EXTENDED TO MAY 15, 2020

Form **991**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Int A B

								,	2010
		f the Treasury	▶ Do not enter socia	-		-	-		Open to Public
		nue Service	► Go to www.irs.g					^	Inspection
<u> </u>	or the		ar year, or tax year beginning	JUL 1,	∠018 and	dending (<u>JUN 30, 201</u>		
C	heck if	e: C Name of	organization				D Employer iden	tificatio	on number
	 ¬Addres	ss DDD							
	change Name	e FEDE.	RAL IT SECURITY I	NSTITUI	<u>'E</u>			1 2 17	4.44.5
	_change	e Doing bu	usiness as			1		-137	4413
	return		and street (or P.O. box if mail is no	t delivered to sti	reet address)	Room/suite			
	Final return/ termin	_	DUKE ST. #190				(70	13)	828-1196
	ated	City or to	own, state or province, country, a		ign postal code		G Gross receipts \$		218,333.
	Ameno	AUEA.	ANDRIA, VA 22314				H(a) Is this a grou		
	Application	F Name a	nd address of principal officer: ${f J}$	AMES WI	GGINS		for subordina	tes?	Yes X No
	pendin	SAME .	AS C ABOVE				H(b) Are all subordinate	es include	ed? Yes No
		empt status:	501(c)(3) X 501(c) (6) ⋖ (insert	no.) 4947(a)(1)	or 52	If "No," attacl	n a list.	(see instructions)
Website: ► WWW . FITSI . ORG H(c) Group exemption number								ımber 🕨	
F	orm of	organization:	X Corporation Trust	Association	Other >	L Year	of formation: 2009	M Sta	ate of legal domicile: VA
Pa	rt I	Summary							
	1	Briefly describ	e the organization's mission or m	ost significant	activities: THE	MISSI	ON OF FEDER	AL]	<u>[T</u>
힏		SECURIT	<u>Y INSTITUTE IS TO</u>	HELP S	SECURE THE	NATIO	N'S INFORMA	OITA	N
Governance	2	Check this box	x 🕨 🔲 if the organization dis	scontinued its	operations or dispo	sed of more	e than 25% of its net	assets.	
$\frac{8}{2}$	3	Number of vot	ing members of the governing bo	dy (Part VI, lin	ie 1a)			3	4
	4	Number of ind	ependent voting members of the	governing boo	dy (Part VI, line 1b)			4	0
စ္တ	5	Total number	of individuals employed in calend	ar year 2018 (l	Part V, line 2a)			5	0
휥			of volunteers (estimate if necessa					6	0
Activities &	7 a	Total unrelated	d business revenue from Part VIII,	column (C), li	ne 12		·	7a	0.
۲			business taxable income from Fo					7b	0.
							Prior Year		Current Year
	8	Contributions	and grants (Part VIII, line 1h)				31,601	. •	16,650.
ᇍ			/= · · · // · · · · · · · · · · · · · ·				19,763		201,683.
evenue	10	Investment inc	come (Part VIII, column (A), lines 3				C		0.
≃ّا			(Part VIII, column (A), lines 5, 6d,				C		0.
			- add lines 8 through 11 (must eq				51,364		218,333.
			nilar amounts paid (Part IX, colum				C		0.
			to or for members (Part IX, column	(4) (1)	,		C		0.
,,		=	compensation, employee benefit				C		0.
š			undraising fees (Part IX, column (A				O		0.
xpenses			ng expenses (Part IX, column (D),			0.			
ŭ۱			es (Part IX, column (A), lines 11a-1	, ,			77,170		129,445.
			s. Add lines 13-17 (must equal Pa				77,170		129,445.
			expenses. Subtract line 18 from li				-25,806	$\overline{}$	88,888.
S							eginning of Current Ye		End of Year
38	20	Total assets (F	art X. line 16)				37,945		126,833.
d Balances	21		(D 1)(II 00)						0.
			fund balances. Subtract line 21 fr				37,945		126,833.
	rt II	Signature					•		<u>, </u>
nde	er pena	Ities of perjury, I	declare that I have examined this ret	urn, including a	ccompanying schedule	es and statem	ents, and to the best of	my kno	wledge and belief, it is
	•		Declaration of preparer (other than o	,			•	-	<i>,</i>
				,		. , ,			_
igr	,	Signature	e of officer				Date		
ere		JAME	S WIGGINS, CHIEF	EXECUTI	VE OFFICE	3.			
			rint name and title						_
		Print/Type prep	oarer's name	Preparer's	signature		Date Check		PTIN
			CCOTTTN CD3	TOTING		- ana l	15 /12 /20 if		000072472

