EXTENDED TO MAY 16, 2022

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 private foundations)

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

| A | ror tri | e 2020 calendar year, or tax year beginning 001 1, 2020 and 6 | enaing U | UN 30, 2021 | | | |
|--|----------------------|---|--------------|------------------------------|-------------------------------|--|--|
| В | Check if applicab | C Name of organization | | D Employer identific | cation number | | |
| | Addre | | | | | | |
| | Name | ge Doing business as | | 27-13744 | 13 | | |
| | Initial returr | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | E Telephone number | r | | |
| | Final returr | , 3213 DUKE ST. #190 | | (703) 82 | 8-1196 | | |
| | termi ated | City or town, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | 251,633. | | |
| | Amer returr | ALEXANDRIA, VA 22314 | | H(a) Is this a group re | eturn | | |
| | Appli tion | F Name and address of principal officer: JAMES WIGGINS | | | ? Yes X No | | |
| | pend | | | H(b) Are all subordinates in | | | |
| <u> </u> | Tax-ex | tempt status: 501(c)(3) X 501(c) (6) (insert no.) 4947(a)(1) o | or 527 | 1 ' ' | list. See instructions | | |
| J | Webs | ite: ► WWW.FITSI.ORG | | H(c) Group exemptio | | | |
| | | f organization: X Corporation Trust Association Other | L Year | | 1 State of legal domicile: VA | | |
| | art I | Summary | | | | | |
| | 1 | Briefly describe the organization's mission or most significant activities: THE M | ISSIO | N OF FEDERAI | | | |
| Se | ' | SECURITY INSTITUTE IS TO HELP SECURE THE I | | | | | |
| nan | 2 | Check this box if the organization discontinued its operations or dispose | | | | | |
| Veri | 3 | - · · · · · · · · · · · · · · · · · · · | | 3 | 4 | | |
| ĝ | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | | | 0 | | |
| ∞ | 5 | Total number of individuals employed in calendar year 2020 (Part V, line 2a) | | | 0 | | |
| ţį | 6 | Total number of volunteers (estimate if necessary) | | | 0 | | |
| Activities & Governance | 7. | Total unrelated business revenue from Part VIII, column (C), line 12 | | | 0. | | |
| Ą | 'a | Net unrelated business taxable income from Form 990-T, Part I, line 11 | | | 0. | | |
| _ | B | Thet difference business taxable income from Form 990-1, Fart I, line 11 | ····· | Prior Year | Current Year | | |
| Revenue | | Contributions and grants (Part VIII line 1h) | | 14,130. | 14,625. | | |
| | 8 | Contributions and grants (Part VIII, line 1h) | | 219,735. | 237,008. | | |
| | 9 | Program service revenue (Part VIII, line 2g) | | 0. | 237,000. | | |
| Be | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 0. | 0. | | |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 233,865. | | | |
| _ | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 233,863. | 251,633. | | |
| | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 0. | 0. | | |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. | | |
| es | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 0. | 0. | | |
| Expenses | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | 0. | 0. | | |
| Ω X | . b | Total fundraising expenses (Part IX, column (D), line 25) | 0. | 272 724 | 256 210 | | |
| | '' | , | | 272,734. | 256,310. | | |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 272,734. | 256,310. | | |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | | -38,869. | -4,677. | | |
| Net Assets or | | | Ве | ginning of Current Year | End of Year | | |
| sset | 20 | Total assets (Part X, line 16) | | 87,964. | 83,287. | | |
| F. A. | 21 | Total liabilities (Part X, line 26) | | 0. | 0. | | |
| | | Net assets or fund balances. Subtract line 21 from line 20 | | 87,964. | 83,287. | | |
| | art II | | | | | | |
| | • | alties of perjury, I declare that I have examined this return, including accompanying schedules | | | knowledge and belief, it is | | |
| true | , corre | ct, and complete. Declaration of preparer (other than officer) is based on all information of whi | ich preparer | has any knowledge. | | | |
| | | Cincolum at affice. | | Dete | | | |
| Sig | n | Signature of officer | | Date | | | |
| He | e | JAMES WIGGINS, CHIEF EXECUTIVE OFFICER | | | | | |
| | | Type or print name and title | | D.1. T = | DTIN | | |
| | | Print/Type preparer's name Preparer's signature | | Date Check | PTIN | | |
| Pai | | MICHAEL C. TOMES, CPA | 0 | 02/16/22 self-employ | | | |
| | parer | Firm's name DOEREN MAYHEW | | Firm's EIN ▶ | 38-2492570 | | |
| Use Only Firm's address → 305 WEST BIG BEAVER ROAD | | | | | | | |
| | | TROY, MI 48084 | | Phone no. 24 | <u>8-244-3000</u> | | |
| Ma | y the I | RS discuss this return with the preparer shown above? See instructions | | | X Yes No | | |

| Pai | 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? Yes X No |
| | 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. |
| 4a | (Code:) (Expenses \$94,052. including grants of \$) (Revenue \$) |
| | FITSI PROVIDES AN IT SECURITY CERTIFICATION PROGRAM TARGETED AT THE |
| | FEDERAL WORKFORCE. THE ORGANIZATION OVERSEES THIS PROGRAM AND MANAGES |
| | THE PROGRAM FOR ITS MEMBERS. |
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| 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. |
| | |
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| | |
| 4c | (Code:) (Expenses \$ |
| | FITSI PROVIDES PROGRAM MANAGEMENT OF THE WOUNDED WARRIOR CYBER COMBAT |
| | ACADEMY. THIS PROGRAM IS RUN AND FINANCED BY THE FITSI FOUNDATION (A |
| | SISTER ORGANIZATION) WHICH TRAINS WOUNDED WARRIORS IN CYBER SECURITY. |
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| | |
| 4d | Other program services (Describe on Schedule O.) |
| | (Expenses \$ including grants of \$) (Revenue \$) |
| 40 | Total program convice expenses > 94 052. |

Form 990 (2020) 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 | | | |
| | 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 | | | |
| | 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, | | | |
| | 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 | | | |
| | 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? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | X |
| 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, | | | |
| | Part VI | 11a | X | |
| 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 | | X |
| С | 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 | | X |
| 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 | | X |
| е | 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 | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | l |
| | Schedule D, Parts XI and XII | 12a | | X |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | l |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| 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 | | | _v |
| 4- | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | X |
| 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 | | | _v |
| 40 | 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 | 4. | | v |
| 47 | 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, | 47 | | X |
| 10 | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | 17 | | <u> </u> |
| 18 | | 18 | | x |
| 10 | 1c and 8a? If "Yes," complete Schedule G, Part II | ⊢'° | | ^` |
| 19 | | 19 | | X |
| 20- | complete Schedule G, Part III | 20a | | X |
| 20a b | | 20a | | ^ ` |
| 21 | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | 200 | | |
| ۲۱ | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | X |
| | Gordon gordon contracting continuity y, microstinistics, Continuite Schedule I, Parts I and II | | L | |

