORT WHICH IS AVAILABLE ON WWW FINRA ORG |

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

DLN: 93493315032561

Schedule R (Form 990) 2010

2010

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R (Form 990)

Name of the organization

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service

FINRA REGULATION INC

Employer identification number

Cat No 50135Y

| | | | | | 52-1959501 | | | |
|--|---|--------------------------------------|---|----------------------------|----------------------------------|--------------------|-------------------|--------------------|
| Part I Identification of Disregarded Entities (Con | ion of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) And EIN of disregarded entity Primary activity Primary activity Legal doc) (estate or foreign country) Primary activity Primary activity Legal doc) (estate or foreign country) Primary activity Primary activity | | | | | | | |
| (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 | Direct controlling | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Part II Identification of Related Tax-Exempt Orga or more related tax-exempt organizations durin | niza g the | l tions (Complete ı tax year.) | f the organization | answered "Yes" o | n Form 990, Part | IV, line 34 becaus | e ıt had | one |
| (a) Name, address, and EIN of related organization | | | Legal domicile (state | (d) Exempt Code section | Public charity status | Direct controlling | Section 5 cont | rolled lization |
| (1) FINANCIAL IND REGULATORY AUTHORITY INC | | | | | | | Yes | No |
| 1735 K STREET NW | REG | JLATORY | DE | 501(C)(6) | | NA | | |
| WASHINGTON, DC 20006 53-0088710 | | | | | | | | |
| (2) FINRA DISPUTE RESOLUTION INC | | | | | | | | |
| 1735 K STREET NW | ARBI | TRATION | DE | 501(C)(6) | | FINRA | | |
| WASHINGTON, DC 20006 52-2187577 | | | | | | | | |
| (3) FINRA INVESTOR EDUCATION FOUNDATION | | | | | | | | |
| 1735 K STREET NW | EDU | CATION | DE | 501(C)(4) | | FINRA | | |
| WASHINGTON, DC 20006 20-0863779 | | | | | | | | |
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| Part III | Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, lin | e 34 |
|----------|---|------|
| | because it had one or more related organizations treated as a partnership during the tax year.) | |

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512- 514) | (f) Share of total income | (g) Share of end-of-year assets | (h Disprop allocat | rtionate | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j Gener mana parti | ral or iging | (k) Percentage ownership |
|---|--------------------------------|---|--|--|------------------------------|---------------------------------------|--------------------------|----------|---|------------------------------|-----------------|---------------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
| | | | | | | | | | | | | |
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Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership |
|---|--------------------------------|--|-------------------------------------|---|------------------------------|--|---------------------------------------|
| (1) NEW NASD HOLDING INC 1735 K STREET NW WASHINGTON, DC20006 52-2307595 | HOLDING COMPANY | DE | FINRA | C-CORP | 0 | 0 | 0 % |
| (2) SECURITIES DEALERS RISK PURCHASING GROUP 1735 K STREET NW WASHINGTON, DC20006 52-1953595 | INSURANCE | DE | FINRA | C-CORP | 0 | 0 | 0 % |
| (3) SECURITIES DEALERS INSURANCE CO VICTORIA HALL 11 VICTORIA STREET HM 11 HAMILTON BD | INSURANCE | BD | FINRA | C-CORP | 0 | 0 | 0 % |
| (4) FINRA LIMITED 35 BROAD STREET LONDON, ENGLAND EC2MNH UK | EDUCATIONAL | UK | FINRA | C CORP | 0 | 0 | 0 % |
| | | | | | | | |
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| | | | | | | | |