s Н Paid JOHN T. SCOLLIN, CPA JOHN T. SCOLLIN, CPA 05/13/20 self-employed P00073473 Firm's name ► DOEREN MAYHEW Firm's EIN ▶ 38-2492570 Preparer Firm's address > 305 WEST BIG BEAVER ROAD Use Only Phone no. 248 - 244 - 3000 TROY, MI 48084 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

Pai	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: THE MISSION OF FEDERAL IT SECURITY INSTITUTE IS TO HELP SECURE THE
	NATION'S INFORMATION SYSTEMS BY CERTIFYING THAT FEDERAL WORKFORCE
	MEMBERS UNDERSTAND AND CAN APPLY APPROPRIATE FEDERAL IT SECURITY
	STANDARDS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported. (Code:) (Expenses \$ 81,501
4a	(Code:) (Expenses \$81,501. including grants of \$) (Revenue \$) FITSI PROVIDES AN IT SECURITY CERTIFICATION PROGRAM TARGETED AT THE
	THE PROGRAM FOR ITS MEMBERS.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	FITSI OVERSEES TWO LOCAL CHAPTERS OF MEMBERS IN COLORADO AND WASHINGTON
	DC. THESE CHAPTERS RUN EVENTS SUCH AS TRAINING AND MEETINGS TO BENEFIT
	MEMBERS.
4-	
4c	(Code:) (Expenses \$
	ACADEMY. THIS PROGRAM IS RUN AND FINANCED BY THE FITSI FOUNDATION (A
	SISTER ORGANIZATION) WHICH TRAINS WOUNDED WARRIORS IN CYBER SECURITY.
4d	Other program services (Describe in Schedule O.)
_	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 81,501.

Form 990 (2018) FEDERAL IT SECURITY INSTITUTE
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
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? If "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			7.7
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		37
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		37
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
40	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	40		Х
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		
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, line 10? If "Yes," complete Schedule D,	44-	х	
L	Part VI	11a	Λ	
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	446		Х
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b		- 25
C		11c		Х
ч	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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	110		
u		11d		х
е	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
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 and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
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? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	<u> </u>	X

Form 990 (2018) FEDERAL IT SECURITY INSTITUTE Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 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		X
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 through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	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), 501(c)(4), and 501(c)(29) 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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			x
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		Α_
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):	28a		х
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
b	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?	"		
٠.	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	<u> </u>		
	Schedule N, Part II	32		X
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, 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	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
D -	Note. All Form 990 filers are required to complete Schedule O	38	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V		 T	\sqcup
	1 1 -		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	-		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		37	
	(gambling) winnings to prize winners?	1c	X	<u> </u>

Form 990 (2018) FEDERAL IT SECURITY INSTITUTE Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
				3a		<u> </u>
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule (3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		•			x
L	financial account in a foreign country (such as a bank account, securities account, or other financial a	eccour	it)?	4a		
D	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Actions for Financial Actio	ccoun	+c (EDAD)			
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		is (FBAN).	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time daring the tax year?			5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th					
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons o	gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	$ Did the organization \ receive \ a \ payment \ in \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ services \ $	vices p	rovided to the payor?	7a		
				7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uired			
_	to file Form 8282?	1	 I	7c		
d	,	7d	10	٠,		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		t'?	7e 7f		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control of the organization received a contribution of qualified intellectual property, did the organization file Fo		00 as required?	7g		
g h	If the organization received a contribution of qualified intellectual property, 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, 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, airplanes, air			7 <u>9</u> 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
	and the second section is a second section of the second section in the second section is a second section of the second section is a second section of the second section in the second section is a second section of the second section in the second section is a second section of the second section in the second section is a second section of the second section in the second section is a second section of the section of the second section of the sect	-		8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:		1			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		_		
11	Section 501(c)(12) organizations. Enter:	۱	I			
а	Gross income from members or shareholders	11a		-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against	446				
100	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		ıza		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		1			
	In the constitution is a second to be a second to be a like a large to second the second to the second to be a			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					٦,
	excess parachute payment(s) during the year?			15		X
40	If "Yes," see instructions and file Form 4720, Schedule N.	L :	0	40		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	LINCOR	ne?	16		
	If "Yes," complete Form 4720, Schedule O.				-	