Form 990 (2020) 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 | | Х |
| h | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| | 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 | | |
| a | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | | |
| | | 24d | | \vdash |
| 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 | | \vdash |
| 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 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 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, key employee, creator or founder, or substantial contributor? <i>If</i> | | | |
| - | "Yes," complete Schedule L, Part IV | 28a | | x |
| h | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | X |
| | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If</i> | 200 | | |
| C | • | 28c | | x |
| 00 | "Yes," complete Schedule L, Part IV | | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | 37 |
| | contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? 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? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | 1 |
| | 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 | | | 1 |
| | Part V, line 1 | 34 | | Х |
| 35 a | 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 | | 1 |
| 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 | | 1 |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| ٠. | 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? | <u>'</u> | | _ <u></u> |
| 50 | Notes All Farm 200 films are resident to a smallest Oaks the C | 38 | х | 1 |
| Par | | 1 30 | - 41 | |
| . ui | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | Check if Schedule O contains a response of hote to any life in this Part v | | | ┟┷┤ |
| _ | | | Yes | No |
| | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 | - | | |
| | 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 | | | |
| | (gambling) winnings to prize winners? | 1c | | |

020) FEDERAL IT SECURITY INSTITUTE

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

| | | | 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 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | _ | | 37 |
| | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | X |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | \vdash |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | X |
| _ | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | A |
| 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 Accounts (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | х |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| c | 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 the organization solicit | | | |
| - | 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 contributions or 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 provided to the payor? | 7a | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | |
| | to file Form 8282? | 7с | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | <u> </u> |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | <u> </u> |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | _ | | |
| a | 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: | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | |
| | | | | |
| 11 | Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a | | | |
| | Gross income from other sources (Do not net amounts due or paid to other sources against | | | |
| | amounts due or received from them.) | | | |
| 12a | 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 | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 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 | | | |
| | Enter the amount of reserves on hand | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | | <u> </u> |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | |
| | excess parachute payment(s) during the year? | 15 | | X |
| | If "Yes," see instructions and file Form 4720, Schedule N. | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | X |
| | If "Yes," complete Form 4720, Schedule O. | | | |

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on 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 on Schedule O. | | | |
| b | Enter the number of voting members included on 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, trustees, or key employees to a management company or other person? | 3 | | x |
| 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 | | X |
| 6 | Did the organization have members or stockholders? | 6 | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | • | | |
| , a | more members of the governing body? | 7a | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | 14 | | |
| D | persons other than the governing body? | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | 15 | | |
| | The governing body? | 8a | Х | |
| a b | | 8b | X | |
| | | OD | 22 | |
| 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 on Schedule O | <u> </u> | | 22 |
| 000 | tion B. Follolog (This Section B requests information about policies not required by the Internal Revenue Code.) | | Yes | No |
| 10- | Did the expenientian have lead chanters branches as offiliates? | 100 | X | No |
| | Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | 10a | 25 | |
| D | | 10b | Х | |
| 110 | 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 | 25 | Х |
| | | па | | |
| b 40- | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | 40- | Х | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Λ | Х |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | | |
| С | , | 1,0 | | x |
| 40 | in Schedule O how this was done | 12c | Х | |
| 13 | Did the organization have a written whistleblower policy? | 13 | X | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | | |
| 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? | | | v |
| | The organization's CEO, Executive Director, or top management official | 15a | - | X |
| b | Other officers or key employees of the organization | 15b | | X |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | 37 |
| | taxable entity during the year? | 16a | | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | |
| <u> </u> | exempt status with respect to such arrangements? | 16b | | |
| | tion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶VA | | | |
| 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 only) | availa | ble |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | |
| | Own website Another's website X Upon request Other (explain on Schedule O) | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and | d finan | cial | |
| | 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 | | | |
| | AMEE DEVINE WIGGINS - (703) 754-1875 | | | |
| | 5501 MERCHANT VIEW SOUARE #118, HAYMARKET, VA 20169 | | | |

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.

See instructions for the order in which to list the persons above.

| (A) | zation nor any related (B) | I | | | C) | .,5 0. | | (D) | (E) | (F) |
|----------------------------|----------------------------|---|---------------------------------|--------------|--------------|---------------------------------|--------|---------------------------------|----------------------------------|--------------------------|
| Name and title | Average | | | Pos | itior | | | Reportable | Reportable | Estimated |
| | hours per | (do not check more than one box, unless person is both an | | compensation | compensation | amount of | | | | |
| | week | | officer and a director/trustee) | | from | from related | other | | | |
| | (list any | Individual trustee or director | | | | | | the | organizations (W-2/1099-MISC) | compensation |
| | hours for related | e or d | stee | | | sated | | organization (W-2/1099-MISC) | (88-2/1099-181130) | from the organization |
| | organizations | truste | al trus | | yee | mper | | (** 27 1000 Miles) | | and related |
| | below | vidual | Institutional trustee | Je. | Key employee | Highest compensated employee | ner | | | organizations |
| | line) | ib | Insti | Officer | Key | High | Former | | | |
| (1) JAMES WIGGINS | 20.00 | 1 | | | | | | _ | | _ |
| EXECUTIVE DIRECTOR AND CEO | | Х | _ | Х | | | | 0. | 60,000. | 0. |
| (2) AMEE DEVINE | 10.00 | 1 | | | | | | | | _ |
| CHIEF OPERATION OFFICER | | | | Х | | | | 0. | 5,478. | 0. |
| (3) TAYLOR DEVINE | 0.50 | ļ | | | | | | | | • |
| DIRECTOR | 0.50 | Х | | | | | | 0. | 0. | 0. |
| (4) LOUIS VESCIO | 0.50 | ļ | | | | | | | | • |
| DIRECTOR | | Х | _ | | | | | 0. | 0. | 0. |
| | | - | | | | | | | | |
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032007 12-23-20 Form **990** (2020)