| IDURING 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) royalties (iv) rent from a controlled entity b Gift, grant, or capital contribution to other organization(s) c Gift, grant, or capital contribution from other organization(s) d Loans or loan guarantees to or for other organization(s) e Loans or loan guarantees by other organization(s) f Sale of assets to other organization(s) g Purchase of assets from other organization(s) h Exchange of assets from other organization(s) j Lease of facilities, equipment, or other assets from other organization(s) k Performance of services or membership or fundraising solicitations by other organization(s) n Sharing of facilities, equipment, mailing lists, or other assets Im Sharing of facilities, equipment, mailing lists, or other assets 1 In | che | edule R (Form 990) 2010 | | Рa | ge 3 |
|--|------------|--|----|-----|------|
| 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) royalties (iv) rent from a controlled entity b Gift, grant, or capital contribution to other organization(s) c Gift, grant, or capital contribution from other organization(s) d Loans or loan guarantees to or for other organization(s) e Loans or loan guarantees by other organization(s) f Sale of assets to other organization(s) g Purchase of assets from other organization(s) h Exchange of assets i Lease of facilities, equipment, or other assets to other organization(s) j Lease of facilities, equipment, or other assets from other organization(s) k Performance of services or membership or fundraising solicitations by other organization(s) m Sharing of facilities, equipment, mailing lists, or other assets Im Sharing of facilities, equipment, mailing lists, or other assets Im Sharing of facilities, equipment, mailing lists, or other assets | Pa | Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.) | | | |
| a Receipt of (i) interest (ii) annuties (iii) royalties (iv) rent from a controlled entity b Gift, grant, or capital contribution to other organization(s) c Gift, grant, or capital contribution from other organization(s) d Loans or loan guarantees to or for other organization(s) e Loans or loan guarantees by other organization(s) f Sale of assets to other organization(s) f Sale of assets to other organization(s) f Loans or loan guarantees by other organization(s) f Sale of assets to other organization(s) f Loans or loan guarantees by other organization(s) f Loans or loan guarantees by other organization(s) f Sale of assets to other organization(s) f Loans or loan guarantees by other organization(s) f Loans or loan guarantees by other organization(s) f Loans or loan guarantees to orfer organization(s) | | Note. Complete line 1 if any entity is listed in Parts II, III or IV | | Yes | No |
| b Gift, grant, or capital contribution to other organization(s) c Gift, grant, or capital contribution from other organization(s) d Loans or loan guarantees to or for other organization(s) e Loans or loan guarantees by other organization(s) f Sale of assets to other organization(s) g Purchase of assets from other organization(s) h Exchange of assets i Lease of facilities, equipment, or other assets to other organization(s) j Lease of facilities, equipment, or other assets from other organization(s) k Performance of services or membership or fundraising solicitations by other organization(s) li Performance of services or membership or fundraising solicitations by other organization(s) lm Sharing of facilities, equipment, mailing lists, or other assets lm Im | 1 D | Ouring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| c Gift, grant, or capital contribution from other organization(s) d Loans or loan guarantees to or for other organization(s) e Loans or loan guarantees by other organization(s) f Sale of assets to other organization(s) g Purchase of assets from other organization(s) h Exchange of assets i Lease of facilities, equipment, or other assets to other organization(s) j Lease of facilities, equipment, or other assets from other organization(s) k Performance of services or membership or fundraising solicitations by other organization(s) li Performance of services or membership or fundraising solicitations by other organization(s) m Sharing of facilities, equipment, mailing lists, or other assets lm Im lm Im lm Im la III l | а | Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity | 1a | | No |
| d Loans or loan guarantees to or for other organization(s) e Loans or loan guarantees by other organization(s) f Sale of assets to other organization(s) g Purchase of assets from other organization(s) h Exchange of assets i Lease of facilities, equipment, or other assets to other organization(s) j Lease of facilities, equipment, or other assets from other organization(s) k Performance of services or membership or fundraising solicitations by other organization(s) li Performance of services or membership or fundraising solicitations by other organization(s) m Sharing of facilities, equipment, mailing lists, or other assets in Im li Id le III l | b | Gift, grant, or capital contribution to other organization(s) | 1b | | No |
| E Loans or loan guarantees by other organization(s) 1 | c | Gift, grant, or capital contribution from other organization(s) | 1c | | No |
| f Sale of assets to other organization(s) g Purchase of assets from other organization(s) h Exchange of assets i Lease of facilities, equipment, or other assets to other organization(s) j Lease of facilities, equipment, or other assets from other organization(s) k Performance of services or membership or fundraising solicitations for other organization(s) l Performance of services or membership or fundraising solicitations by other organization(s) m Sharing of facilities, equipment, mailing lists, or other assets l m | d | Loans or loan guarantees to or for other organization(s) | 1d | | No |
| p Purchase of assets from other organization(s) h Exchange of assets i Lease of facilities, equipment, or other assets to other organization(s) j Lease of facilities, equipment, or other assets from other organization(s) k Performance of services or membership or fundraising solicitations for other organization(s) l Performance of services or membership or fundraising solicitations by other organization(s) m Sharing of facilities, equipment, mailing lists, or other assets | e | Loans or loan guarantees by other organization(s) | 1e | | No |
| h Exchange of assets i Lease of facilities, equipment, or other assets to other organization(s) j Lease of facilities, equipment, or other assets from other organization(s) k Performance of services or membership or fundraising solicitations for other organization(s) l Performance of services or membership or fundraising solicitations by other organization(s) m Sharing of facilities, equipment, mailing lists, or other assets | f | Sale of assets to other organization(s) | 1f | | No |
| i Lease of facilities, equipment, or other assets to other organization(s) j Lease of facilities, equipment, or other assets from other organization(s) k Performance of services or membership or fundraising solicitations for other organization(s) l Performance of services or membership or fundraising solicitations by other organization(s) m Sharing of facilities, equipment, mailing lists, or other assets | g | Purchase of assets from other organization(s) | 1g | | No |
| j Lease of facilities, equipment, or other assets from other organization(s) k Performance of services or membership or fundraising solicitations for other organization(s) l Performance of services or membership or fundraising solicitations by other organization(s) m Sharing of facilities, equipment, mailing lists, or other assets | h | Exchange of assets | 1h | | No |
| k Performance of services or membership or fundraising solicitations for other organization(s) I Performance of services or membership or fundraising solicitations by other organization(s) m Sharing of facilities, equipment, mailing lists, or other assets | i | Lease of facilities, equipment, or other assets to other organization(s) | 1i | | No |
| Performance of services or membership or fundraising solicitations by other organization(s) m Sharing of facilities, equipment, mailing lists, or other assets | j | Lease of facilities, equipment, or other assets from other organization(s) | 1j | | No |
| m Sharing of facilities, equipment, mailing lists, or other assets 1m | k | Performance of services or membership or fundraising solicitations for other organization(s) | 1k | | No |
| In Starting of Identities, equipment, maining fists, of other assets | 1 | Performance of services or membership or fundraising solicitations by other organization(s) | 11 | | No |
| n Sharing of paid employees | m | a Sharing of facilities, equipment, mailing lists, or other assets | 1m | | No |
| | n | Sharing of paid employees | 1n | | No |
| o Reimbursement paid to other organization for expenses | 0 | Reimbursement paid to other organization for expenses | 10 | Yes | |
| p Reimbursement paid by other organization for expenses | P | Reimbursement paid by other organization for expenses | 1р | Yes | |
| q O ther transfer of cash or property to other organization(s) | q | O ther transfer of cash or property to other organization(s) | 1q | | No |
| r Other transfer of cash or property from other organization(s) | r | O ther transfer of cash or property from other organization(s) | 1r | | No |