Form 990 (2018) FEDERAL IT SECURITY INSTITUTE 2 / - 1 3 / 4 4 1 3 Pag
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response Page 6 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion 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			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
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	Х	
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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	- ra		
D	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	10		
	The governing body?	8a	х	
a	Each committee with authority to act on behalf of the governing body?	8b	X	
9		OD	21	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		x
Sec	organization's mailing address? If "Yes." provide the names and addresses in Schedule O	9		21
000	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	No
100	Did the organization have local chapters, branches, or affiliates?	10a	X	140
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104		
		10b	х	
112	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	- 14		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		Х
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe	120		
·	,	12c		х
12	in Schedule O how this was done Did the organization have a written whistleblower policy?	13	Х	
13	•	14	X	
14	Did the organization have a written document retention and destruction policy?	14	21	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	150		Х
	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b		22
40-				
Ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40-		Х
	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		
D				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	401		
Sac	exempt status with respect to such arrangements? tion C. Disclosure	16b		
17 10	List the states with which a copy of this Form 990 is required to be filed VA Section 6104 requires an erganization to make its Forms 1023 (1024 or 1024 A if applicable), 990, and 990 T (Section 501(c)/3):	only)	avoila-	nlo.
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s	orny)	avallaC	л е
	for public inspection. Indicate how you made these available. Check all that apply. Our website Apother's website X Lipportsqueet Other (
40	Own website Another's website X Upon request Other (explain in Schedule O)	fin	ial	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	ıınanc	ıaı	
00	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records AMER DEVINE WICCING - (703) 754-1875			
	AMEE DEVINE WIGGINS - (703) 754-1875 5501 MERCHANT VIEW SQUARE #118, HAYMARKET, VA 20169			
	2201 HENCHANI ATEM BÄCAVE MITO' UVIHAVVET' AV 70102			

V Object to the control of the con

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

Check if Schedule O contains a response or note to any line in this Part VII

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. 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.

X Check this box if neither the organization ne	or any related o	orga	niza	tion	con	nper	sate	ed any current officer, d	irector, or trustee.	<u> </u>
(A)	(B)			_ (0	C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos heck	itior _{more}	າ than ເ	one	Reportable	Reportable	Estimated
	hours per	box	box, unless person is both an officer and a director/trustee)			s both	n an	compensation	compensation	amount of
	week		cer ar	la a a	recio	T	lee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	e e			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	trust		96	bens		(W-2/1099-MISC)		organization and related
	organizations below	ual tr	tional		yoldı	t con				organizations
	line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Forme			Organizations
(1) JAMES WIGGINS	20.00									
EXECUTIVE DIRECTOR AND CEO		Х		Х				0.	0.	0.
(2) TAYLOR DEVINE	0.50									
DIRECTOR		Х						0.	0.	0.
(3) LOUIS VESCIO	0.50									
DIRECTOR		Х						0.	0.	0.
(4) AMEE DEVINE	10.00			l						
CHIEF OPERATION OFFICER			_	Х				0.	0.	0.
_										
-										
	1			L	ı		L	I.	l .	l .