| Section A. Officers, Directors, Trust | tees, Key Em | oloy | ees, | and | l Hig | ghes | st C | ompensated Employee | s (continued) | |
|--|-----------------------|--------------------------------|--|-------------------------------------|--------------|------------------------------|----------|---------------------------|----------------------|--|
| (A) | (B) | | | (0 | C) | | | (D) | (E) | (F) |
| Name and title | Average | / al a | | Position of the check more than one | | | | Reportable | Reportable | Estimated |
| | hours per | box | ox, unless person is both an officer and a director/trustee) | | | is both | n an | compensation | compensation | amount of |
| | week | offi | cer ar | id a di | irecto | or/trus | tee) | from | from related | other |
| | (list any | ector | | | | | | the | organizations | compensation |
| | hours for | or dir | 9 | | | ated | | organization | (W-2/1099-MISC) | from the |
| | related organizations | stee | truste | | a a | bens | | (W-2/1099-MISC) | | organization |
| | below | ual tru | ional | | ploye | t com | | | | and related organizations |
| | line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | organizations |
| | , | | = | 0 | ž | 王屯 | Œ | | | |
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| | | | | | | | | | | |
| 1b Cubtotal | | | | | <u> </u> | <u> </u> | | 0. | 65,478. | 0. |
| 1b Subtotal c Total from continuation sheets to Part VII | | | | | | | - | 0. | 0. | 0. |
| | | | | | | | | 0. | 65,478. | 0. |
| d Total (add lines 1b and 1c) 2 Total number of individuals (including but no | | | | | | | 0 10 | | | |
| compensation from the organization | ot illilited to th | 036 | IISLE | u au | ove | <i>)</i> wii | 10 16 | ceived more than \$100, | 000 of reportable | C |
| compensation from the organization | | | | | | | | | | Yes No |
| 3 Did the organization list any former officer, | director trust | ا مم | (AV 6 | mnl | OVE | e or | hia | ihest compensated emp | lovee on | |
| line 1a? If "Yes," complete Schedule J for si | • | | • | • | • | | _ | • | • | 3 X |
| 4 For any individual listed on line 1a, is the su | | | | | | | | | | |
| and related organizations greater than \$150 | | | | | | | | | | 4 X |
| 5 Did any person listed on line 1a receive or a | | | | | | | | | | 7 |
| rendered to the organization? If "Yes," com | • | | | | • | | | · · | | 5 X |
| Section B. Independent Contractors | piete Scrieduit | . J 10 | or st | ICII Ļ | Jers | OH | | | | 1 0 1 1 |
| Complete this table for your five highest cor | mnensated inc | lene | nder | nt cc | ntra | acto | rs th | nat received more than \$ | 3100 000 of compensa | tion from |
| the organization. Report compensation for t | | | | | | | | | | tion iioiii |
| (A) | ino caronidar y | Jul C | , ruii | .g ** | | J1 VV1 | <u> </u> | (B) | July 1 | (C) |
| Name and business | address | NO | ONE | 3 | | | | Description of s | ervices | Compensation |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| 2 Total number of independent contractors (ir | ncluding but n | ot lin | nited | d to t | thos | se lis | ted | above) who received mo | ore than | |
| \$100,000 of compensation from the organiz | | | | - ' | (| | - | , | | |
| + · · · · · · · · · · · · · · · · · · · | | | | | | | | | | Faura 990 (0000 |

27-1374413

| | | Check if Schedule O contains a response of | or note to any line | e in this Part VIII | | | |
|--|----------|---|---------------------|---------------------|-------------------|------------------|--------------------|
| | | Officer if Generalic G contains a response c | Thore to arry link | (A) | (B) | (C) | (D) |
| | | | | Total revenue | Related or exempt | Unrelated | Revenue excluded |
| | | | | | function revenue | business revenue | from tax under |
| | | | | | | | sections 512 - 514 |
| ıts | 1 a | Federated campaigns 1a | | | | | |
| rar | b | Membership dues1b | 14,625. | | | | |
| e, E | С | Fundraising events 1c | | | | | |
| ifts | d | Related organizations 1d | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | _ | Government grants (contributions) 1e | | | | | |
| Sin | | All other contributions, gifts, grants, and | | | | | |
| e Hi | 1 | | | | | | |
| 듗됨 | | similar amounts not included above 1f | | | | | |
| g | g | Noncash contributions included in lines 1a-1f | | 4.4 60= | | | |
| ŏ g | h | Total. Add lines 1a-1f | | 14,625. | | | |
| | | | Business Code | | | | |
| Ð | 2 a | CERTIFICATION SERVICE | 623000 | 237,008. | 237,008. | | |
| , ķ | b | | | | | | |
| Program Service Revenue | С | | | | | | |
| E S | _ | | | | | | |
| Jra Re | d | | | | | | |
| Š | е | · | | | | | |
| ₾ | | All other program service revenue | | 005 000 | | | |
| \blacksquare | g | Total. Add lines 2a-2f | | 237,008. | | | |
| | 3 | Investment income (including dividends, interes | st, and | | | | |
| | | other similar amounts) | ▶ | | | | |
| | 4 | Income from investment of tax-exempt bond pr | | | | | |
| | 5 | Royalties | • | | | | |
| | | (i) Real | (ii) Personal | | | | |
| | 6 2 | | () | | | | |
| | _ | | | | | | |
| | b | | | | | | |
| | С | | | | | | |
| | d | Net rental income or (loss) | | | | | |
| | 7 a | Gross amount from sales of (i) Securities | (ii) Other | | | | |
| | | assets other than inventory 7a | | | | | |
| | b | Less: cost or other basis | | | | | |
| ē | | and sales expenses 7b | | | | | |
| eur | c | Gain or (loss) 7c | | | | | |
| Revenue | | Net gain or (loss) | | | | | |
| er B | | · · · | | | | | |
| ᅩ | 8 а | Gross income from fundraising events (not | | | | | |
| ð | | including \$ of | | | | | |
| | | contributions reported on line 1c). See | | | | | |
| | | Part IV, line 188a | | | | | |
| | b | Less: direct expenses 8b | | | | | |
| | С | Net income or (loss) from fundraising events | | | | | |
| | | Gross income from gaming activities. See | | | | | |
| | | Part IV, line 199a | | | | | |
| | h | Less: direct expenses 9b | | | | | |
| | | | | | | | |
| | | Net income or (loss) from gaming activities | ····· | | | | |
| | 10 a | Gross sales of inventory, less returns | | | | | |
| | | and allowances 10a | | | | | |
| | b | Less: cost of goods sold10b | | | | | |
| | С | Net income or (loss) from sales of inventory | | | | | |
| | | | Business Code | | | | |
| Snc | 11 a | | | | | | |
| ne Tue | b | | | | | | |
| Miscellaneous Revenue | | | | | | | |
| See | C | | | | | | |
| Ξ | | All other revenue | | | | | |
| | <u>e</u> | Total Add lines 11a-11d | ····· | 251 633. | 237.008. | ^ | ^ |
| | ~., | TOTAL TOTAL SOUND SOUND INCIDENCE | | | | | |