| 2 | If the answer to any of the above is | "Yes," see th | e instructions fo | r information o | n who must | complete this I | ıne, ınclı | udıng covered | relatio | onships and transacti | on thresholds | |
|---|--------------------------------------|---------------|-------------------|-----------------|------------|-----------------|------------|---------------|---------|-----------------------|---------------|--|
| | | | | | | | | | | | | |

| (a) Name of other organization | (b) Transaction type(a-r) | (c) Amount involved | (d) Method of determining amount involved |
|----------------------------------|--|------------------------|--|
| (1) FINRA DISPUTE RESOLUTION INC | 0 | 69,596 | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d Are parti sect 501(d organiz | ners ion :)(3) :ations? | (e) Share of end-of-year assets | | ortionate | (g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (I Gene mana part | agın tner? |
|---|--------------------------------|--|--|----------------------------------|---|-----|-----------|---|----------------------------|---------------|
| | | | Yes | No | | Yes | No | | Yes | N |
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Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

| Identifier I Return Reference I | er Return Reference Explanation |
|---------------------------------|---------------------------------|
|---------------------------------|---------------------------------|

Schedule R (Form 990) 2010

Software ID: Software Version:

EIN: 52-1959501

Name: FINRA REGULATION INC

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

| Compensated Employees, and Independent Contractors | | | | | | | | | | |
|--|--------------------------|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|--|---|--|
| (A) Name and Title | (B) A verage hours | Posi t | ((tion (hat a | che | | II | | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of other |
| | per week | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | from the organization (W- 2/1099-MISC) | from related organizations (W- 2/1099- MISC) | compensation from the organization and related organizations |
| HARVEY J GOLDSCHMID CHAIR, REG POLICY COMMITTEE | 3 0 | Х | | | | | | 0 | 63,262 | 0 |
| JOEL R BLUMENSCHEIN PART-YR REGULATORY POLICY COMMITTEE | 2 0 | Х | | | | | | 0 | 27,761 | 0 |
| CHARLES A BOWSHER REGULATORY POLICY COMMITTEE | 2 0 | Х | | | | | | 0 | 68,998 | 0 |
| ELLYN L BROWN REGULATORY POLICY COMMITTEE | 2 0 | Х | | | | | | 0 | 60,321 | 0 |
| MARI BUECHNER PART-YR REGULATORY POLICY COMMITTEE | 2 0 | Х | | | | | | 0 | 43,074 | 0 |
| MARK S CASADY REGULATORY POLICY COMMITTEE | 4 0 | Х | | | | | | 0 | 60,742 | 0 |
| JAMES F DUFFY PART-YR REGULATORY POLICY COMMITTEE | 2 0 | Х | | | | | | 0 | 41,464 | 0 |
| W DENNIS FERGUSON REGULATORY POLICY COMMITTEE | 3 0 | Х | | | | | | 0 | 64,839 | 0 |
| DR SHIRLEY ANN JACKSON REGULATORY POLICY COMMITTEE | 2 0 | Х | | | | | | 0 | 65,306 | 0 |
| KEN NORENSBERG PART-YR REGULATORY POLICY COMMITTEE | 2 0 | Х | | | | | | 0 | 30,261 | 0 |