832007 12-31-18 Form **990** (2018)

Average hours per week (list any) hours for related organizations below line) 1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 1c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) (B) Average hours per week (list any) hours for related organizations below line) 1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) (C) Position (p) Reportable compensation from the compensation from related compensation from the organization (W.2/1099-MISC) (W.2/1099-MISC) (P) Reportable compensation from related compensation from the organization (W.2/1099-MISC) (W.2/1099-MIS	Form 990 (2018) FEDERAL	IT SECUF	RIT	Ϋ́	IN	ST	'IT	ľŪ	re	27-13	3744	413	Р	age 8
Name and title Average hours for restance ho	Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
hours for related organization (selection of the companization organization organization organization of the companization of the calendar year ending with or within the organization is tax year.		Average hours per	box	not c , unle	Posi heck r	ition more rson is	than o	n an	Reportable compensation	Reportable compensatio	on		stimate nount	
Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual To any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Total number of independent contractors (including but not limited to those listed above) who received more than		hours for related organizations below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)			fr org an	om th anizat d relat	e ion ed
Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual To any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Total number of independent contractors (including but not limited to those listed above) who received more than														
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Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Ves No		I, Section A						>						
compensation from the organization Yes No							 \ wh	O re	•	000 of reportable				0.
line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation 1 None and business address (C) Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than				11010			, ****	-	socived more than \$100,				Yes	0 N o
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (B) (C) Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who received more than												3		Х
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1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who received more than	• •	· · · · · · · · · · · · · · · · · · ·				-						5		X
the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation NONE Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than	·									1.00.000 (—	. ,		
Name and business address NONE Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than	the organization. Report compensation for	-	-						the organization's tax y		ensat			
^		address	NC	ONI	3					ervices	C			n
, , ,														
, , ,														
, , ,														
, , ,														
	·	· ·	ot lin	nited	d to t	_		ted	above) who received mo	ore than				

27-1374413

Form 990 (2018) FEDERAL
Part VIII Statement of Revenue

		Check if Schedule O conta	ains a response	or note to any line	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1:	a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions, gifts, grant similar amounts not included abov	1b 1c 1d 1d 5ns) 1e 5s, and	16,650.				
ğ		Noncash contributions included in lines 1						
Cor	i	h Total. Add lines 1a-1f		>	16,650.			
				Business Code				
Program Service Revenue	2 :	a CERTIFICATION SI b c d		623000	201,683.	201,683.		
ogr		e						
P.	1	f All other program service rever	nue					
		g Total. Add lines 2a-2f			201,683.			
	3	Investment income (including of other similar amounts)	-exempt bond p	roceeds				
	5	Royalties		I I				
		a Gross rents b Less: rental expenses c Rental income or (loss)	(i) Real	(ii) Personal				
		- Not worth in a comp on (1000)						
		a Gross amount from sales of assets other than inventory b Less: cost or other basis	(i) Securities	(ii) Other				
		and sales expenses c Gain or (loss) d Net gain or (loss)		>				
evenue	8 :	a Gross income from fundraising including \$ contributions reported on line	events (not of					
Other Reven		Part IV, line 18	b					
	9 ;	a Gross income from gaming act						
		Part IV, line 19 b Less: direct expenses c Net income or (loss) from gami	b					
		a Gross sales of inventory, less r and allowances b Less: cost of goods sold	a					
		c Net income or (loss) from sales						
		Miscellaneous Revenue		Business Code				
	11 :	a						
	ı	b						
		c						
		d All other revenue						
	12	e Total. Add lines 11a-11d Total revenue. See instructions			218,333.	201,683.	0.	0.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising expenses (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (non-employees): 29,894. 29,894. Management Legal 6,302. 6,302. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 50,082. 50,082. column (A) amount, list line 11g expenses on Sch O.) 1,250. 1,250. Advertising and promotion 12 3,231. 3,231. Office expenses 13 1,232. ,232. Information technology 14 15 Royalties 16 Occupancy 7,070. 7,070. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 3,140. 3,140. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 7,910. 7,910. ROOM RENTALS CREDIT CARD FEES 7,791. 7,791. 3,806. 3,806. **EQUIPMENT RENTALS** 3,586. 3,586. d MEALS 4,151. 3.334. 817. e All other expenses 129,445. 81,501. 47,944. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2018)
Part X Balance Sheet