Form 990 (2020) FEDERAL IT SECURITY INSTITUTE Part IX Statement of Functional Expenses

| Secti | on 501(c)(3) and 501(c)(4) organizations must comp | lete all columns. All othe | er organizations must con | nplete column (A). | |
|-------|---|----------------------------|---|-------------------------------------|---------------------------------------|
| | Check if Schedule O contains a respon | se or note to any line in | | | X |
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | · | | |
| | and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | | | | |
| 6 | Compensation not included above to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | | | | |
| 8 | Pension plan accruals and contributions (include | | | | |
| • | section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | | | | |
| 11 | Fees for services (nonemployees): | | | | |
| а | Management | 124,701. 19,761. | | 124,701. | |
| b | Legal | 19,761. | | 124,701. 19,761. | |
| С | Accounting | 2,773. | | 2,773. | |
| d | Lobbying | | | | |
| е | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | | | | |
| | column (A) amount, list line 11g expenses on Sch O.) | 68,260. | 68,260. | | |
| 12 | Advertising and promotion | 10 100 | 10 100 | | |
| 13 | Office expenses | 12,128. | 12,128. | | |
| 14 | Information technology | 9,771. | 9,771. | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | | | | |
| 17 | Travel | | | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | 40.00= | | 40.00= | |
| 22 | Depreciation, depletion, and amortization | 10,937. | | 10,937. | |
| 23 | Insurance | 3,140. | | 3,140. | |
| 24 | Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) | | | | |
| а | CERTIFICATION FEES | 3,893. | 3,893. | | |
| b | POSTAGE | 687. | | 687. | |
| С | TELEPHONE | 259. | | 259. | |
| d | | | | | |
| е | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 256,310. | 94,052. | 162,258. | 0. |
| 26 | 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) | | | | 5 000 (2222) |

Form 990 (2020)

Part X | Balance Sheet

| Pai | rt X | Balance Sheet | | | | | |
|-----------------------------|------|---|---------------|---------------------|---------------------------------|-------|---------------------------|
| | | Check if Schedule O contains a response or | note to any | line in this Part X | | ····· | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | 87,964. | 1 | 83,287. |
| | 2 | Savings and temporary cash investments | | | | 2 | |
| | 3 | Pledges and grants receivable, net | | | 3 | | |
| | 4 | Accounts receivable, net | | | | 4 | |
| | 5 | Loans and other receivables from any curren | | | | | |
| | | trustee, key employee, creator or founder, su | | | | | |
| | | controlled entity or family member of any of t | hese perso | nsL | | 5 | |
| | 6 | Loans and other receivables from other disqu | | | | | |
| | | under section 4958(f)(1)), and persons descri | bed in secti | on 4958(c)(3)(B) | | 6 | |
| S | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | | 8 | |
| Ä | 9 | Prepaid expenses and deferred charges | | | | 9 | |
| | 10a | Land, buildings, and equipment: cost or other | | | | | |
| | | basis. Complete Part VI of Schedule D | 10a | 27,193. | | | |
| | b | Less: accumulated depreciation | 10b | 27,193. | 0. | 10c | 0. |
| | 11 | Investments - publicly traded securities | | | | 11 | |
| | 12 | Investments - other securities. See Part IV, lir | | | 12 | | |
| | 13 | Investments - program-related. See Part IV, li | | 13 | | | |
| | 14 | Intangible assets | | 14 | | | |
| | 15 | Other assets. See Part IV, line 11 | | 15 | | | |
| | 16 | Total assets. Add lines 1 through 15 (must e | 87,964. | 16 | 83,287. | | |
| | 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. Comple | te Part IV o | f Schedule D | | 21 | |
| S | 22 | Loans and other payables to any current or fe | ormer office | r, director, | | | |
| Liabilities | | trustee, key employee, creator or founder, su | ıbstantial co | ntributor, or 35% | | | |
| iabi | | controlled entity or family member of any of t | hese perso | ns | | 22 | |
| | 23 | Secured mortgages and notes payable to un | related third | parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrela | ated third pa | arties | | 24 | |
| | 25 | Other liabilities (including federal income tax, | payables to | related third | | | |
| | | parties, and other liabilities not included on li | nes 17-24). | Complete Part X | | | |
| | | of Schedule D | | | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 0. | 26 | 0. |
| " | | Organizations that follow FASB ASC 958, or | check here | ▶ X | | | |
| Ç | | and complete lines 27, 28, 32, and 33. | | | 0.7.064 | | 22 22 |
| ılan | 27 | Net assets without donor restrictions | | | 87,964. | 27 | 83,287. |
| Ba | 28 | Net assets with donor restrictions | | | | 28 | |
| nu | | Organizations that do not follow FASB AS6 | C 958, chec | k here 🕨 📖 📗 | | | |
| F | | and complete lines 29 through 33. | | | | | |
| Net Assets or Fund Balances | 29 | Capital stock or trust principal, or current fun | | | | 29 | |
| sse | 30 | Paid-in or capital surplus, or land, building, or | | | | 30 | |
| t As | 31 | Retained earnings, endowment, accumulated | | | 0= 04: | 31 | |
| Se. | 32 | Total net assets or fund balances | | <u> </u> | 87,964. | 32 | 83,287. |
| | 33 | Total liabilities and net assets/fund balances | | | 87,964. | 33 | 83,287. |

| Par | t 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 | 25 | 1,6 | 33. | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 6,3 | | |
| 3 | December 1 and 1 a | 3 | | $\frac{3}{4}, 6$ | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | | 7,9 | | |
| 5 | Net unrealized gains (losses) on investments | 5 | | . , , | | |
| 6 | Donated services and use of facilities | 6 | | | | |
| 7 | | 7 | | | | |
| 8 | Investment expenses Prior period adjustments | 8 | | | | |
| 9 | | 9 | | | 0. | |
| 10 | 7 | 9 | | | . | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | 10 | 8 | 3,2 | 27 | |
| Par | column (B)) t XII Financial Statements and Reporting | 10 | | J , Z | <u> </u> | |
| . u. | Check if Schedule O contains a response or note to any line in this Part XII | | | | | |
| | Check if Schedule O Contains a response of hote to any line in this Part All | | | Yes | No | |
| 1 | Accounting method used to prepare the Form 990: X Cash Accrual Other | | | 100 | 110 | |
| • | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | | | | |
| 22 | | | | | | |
| Zu | Were the organization's financial statements compiled or reviewed by an independent accountant? 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: | ona | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | |
| h | Were the organization's financial statements audited by an independent accountant? | | 2b | | Х | |
| D | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | | 2.0 | | | |
| | consolidated basis, or both: | basis, | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | |
| • | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | audit | | | | |
| C | 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 on Sch | | 20 | | | |
| 32 | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin | | | | | |
| | Act and OMB Circular A-133? | - | 3a | | Х | |
| | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | | Ja | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3b | | | |
| | or addito, explain with on contodule of and describe any steps taken to differige such addits | | | 990 | (2020) | |