| RICHARD S PECHTER REGULATORY POLICY COMMITTEE | 2 0 | Х | | | | | | 0 | 70,202 | 0 |
| JOHN W SCHMIDLIN REGULATORY POLICY COMMITTEE | 2 0 | Х | | | | | | 0 | 82,253 | 0 |
| JOEL SELIGMAN REGULATORY POLICY COMMITTEE | 2 0 | Х | | | | | | 0 | 55,323 | 0 |
| G DONALD STEEL PART-YR REGULATORY POLICY COMMITTEE | 2 0 | Х | | | | | | 0 | 50,085 | 0 |
| JAMES D WEDDLE REGULATORY POLICY COMMITTEE | 2 0 | Х | | | | | | 0 | 0 | 0 |
| RICHARD G KETCHUM CEO | 60 0 | | | х | | | | 0 | 2,260,346 | 349,008 |
| TODD T DIGANCI EXECUTIVE VP AND CFO | 60 0 | | | Х | | | | 0 | 1,172,194 | 59,804 |
| MARCIA E ASQUITH SENIOR VP AND CORP SECRETARY | 60 0 | | | х | | | | 0 | 588,243 | 51,325 |
| SUSAN FAXELROD EXECUTIVE VICE PRESIDENT | 60 0 | | | | × | | | 771,735 | 0 | 59,506 |
| T GRANT CALLERY EXEC VP AND GENERAL COUNSEL | 60 0 | | | | х | | | 0 | 705,205 | 111,280 |
| MARTIN P COLBURN EXEC VP AND CTO | 60 0 | | | | × | | | 0 | 856,433 | 195,616 |
| JAMES J CUMMINGS EXECUTIVE VICE PRESIDENT | 60 0 | | | | х | | | 643,127 | 0 | 100,075 |
| JAMES P DONOVAN SENIOR EXECUTIVE VICE PRES | 60 0 | | | | х | | | 0 | 869,225 | 1,165,546 |
| ROBERT C ERRICO EXECUTIVE VICE PRESIDENT | 60 0 | | | | х | | | 2,289,794 | 0 | 251,633 |
| LINDA D FIENBERG PRESIDENT - DISPUTE RESOLUTION | 60 0 | | | | х | | | 0 | 893,494 | 80,505 |

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

| (A) Name and Title | (B) A verage hours | Posi t | ((tion (hat a | che (| | II | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099- MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--------------------------|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|--|--|--|
| | per week | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | | | |
| SAMUEL H GAER EXEC VP AND CIO | 60 0 | | | | х | | | 0 | 76,850 | 204,019 |
| THOMAS R GIRA EXECUTIVE VICE PRESIDENT | 60 0 | | | | x | | | 795,476 | 0 | 119,377 |
| DEREK W LINDEN EXECUTIVE VICE PRESIDENT | 60 0 | | | | х | | | 1,360,668 | 0 | 80,931 |
| STEPHEN LUPARELLO SENIOR EXECUTIVE VICE PRES | 60 0 | | | | х | | | 1,370,526 | 0 | 62,363 |
| MARC MENCHEL EXEC VP AND GENERAL COUNSEL | 60 0 | | | | x | | | 1,092,510 | 0 | 65,663 |
| SUSAN L MERRILL EXECUTIVE VICE PRESIDENT | 60 0 | | | | х | | | 759,884 | 0 | 19,782 |
| HOWARD M SCHLOSS EXECUTIVE VICE PRESIDENT | 60 0 | | | | х | | | 0 | 827,144 | 200,239 |
| STEPHEN M SCHOENEMAN SENIOR VICE PRESIDENT | 60 0 | | | | х | | | 0 | 708,508 | 63,439 |
| THOMAS M SELMAN EXECUTIVE VICE PRESIDENT | 60 0 | | | | х | | | 672,502 | 0 | 75,683 |
| GRACE B VOGEL EXECUTIVE VICE PRESIDENT | 60 0 | | | | х | | | 1,210,481 | 0 | 65,030 |
| CARLOTTA ROMANO SENIOR VICE PRESIDENT | 60 0 | | | | | х | | 1,048,765 | 0 | 60,904 |
| MICHAEL RUFINO SENIOR VICE PRESIDENT | 60 0 | | | | | х | | 721,062 | 0 | 67,932 |
| JAMES J SHORRIS EXEC VICE PRESIDENT AND COUNS | 60 0 | | | | | х | | 651,052 | 0 | 481,573 |
| DANIEL M SIBEARS EXECUTIVE VICE PRESIDENT | 60 0 | | | | | х | | 708,521 | 0 | 99,788 |
| WILLIAM J WOLLMAN SENIOR VICE PRESIDENT | 60 0 | | | | | х | | 630,069 | 0 | 48,275 |