5	. , .						
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			34,883.	1	126,833.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4					4	
	5	Loans and other receivables from current and fo	rmer of	fficers, directors,			
		trustees, key employees, and highest compensa	ited em	ployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualit	rsons (as defined under				
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sect	ion 501	(c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr).	Compl	ete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	5,319.			
	b	Less: accumulated depreciation	10b	5,319.	0.	10c	0.
	11					11	
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			2 262	14	^
	15	Other assets. See Part IV, line 11			3,062.	15	0.
	16	Total assets. Add lines 1 through 15 (must equa			37,945.	16	126,833.
	17	Accounts payable and accrued expenses		17			
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
es	22	Loans and other payables to current and former					
Liabilities		key employees, highest compensated employee					
Ei.						22	
	23	Secured mortgages and notes payable to unrela		·		23	
	24 25	Unsecured notes and loans payable to unrelated Other liabilities (including federal income tax, pa	•	·····		24	
	25	parties, and other liabilities not included on lines	•				
			•	· .		25	
	26	Total liabilities. Add lines 17 through 25			0.	26	0.
	20	Organizations that follow SFAS 117 (ASC 958			Ţ,	20	3.
		complete lines 27 through 29, and lines 33 an		K nore p			
Ses	27	Unrestricted net assets			37,945.	27	126,833.
<u>la</u>	28	Temporarily restricted net assets			3.75	28	
Ba	29					29	
n		Organizations that do not follow SFAS 117 (A					
Ē		and complete lines 30 through 34.		,, , , , , , , , , , , , , , , , , , , ,			
ts o	30	Capital stock or trust principal, or current funds				30	
SSe	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in				32	
Š	33	Total net assets or fund balances			37,945.	33	126,833.
	34	Total liabilities and net assets/fund balances			37,945.	34	126,833.

Form **990** (2018)

Form	990 (2018) FEDERAL IT SECURITY INSTITUTE	27-	-1374413	Pa	ge 12
	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	218	, 3	33.
2	Total expenses (must equal Part IX, column (A), line 25)	2	129	, 4	45.
3	Revenue less expenses. Subtract line 2 from line 1	3	88	, 8	88.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	37	, 9	45.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
_	column (B))	10	126	, 8	33.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Щ
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single	gle Aud	dit		
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	lit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				

Form **990** (2018)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

FEDERAL IT SECURITY INSTITUTE

Employer identification number 27-1374413

Part	t I Organizations Mai	ntaining Donor Advised I	Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "	Yes" on Form 990, Part IV, line 6		
		_	(a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year			
	Aggregate value of contribution			
	Aggregate value of grants from			
	Aggregate value at end of year			
	_		ting that the assets held in donor adv	
			clusive legal control?	
			sors in writing that grant funds can b	
	···		onor advisor, or for any other purpose	
Part			ization answered "Yes" on Form 990	
				r, Part IV, line 7.
1	<u> </u>	ements held by the organization ublic use (e.g., recreation or edu	`	interioelly important land area
	Protection of natural hab	· ·		istorically important land area ertified historic structure
	Preservation of open spa		Preservation of a ce	ertined historic structure
2			conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.	the organization held a qualified	Conservation Contribution in the for	Held at the End of the Tax Year
	, ,	asamants		
	Total acreage restricted by con			0.
	,		ure included in (a)	
			r 7/25/06, and not on a historic struc	
		` ' '		
			sed, extinguished, or terminated by the	
	year >	onto modinod, transferred, releat	sea, extriguished, or terminated by the	to organization during the tax
	· -	ty subject to conservation easen	nent is located	
	·	•	lic monitoring, inspection, handling o	_ f
	· ·	the conservation easements it ho		
				nservation easements during the year
	>	G/ 1 G/	, ,	5 ,
7	Amount of expenses incurred in	n monitoring, inspecting, handlin	g of violations, and enforcing conserv	vation easements during the year
	▶ \$			Ç
8	Does each conservation easem	— ent reported on line 2(d) above s	atisfy the requirements of section 17	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9				se statement, and balance sheet, and
i	include, if applicable, the text of	f the footnote to the organizatior	s financial statements that describe	s the organization's accounting for
	conservation easements.			
Part	t III Organizations Mai	ntaining Collections of A	rt, Historical Treasures, or C	Other Similar Assets.
	Complete if the organiza	tion answered "Yes" on Form 99	0, Part IV, line 8.	
1a	If the organization elected, as p	ermitted under SFAS 116 (ASC	958), not to report in its revenue state	ement and balance sheet works of art,
	historical treasures, or other sir	nilar assets held for public exhibi	tion, education, or research in further	rance of public service, provide, in Part XIII,
	the text of the footnote to its fir	nancial statements that describes	s these items.	
b	If the organization elected, as p	ermitted under SFAS 116 (ASC	958), to report in its revenue stateme	nt and balance sheet works of art, historical
	treasures, or other similar asset	s held for public exhibition, educ	ation, or research in furtherance of p	ublic service, provide the following amounts
	relating to these items:			
	(i) Revenue included on Form	990, Part VIII, line 1		
	(ii) Assets included in Form 99			> \$
2	If the organization received or h	eld works of art, historical treasu	ires, or other similar assets for financ	ial gain, provide
		•	(ASC 958) relating to these items:	
а	Revenue included on Form 990	, Part VIII, line 1		> \$
b .	Assets included in Form 990, P	art X		

Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	easures, o	r Othei	r Simil	ar Assets	(continu	ued)	
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the	following that	are a si	gnificant	use of its c	ollection i	tems	
	(check all that apply):										
а	Public exhibition	d	ı 🔲 1	Loan or exc	change progra	ams					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how the	ey further th	he organizatio	n's exen	npt purp	ose in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations of	of art, his	torical trea	sures, or othe	er similar	assets				
	to be sold to raise funds rather than to be ma	aintained as part of t	he organ	ization's co	ollection?				Yes		No
Par	t IV Escrow and Custodial Arrang	gements. Comple	ete if the	organizatio	on answered '	"Yes" on	Form 99	90, Part IV, I	line 9, or		
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodia	an or other intermed	iary for c	ontribution	s or other ass	sets not i	included				
	on Form 990, Part X?							\square	Yes		No
b	If "Yes," explain the arrangement in Part XIII a										
									Amount		
С	Beginning balance						1c				
	Additions during the year										
е	Distributions during the year										
f	Ending balance						. <u>1f</u>				
2a	Did the organization include an amount on Fo							\square	Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planatio	n has been	provided on l	Part XIII					
Par	t V Endowment Funds. Complete i	f the organization an	swered '	"Yes" on Fo	orm 990, Part	IV, line 1	10.				
		(a) Current year	(b) P	rior year	(c) Two year	rs back	(d) Three	e years back	(e) Four	years t	oack
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g	, column (a	ı)) held as:						
а	Board designated or quasi-endowment		%	,	••						
b	Permanent endowment	%	_								
С	Temporarily restricted endowment ▶										
	The percentages on lines 2a, 2b, and 2c show										
За	Are there endowment funds not in the posses	ssion of the organiza	ation that	are held a	nd administer	ed for th	ne organi	zation			
	by:	-					_		[-	Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on So	chedule R?					3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm	ent.									
	Complete if the organization answered	d "Yes" on Form 990), Part IV	, line 11a. S	See Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or o			t or other		ccumula	ated	(d) Book	value	,
	,	basis (investr		basis	(other)		preciatio		` ,		
1a	Land										
b	Buildings										
	Leasehold improvements										
	Equipment										
	Other				5,319.		5,3	319.			0.
	. Add lines 1a through 1e. (Column (d) must e		X colum	n (R) line 1			•	•			0.