032012 12-23-20

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 Maintaining Donor Advise | d Funds or Other Similar Funds | or Accounts. Complete if the |
|------|---|---|--|
| | organization answered "Yes" on Form 990, Part IV, lin | | (2) 5 |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| | Total number at end of year | | |
| | Aggregate value of contributions to (during year) | | |
| | Aggregate value of grants from (during year) | | |
| | Aggregate value at end of year | | |
| | Did the organization inform all donors and donor advisors in v | _ | |
| | are the organization's property, subject to the organization's | | |
| | Did the organization inform all grantees, donors, and donor a | | |
| | for charitable purposes and not for the benefit of the donor o | | |
| Part | impermissible private benefit? | | |
| | | | rait IV, lille 1. |
| 1 | Purpose(s) of conservation easements held by the organization of land for public use (for example, recreation of land for public use (for example, recreation). | ` | f a historically important land area |
| | Protection of natural habitat | | of a historically important land area |
| | Preservation of open space | Fleservation o | n a certified historic structure |
| 2 | Complete lines 2a through 2d if the organization held a qualif | fied conservation contribution in the form | of a conservation easement on the last |
| | day of the tax year. | ned conservation contribution in the form | Held at the End of the Tax Year |
| | | | |
| | | | |
| | Number of conservation easements on a certified historic stru | ucture included in (a) | |
| | Number of conservation easements included in (c) acquired a | | |
| | listed in the National Register | , | |
| | Number of conservation easements modified, transferred, rel | | |
| | year | odoca, extinguished, or terminated by the | o organization daring the tax |
| | Number of states where property subject to conservation eas | sement is located | |
| | Does the organization have a written policy regarding the per | | |
| | violations, and enforcement of the conservation easements it | | |
| | Staff and volunteer hours devoted to monitoring, inspecting, | | |
| _ | > | 3 | 3 , |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | lling of violations, and enforcing conserva | ation easements during the year |
| | ▶ \$ | 3 | 3 , |
| 8 | Does each conservation easement reported on line 2(d) abov | e satisfy the requirements of section 170 | (h)(4)(B)(i) |
| | | | |
| | In Part XIII, describe how the organization reports conservation | | |
| | balance sheet, and include, if applicable, the text of the footn | note to the organization's financial statem | ents that describes the |
| | organization's accounting for conservation easements. | · · | |
| Part | | f Art, Historical Treasures, or O | ther Similar Assets. |
| | Complete if the organization answered "Yes" on Form | 990, Part IV, line 8. | |
| 1a | If the organization elected, as permitted under FASB ASC 95 | 8, not to report in its revenue statement a | and balance sheet works |
| | of art, historical treasures, or other similar assets held for pub | olic exhibition, education, or research in fu | urtherance of public |
| | service, provide in Part XIII the text of the footnote to its finar | ncial statements that describes these iten | ns. |
| b | If the organization elected, as permitted under FASB ASC 95 | 8, 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 furth | herance of public service, |
| | provide the following amounts relating to these items: | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | > \$ |
| | *** | | L A |
| 2 | If the organization received or held works of art, historical treatment | asures, or other similar assets for financia | |
| | the following amounts required to be reported under FASB A | | |
| а | Revenue included on Form 990, Part VIII, line 1 | | > \$ |
| | Assets included in Form 990, Part X | | |

| | rt III Organizations Maintaining Co | llections of Art | t, Histor | ical Tre | asures, or O | ther S | imilar | Assets | (continu | ued) | _ |
|----------|---|----------------------|---------------|-------------|-------------------|-----------|------------|--------------|------------|---------------------|----------|
| 3 | Using the organization's acquisition, accession | | | | | | | | | , | |
| | collection items (check all that apply): | | | | | | | | | | |
| а | Public exhibition | d | Lo | an or exc | hange program | | | | | | |
| b | Scholarly research | е | | | | | | | | | |
| С | Preservation for future generations | | | | | | | | | | _ |
| 4 | Provide a description of the organization's coll | ections and explain | n how they | further th | ne organization's | exempt | purpos | se in Part | XIII. | | |
| 5 | During the year, did the organization solicit or | | | | | | | | | | |
| | to be sold to raise funds rather than to be main | | | | | | | | Yes | □ N | 0 |
| Par | rt IV Escrow and Custodial Arrang | ements. Comple | ete if the o | rganizatio | n answered "Ye | s" on Fo | rm 990 | . Part IV. I | | | _ |
| | reported an amount on Form 990, Part | | | J | | | | , | , | | |
| 1a | Is the organization an agent, trustee, custodial | n or other intermedi | iarv for cor | ntributions | s or other assets | not inc | luded | | | | _ |
| | on Form 990, Part X? | | - | | | | | | Yes | □ N | 0 |
| h | If "Yes," explain the arrangement in Part XIII a | | | | | | | | 00 | | • |
| | ii res, explain the arrangement iii at Air ai | ia complete the for | lowing tab | ic. | | | | | Amount | | _ |
| _ | Beginning balance | | | | | | 1c | | Amount | | _ |
| | | | | | | | | | | | — |
| u | Additions during the year | | | | | | 1d | | | | _ |
| e | Distributions during the year | | | | | | 1e | | | | — |
| f | Ending balance | | | | | | 1 <u>f</u> | | 7., | | _ |
| | Did the organization include an amount on For | | • | | | • | · | L | Yes | ⊢ N | 0 |
| | If "Yes," explain the arrangement in Part XIII. C | | | | | | | | | | |
| Pai | rt V Endowment Funds. Complete if | | | | | | | | | | _ |
| | - | (a) Current year | (b) Pric | r year | (c) Two years b | ack (d) | Three y | ears back | (e) Four y | <u>/ears bacl</u> | <u>(</u> |
| 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 curre | nt vear end balance | e (line 1a. c | column (a) |)) held as: | | | | | | _ |
| – a | Board designated or quasi-endowment | The your ond balance | % |) (a) | ,, mora ao. | | | | | | |
| b | Permanent endowment | % | _′° | | | | | | | | |
| | | | | | | | | | | | |
| C | The percentages on lines 2a, 2b, and 2c should | | | | | | | | | | |
| 2- | | • | tion that a | ra hald ar | ad administered | for the a | i=c | tion | | | |
| Sa | Are there endowment funds not in the possess | sion of the organiza | llion mai a | re neid ar | ia administered | ior the c | organiza | llion | ſ, | | _ |
| | by: | | | | | | | | | Yes No | <u> </u> |
| | (i) Unrelated organizations | | | | | | | | 3a(i) | $-\!\!\!+\!\!\!\!-$ | — |
| | (ii) Related organizations | | | | | | | | 3a(ii) | $+\!\!\!-$ | _ |
| b | If "Yes" on line 3a(ii), are the related organizati | | | | | | | | 3b | | — |
| A Do: | Describe in Part XIII the intended uses of the c | | wment fun | ds. | | | | | | | _ |
| Pai | rt VI Land, Buildings, and Equipme | | | | | | | | | | |
| | Complete if the organization answered | | | | | | | | | | _ |
| | Description of property | (a) Cost or o | | | I | (c) Accu | | ed | (d) Book | value | |
| | | basis (investr | nent) | basis | (other) | depre | ciation | | | | _ |
| 1a | Land | | | | | | | | | | _ |
| | Buildings | | | | | | | | | | _ |
| | | | | | | | | | | | _ |
| | | | | | | | | | | | _ |
| | Other | | | 2 | 7,193. | 2 | 7,19 | 3. | | 0 | • |
| | Add lines 1a through 1e (Column (d) must ea | | V column | | | | | | | 0 | _ |

| Part VII | Investments - Other Securities. | | | <u> </u> |
|-------------------|--|---|---|------------------------|
| | Complete if the organization answered "Yes" | | 11b. See Form 990, Part X, line 12. | |
| (a) Descrip | tion of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end | d-of-year market value |
| (1) Financia | al derivatives | | | |
| (2) Closely | held equity interests | | | |
| (3) Other | | | | |
| (A) | | | | |
| (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |
| (F) | | | | |
| (G) | | | | |
| (H) | | | | |
| Total. (Col. (b | b) must equal Form 990, Part X, col. (B) line 12.) | | | |
| Part VIII | Investments - Program Related. | | | |
| | Complete if the organization answered "Yes" | | | |
| | (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end | d-of-year market value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| | b) must equal Form 990, Part X, col. (B) line 13.) | | | |
| Part IX | Other Assets. | | | |
| | Complete if the organization answered "Yes" | | 11d. See Form 990, Part X, line 15. | |
| | (a) | Description | | (b) Book value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| Total. (Colu | mn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. | <u>: 15.) </u> |) | |
| raitA | | F 000 D-+ IV I' | 44 446 O Farm 000 Bart V line 05 | |
| | Complete if the organization answered "Yes" (a) Description of liability | on Form 990, Part IV, line | Tie or Tit. See Form 990, Part X, line 25 | (b) Book value |
| 1. | · | | | (b) Book value |
| | eral income taxes | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| • | mn (b) must equal Form 990, Part X, col. (B) line | • | | <u> </u> |
| z. Liability | for uncertain tax positions. In Part XIII, provide | the text of the toothote to | o the organization s financial statements t | nat reports the |