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 FEDERAL IT	SECURITY INST	ITUTE	27-	-1374413	Page
Part VII Investments - Other Securities.					
Complete if the organization answered "Ye	s" on Form 990, Part IV, line	11b. See Form 990,	Part X, line 12.		
(a) Description of security or category (including name of security	(b) Book value	(c) Method of v	aluation: Cost or end	of-year market v	value
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	•				
Part VIII Investments - Program Related.					
Complete if the organization answered "Ye	s" on Form 990, Part IV, line	11c. See Form 990,	Part X, line 13.		
(a) Description of investment	(b) Book value		aluation: Cost or end	of-year market v	value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	•				
Part IX Other Assets.	•	•			
Complete if the organization answered "Ye	s" on Form 990, Part IV, line	11d. See Form 990,	Part X, line 15.		
	(a) Description	,	,	(b) Book va	alue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col. (B) Part X Other Liabilities.	line 15.)		>		
Complete if the organization answered "Ye	s" on Form 990 Part IV line	11e or 11f See Form	990 Part X line 25		
(a) Description of liability		(b) Book value	. 555, 1 4117, 1116 25.		
(1) Federal income taxes		1., = = = = = = = = = = = = = = = = = = =			
(2)					
(3)					

11	(,	(/ =
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Par	t XI	Reconciliation of Revenue per Audited Financial State	ments With Reven	ue per Return.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total	revenue, gains, and other support per audited financial statements		1	
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net u	nrealized gains (losses) on investments	2a		
b	Donat	ed services and use of facilities	2b		
		veries of prior year grants			
		(Describe in Part XIII.)	2d		
е		nes 2a through 2d			
3		act line 2e from line 1		3	
4		nts included on Form 990, Part VIII, line 12, but not on line 1:	1.1		
		ment expenses not included on Form 990, Part VIII, line 7b			
		(Describe in Part XIII.)	•	4.	
		nes 4a and 4b			
5 Pai		revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) Reconciliation of Expenses per Audited Financial State			
	7411	Complete if the organization answered "Yes" on Form 990, Part IV, line		nece per metarm	
1	Total	· · · · · · · · · · · · · · · · · · ·		1	
1		expenses and losses per audited financial statementsnts included on line 1 but not on Form 990, Part IX, line 25:			
		ed services and use of facilities	2a		
		/ear adjustments			
		losses	1 2 1		
		(Describe in Part XIII.)			
		nes 2a through 2d		2e	
3	Subtra	act line 2e from line 1			
4		nts included on Form 990, Part IX, line 25, but not on line 1:			
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other	(Describe in Part XIII.)	4b		
С	Add li	nes 4a and 4b		4c	
5	Total	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	
Pai	rt XIII	Supplemental Information.			
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any		Tarry, into 4, Farry, into 2, Farry,	

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Inspection

OMB No. 1545-0047

Name of the organization

FEDERAL IT SECURITY INSTITUTE

Employer identification number 27-1374413

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SYSTEMS BY CERTIFYING THAT FEDERAL WORKFORCE MEMBERS UNDERSTAND AND CAN
APPLY APPROPRIATE FEDERAL IT SECURITY STANDARDS.
FORM 990, PART VI, SECTION A, LINE 2:
JAMES WIGGINS AND AMEE DEVINE HAVE A FAMILY RELATIONSHIP.
AMEE DEVINE AND TAYLOR DEVINE HAVE A FAMILY RELATIONSHIP.
FORM 990, PART VI, SECTION B, LINE 11B:
THE FINAL FORM 990 IS SECURELY EMAILED TO EACH OF THE OFFICERS BEFORE
FILING WITH THE IRS.
FORM 990, PART VI, SECTION B, LINE 12:
TRUSTEES ARE REQUIRED TO DISCLOSE CONFLICTS OF INTEREST IF AND WHEN THEY
OCCUR.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON ITS WEBSITE AS WELL AS
UPON REQUEST.
FORM 990, PART IX, LINE 11G, OTHER FEES:
COURSEWARE DEVELOPMENT:
PROGRAM SERVICE EXPENSES 12,082.
MANAGEMENT AND GENERAL EXPENSES 0.
FUNDRAISING EXPENSES 0.

Name of the organization FEDERAL IT SECURITY INSTITUTE	Employer identification number 27-1374413
TOTAL EXPENSES	12,082.
TRAINING:	
PROGRAM SERVICE EXPENSES	38,000.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	38,000.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	50,082.