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

| Par | t XI Reco | nciliation of Revenue per A | udited Financial Statem | ents With Reven | ue per Return. | |
|------------------------------------|---|---|---|--------------------------|------------------|-------|
| | Comple | ete if the organization answered "Ye | es" on Form 990, Part IV, line 12 | 2a. | | |
| 1 | Total revenue, | gains, and other support per audite | ed financial statements | | 1 | |
| 2 | Amounts inclu | ded on line 1 but not on Form 990, | | | | |
| а | Net unrealized | gains (losses) on investments | | 2a | | |
| b | | ces and use of facilities | | | | |
| С | | prior year grants | | | | |
| d | | | | | | |
| е | Add lines 2a t | nrough 2d | | | 2e | |
| 3 | Subtract line 2 | e from line 1 | | | 3 | |
| 4 | | ded on Form 990, Part VIII, line 12, | | | | |
| а | Investment ex | oenses not included on Form 990, I | Part VIII, line 7b | 4a | | |
| b | Other (Describ | e in Part XIII.) | | 4b | | |
| С | Add lines 4a a | nd 4b | | | 4c | |
| 5 | Total revenue. | Add lines 3 and 4c. (This must equ | al Form 990. Part I. line 12.) | ····· | 5 | |
| Pai | | nciliation of Expenses per | | | nses per Return. | |
| | | ete if the organization answered "Ye | | | | |
| 1 | Total expense | s and losses per audited financial s | atements | | 1 | |
| 2 | | ded on line 1 but not on Form 990, | | 1 1 | | |
| а | Donated servi | ces and use of facilities | | 2a | | |
| b | Prior year adju | stments | | 2b | | |
| С | Other losses | | | 2c | | |
| d | Other (Describ | e in Part XIII.) | | 2d | | |
| е | Add lines 2a t | | | | | |
| 3 | Subtract line 2 | e from line 1 | | | 3 | |
| 4 | | ded on Form 990, Part IX, line 25, b | | 1 1 | | |
| а | Investment ex | :!d-d | Part VIII, line 7b | | | |
| | | | | | | |
| b | Other (Describ | e in Part XIII.) | | 4b | | |
| b | Other (Describ Add lines 4a a | e in Part XIII.) nd 4b | | | | |
| b c 5 | Other (Describ Add lines 4a a Total expense | e in Part XIII.) nd 4b s. Add lines 3 and 4c. (This must ea | | | | |
| b c 5 Pa ı | Other (Describ Add lines 4a a Total expense t XIII Supp | e in Part XIII.) nd 4b s. Add lines 3 and 4c. (This must ed emental Information. | gual Form 990, Part I, line 18.) | | 5 | |
| b c 5 Pai Provi | Other (Describ Add lines 4a a Total expense † XIII Supp de the descript | e in Part XIII.) nd 4b s. Add lines 3 and 4c . (This must edemental Information. ons required for Part II, lines 3, 5, a | gual Form 990. Part I. line 18.) and 9; Part III, lines 1a and 4; Pa | art IV, lines 1b and 2b; | 5 | t XI, |
| b c 5 Pai Provi | Other (Describ Add lines 4a a Total expense † XIII Supp de the descript | e in Part XIII.) nd 4b s. Add lines 3 and 4c. (This must ed emental Information. | gual Form 990. Part I. line 18.) and 9; Part III, lines 1a and 4; Pa | art IV, lines 1b and 2b; | 5 | t XI, |
| b c 5 Pai Provi | Other (Describ Add lines 4a a Total expense † XIII Supp de the descript | e in Part XIII.) nd 4b s. Add lines 3 and 4c . (This must edemental Information. ons required for Part II, lines 3, 5, a | gual Form 990. Part I. line 18.) and 9; Part III, lines 1a and 4; Pa | art IV, lines 1b and 2b; | 5 | t XI, |
| b c 5 Pai Provi | Other (Describ Add lines 4a a Total expense † XIII Supp de the descript | e in Part XIII.) nd 4b s. Add lines 3 and 4c . (This must edemental Information. ons required for Part II, lines 3, 5, a | gual Form 990. Part I. line 18.) and 9; Part III, lines 1a and 4; Pa | art IV, lines 1b and 2b; | 5 | t XI, |
| b c 5 Pai Provi | Other (Describ Add lines 4a a Total expense † XIII Supp de the descript | e in Part XIII.) nd 4b s. Add lines 3 and 4c . (This must edemental Information. ons required for Part II, lines 3, 5, a | gual Form 990. Part I. line 18.) and 9; Part III, lines 1a and 4; Pa | art IV, lines 1b and 2b; | 5 | t XI, |
| b c 5 Pai Provi | Other (Describ Add lines 4a a Total expense † XIII Supp de the descript | e in Part XIII.) nd 4b s. Add lines 3 and 4c . (This must edemental Information. ons required for Part II, lines 3, 5, a | gual Form 990. Part I. line 18.) and 9; Part III, lines 1a and 4; Pa | art IV, lines 1b and 2b; | 5 | t XI, |
| b c 5 Pai Provi | Other (Describ Add lines 4a a Total expense † XIII Supp de the descript | e in Part XIII.) nd 4b s. Add lines 3 and 4c . (This must edemental Information. ons required for Part II, lines 3, 5, a | gual Form 990. Part I. line 18.) and 9; Part III, lines 1a and 4; Pa | art IV, lines 1b and 2b; | 5 | t XI, |
| b c 5 Pai Provi | Other (Describ Add lines 4a a Total expense † XIII Supp de the descript | e in Part XIII.) nd 4b s. Add lines 3 and 4c . (This must edemental Information. ons required for Part II, lines 3, 5, a | gual Form 990. Part I. line 18.) and 9; Part III, lines 1a and 4; Pa | art IV, lines 1b and 2b; | 5 | t XI, |
| b c 5 Pai Provi | Other (Describ Add lines 4a a Total expense † XIII Supp de the descript | e in Part XIII.) nd 4b s. Add lines 3 and 4c . (This must edemental Information. ons required for Part II, lines 3, 5, a | gual Form 990. Part I. line 18.) and 9; Part III, lines 1a and 4; Pa | art IV, lines 1b and 2b; | 5 | t XI, |
| b c 5 Pai Provi | Other (Describ Add lines 4a a Total expense † XIII Supp de the descript | e in Part XIII.) nd 4b s. Add lines 3 and 4c . (This must edemental Information. ons required for Part II, lines 3, 5, a | gual Form 990. Part I. line 18.) and 9; Part III, lines 1a and 4; Pa | art IV, lines 1b and 2b; | 5 | t XI, |
| b c 5 Pai Provi | Other (Describ Add lines 4a a Total expense † XIII Supp de the descript | e in Part XIII.) nd 4b s. Add lines 3 and 4c . (This must edemental Information. ons required for Part II, lines 3, 5, a | gual Form 990. Part I. line 18.) and 9; Part III, lines 1a and 4; Pa | art IV, lines 1b and 2b; | 5 | t XI, |
| b c 5 Pai Provi | Other (Describ Add lines 4a a Total expense † XIII Supp de the descript | e in Part XIII.) nd 4b s. Add lines 3 and 4c . (This must edemental Information. ons required for Part II, lines 3, 5, a | gual Form 990. Part I. line 18.) and 9; Part III, lines 1a and 4; Pa | art IV, lines 1b and 2b; | 5 | t XI, |
| b c 5 Pai Provi | Other (Describ Add lines 4a a Total expense † XIII Supp de the descript | e in Part XIII.) nd 4b s. Add lines 3 and 4c . (This must edemental Information. ons required for Part II, lines 3, 5, a | gual Form 990. Part I. line 18.) and 9; Part III, lines 1a and 4; Pa | art IV, lines 1b and 2b; | 5 | t XI, |
| b c 5 Pai Provi | Other (Describ Add lines 4a a Total expense † XIII Supp de the descript | e in Part XIII.) nd 4b s. Add lines 3 and 4c . (This must edemental Information. ons required for Part II, lines 3, 5, a | gual Form 990. Part I. line 18.) and 9; Part III, lines 1a and 4; Pa | art IV, lines 1b and 2b; | 5 | t XI, |
| b c 5 Pai Provi | Other (Describ Add lines 4a a Total expense † XIII Supp de the descript | e in Part XIII.) nd 4b s. Add lines 3 and 4c . (This must edemental Information. ons required for Part II, lines 3, 5, a | gual Form 990. Part I. line 18.) and 9; Part III, lines 1a and 4; Pa | art IV, lines 1b and 2b; | 5 | t XI, |
| b c 5 Pai Provi | Other (Describ Add lines 4a a Total expense † XIII Supp de the descript | e in Part XIII.) nd 4b s. Add lines 3 and 4c . (This must edemental Information. ons required for Part II, lines 3, 5, a | gual Form 990. Part I. line 18.) and 9; Part III, lines 1a and 4; Pa | art IV, lines 1b and 2b; | 5 | t XI, |
| b c 5 Pai Provi | Other (Describ Add lines 4a a Total expense † XIII Supp de the descript | e in Part XIII.) nd 4b s. Add lines 3 and 4c . (This must edemental Information. ons required for Part II, lines 3, 5, a | gual Form 990. Part I. line 18.) and 9; Part III, lines 1a and 4; Pa | art IV, lines 1b and 2b; | 5 | t XI, |
| b c 5 Pai Provi | Other (Describ Add lines 4a a Total expense † XIII Supp de the descript | e in Part XIII.) nd 4b s. Add lines 3 and 4c . (This must edemental Information. ons required for Part II, lines 3, 5, a | gual Form 990. Part I. line 18.) and 9; Part III, lines 1a and 4; Pa | art IV, lines 1b and 2b; | 5 | t XI, |
| b c 5 Pai Provi | Other (Describ Add lines 4a a Total expense † XIII Supp de the descript | e in Part XIII.) nd 4b s. Add lines 3 and 4c . (This must edemental Information. ons required for Part II, lines 3, 5, a | gual Form 990. Part I. line 18.) and 9; Part III, lines 1a and 4; Pa | art IV, lines 1b and 2b; | 5 | t XI, |
| b c 5 Pai | Other (Describ Add lines 4a a Total expense † XIII Supp de the descript | e in Part XIII.) nd 4b s. Add lines 3 and 4c . (This must edemental Information. ons required for Part II, lines 3, 5, a | gual Form 990. Part I. line 18.) and 9; Part III, lines 1a and 4; Pa | art IV, lines 1b and 2b; | 5 | t XI, |
| b c 5 Pai Provi | Other (Describ Add lines 4a a Total expense † XIII Supp de the descript | e in Part XIII.) nd 4b s. Add lines 3 and 4c . (This must edemental Information. ons required for Part II, lines 3, 5, a | gual Form 990. Part I. line 18.) and 9; Part III, lines 1a and 4; Pa | art IV, lines 1b and 2b; | 5 | t XI, |
| b c 5 Pai Provi | Other (Describ Add lines 4a a Total expense † XIII Supp de the descript | e in Part XIII.) nd 4b s. Add lines 3 and 4c . (This must edemental Information. ons required for Part II, lines 3, 5, a | gual Form 990. Part I. line 18.) and 9; Part III, lines 1a and 4; Pa | art IV, lines 1b and 2b; | 5 | t XI, |
| b c 5 Pai Provi | Other (Describ Add lines 4a a Total expense † XIII Supp de the descript | e in Part XIII.) nd 4b s. Add lines 3 and 4c . (This must edemental Information. ons required for Part II, lines 3, 5, a | gual Form 990. Part I. line 18.) and 9; Part III, lines 1a and 4; Pa | art IV, lines 1b and 2b; | 5 | t XI, |
| b c 5 Pai Provi | Other (Describ Add lines 4a a Total expense † XIII Supp de the descript | e in Part XIII.) nd 4b s. Add lines 3 and 4c . (This must edemental Information. ons required for Part II, lines 3, 5, a | gual Form 990. Part I. line 18.) and 9; Part III, lines 1a and 4; Pa | art IV, lines 1b and 2b; | 5 | t XI, |

SCHEDULE 0

(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.

Open to Public 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 18,958. |
| MANAGEMENT AND GENERAL EXPENSES 0. |
| FUNDRAISING EXPENSES 0. |

| Name of the organization FEDERAL IT SECURITY INSTITUTE | Employer identification number 27-1374413 |
|---|---|
| TOTAL EXPENSES | 18,958. |
| TRAINING: | |
| PROGRAM SERVICE EXPENSES | 42,000. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | |
| COMMISSIONS: | |
| PROGRAM SERVICE EXPENSES | 7,302. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 7,302. |
| TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A | 68,260. |
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Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

990

Business or activity to which this form relates

23

OMB No. 1545-0172

Sequence No. 179

Identifying number

Department of the Treasury Internal Revenue Service Name(s) shown on return

► Go to www.irs.gov/Form4562 for instructions and the latest information.

FEDERAL IT SECURITY INSTITUTE FORM 990 PAGE 10 27-1374413 Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1,040,000. **1** Maximum amount (see instructions) 2 Total cost of section 179 property placed in service (see instructions) 3 2,590,000. Threshold cost of section 179 property before reduction in limitation 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 (a) Description of property 6 7 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2019 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 13 Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 13 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during 10,937. **15** Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) MACRS Depreciation (Don't include listed property. See instructions.) Section A 17 17 MACRS deductions for assets placed in service in tax years beginning before 2020 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2020 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery period (business/investment use only - see instructions) (f) Method (a) Classification of property (e) Convention (g) Depreciation deduction 3-year property 19a 5-year property b 7-year property C 10-year property d 15-year property 20-year property S/L 25 yrs. 25-year property g S/L 27.5 yrs MM Residential rental property h S/L 27.5 yrs MM MMS/L 39 vrs. i Nonresidential real property MM S/L Section C - Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System 20a Class life 12-year 12 yrs. S/L b 30-year 30 yrs. MM S/L С 40-vear 40 yrs MM S/L d Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. 10,937. 22 Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.

23 For assets shown above and placed in service during the current year, enter the

portion of the basis attributable to section 263A costs

Part V

Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a,

| | Section A | | on and Other I | | | | | | | imits for 1 | nassena | er autom | nohiles | ١ | |
|------------|--|----------------------------|--|------------------------|------------------------------|--------------------|---|---------------------|---------------------------|---------------------------|---------------------------------|------------|--------------------------|-------------------------------------|-------|
| 24 | a Do you have evidence to s | | | | | $\overline{}$ | es | _ | 24b lf "\ | | | | | Yes [| No. |
| 240 | (a) Type of property (list vehicles first) | (b) Date placed in service | (c) Business/ investment use percentag | ot | (d) Cost or ther basis | Bas | (e) sis for depressiness/invessiness | eciation estment | (f) Recovery period | Me | (g) thod/ rention | (Depre | h) eciation action | | n 179 |
| <u>2</u> 5 | Special depreciation allo | | • | | • | | _ | | • | | | | | | |
| | used more than 50% in | | | | | | <u></u> | | | | 25 | | | | |
| <u>26</u> | Property used more tha | n 50% in a q | | | | | | | 1 | 1 | | | | | |
| _ | | 1 1 | 9 | | | | | | | | | | | | |
| _ | | 1 1 | 9 | _ | | | | | | | | | | | |
| _ | D 1 1500/ 1 | | 9 | | | | | | | | | | | | |
| <u>27</u> | Property used 50% or le | ess in a qualit T | | | | | | | | T- :: | | I | | | |
| _ | | 1 1 | 9 | | | | | | | S/L - | | | | - | |
| _ | | 1 1 | 9 | _ | | | | | | S/L - | | | | - | |
| _ | A.I.I. | (1) 05 | 9 | - | | | | | | S/L - | | | | - | |
| | Add amounts in column | | | | | | | | | | | | 100 | | |
| <u>29</u> | Add amounts in column | i (i), iine 26. E | | | | | on Use | | | | | | 29 | | |
| | mplete this section for ve | | | | | | | | | | | | | | |
| | | | | - | a) | | b) | | (c) | 1 ' | d) | · · | e) | (f) | |
| 30 | Total business/investment | | • | Veh | nicle | Ve | hicle | ├ | /ehicle | Veh | nicle | Veh | nicle | Vehi | cle |
| | year (don't include commu | | | | | | | | | | | | | | |
| | Total commuting miles | | - | | | | | - | | | | | | - | |
| | Total other personal (no driven | | | | | | | | | | | | | | |
| 33 | Total miles driven during | | | | | | | | | | | | | | |
| 04 | Add lines 30 through 32 | | | V | Na | V | l Na | | - N- | V | N ₂ | V | N ₂ | V | NI. |
| 34 | Was the vehicle availab during off-duty hours? | • | | Yes | No | Yes | No | Yes | s No | Yes | No | Yes | No | Yes | No |
| 35 | Was the vehicle used p | | more | | | | | 1 | | | | | | | |
| 00 | than 5% owner or relate | | | | | | | | | | | | | | |
| 36 | Is another vehicle availa | • | | | | | | | | | | | | | |
| | use? | • | | | | | | | | | | | | | |
| | | | - Questions for | or Empl | oyers W | /ho Pro | vide Vel | nicles | for Use b | y Their E | mploye | es | • | | |
| Ans | swer these questions to o | determine if y | ou meet an ex | ception | to com | oleting S | Section E | 3 for ve | ehicles us | ed by em | ployees | who a | ren't | | |
| mo | re than 5% owners or rela | ated persons | 5. | | | | | | | - | | | | | |
| 37 | Do you maintain a writte | en policy stat | ement that pro | hibits a | ll persor | nal use c | of vehicle | es, incl | uding cor | nmuting, | by your | | | Yes | No |
| | | | | | | | | | | | | | | | |
| 38 | Do you maintain a writte | . , | • | | | | | | | 0 | our | | | | |
| | employees? See the ins | | | | | | | | | | | | | | |
| | Do you treat all use of v | | | | | | | | | | | | | | |
| 40 | Do you provide more the | | | | | | | | | | | | | | |
| | the use of the vehicles, | | | | | | | | | | | | | | |
| 41 | Do you meet the require | | | | | | | | | | | | | | |
| P | Note: If your answer to art VI Amortization | 37, 36, 39, 4 | 0, 01 41 15 16 | 5, 0011 | Comple | ele Secti | 011 6 101 | trie co | overed ver | iicies. | | | | | |
| | (a) | | | (b) | | (c) | | | (d) | | (e) | | | (f) | |
| | Description of | fcosts | Date a | amortization begins | | Amortizal amoun | ortizable | | Code section | Amortiza period or per | | ation A | | (1) mortization for this year | |
| <u></u> | Amortization of costs th | at begins du | • | | r: | | | | | 1 | , 3 a 31 pt1 | | | | |
| _ | | | <u> </u> | : : | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| 43 | Amortization of costs th | at began bet | fore your 2020 | tax yea | r | | | | | | | 43 | | | |
| | Total. Add amounts in o | | | | | report | | | | | | 44 | | | |