Form 8879-TE

For ca

IRS e-file Signature Authorization for a Tax Exempt Entity

lendar year 2022, or fiscal year beginning	\mathtt{JUL}	1	, 2022, and ending	JUN	30	, 20 2 3

al year beginning __UUL__L_____, 2022, and ending __UIN__3U____, 20 Do not send to the IRS. Keep for your records. 2022

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form8879TE for the latest information.

EIN or SSN Name of filer FEDERAL IT SECURITY INSTITUTE 27-1374413 Name and title of officer or person subject to tax JAMES WIGGINS CHIEF EXECUTIVE OFFICER Part I Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. b Total revenue, if any (Form 990, Part VIII, column (A), line 12) ______ 1b ____ 257, 990. Form 990 check here 1a **b Total revenue,** if any (Form 990-EZ, line 9) _______ **2b** 2a Form 990-EZ check here **b Total tax** (Form 1120-POL, line 22) Form 1120-POL check here 3a **b Tax based on investment income** (Form 990-PF, Part V, line 5) 4a Form 990-PF check here b Balance due (Form 8868, line 3c) 5b Form 8868 check here 5a **b Total tax** (Form 990-T, Part III, line 4) Form 990-T check here 6a Form 4720 check here 7a b Total tax (Form 4720, Part III, line 1) 7b 8a Form 5227 check here **b FMV of assets at end of tax year** (Form 5227, Item D) Form 5330 check here **b** Tax due (Form 5330, Part II, line 19) 9a 9b **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a Form 8038-CP check here 10b Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that X I am an officer of the above entity or I I am a person subject to tax with respect to (name , (EIN) and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the processing the restriction account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return. financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X lauthorize DOEREN MAYHEW 27137 to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program. I will enter my PIN on the return's disclosure consent screen. **Certification and Authentication** Part III ERO's EFIN/PIN. Enter your six-digit electronic filing identification 38299533780 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. DOEREN MAYHEW 01/16/24 ERO's signature Date **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

EXTENDED TO MAY 15, 2024 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

Department of the Treasury

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.

2023 A For the 2022 calendar year, or tax year beginning JUL 1, 2022 and ending JUN Check if applicable: C Name of organization D Employer identification number Address change FEDERAL IT SECURITY INSTITUTE Name change 27-1374413 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 3213 DUKE ST. #190 (703) 828-1196 257,990. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return 22314 ALEXANDRIA, VA H(a) Is this a group return Applica-tion pending F Name and address of principal officer: JAMES WIGGINS Yes X No for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: $\boxed{}$ 501(c)(3) $\boxed{\mathbf{X}}$ 501(c) (6 (insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.FITSI.ORG J Website: H(c) Group exemption number **K** Form of organization: X Corporation Trust Association Other L Year of formation: 2009 M State of legal domicile: VA Part I Summary Briefly describe the organization's mission or most significant activities: THE MISSION OF FEDERAL IT Activities & Governance SECURITY INSTITUTE IS TO HELP SECURE THE NATION'S INFORMATION 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 0 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 0 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h Prior Year **Current Year** 13,948. 19,575. Contributions and grants (Part VIII, line 1h) 8 174,040. 238,415. Program service revenue (Part VIII, line 2g) 0. 0. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 0. 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 187.988. 257,990 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 218,380. 226,971. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 218,380. 226,971. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -30,392. 31,019. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 52,895. 83,914 Total assets (Part X, line 16) 0. 0. 21 Total liabilities (Part X, line 26) 三年 52,895. Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign JAMES WIGGINS, CHIEF EXECUTIVE OFFICER Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature MICHAEL C. TOMES, CP 01/16/24 P02230139 MICHAEL C. TOMES, CPA self-employed Paid Firm's EIN 38-2492570Firm's name DOEREN MAYHEW Preparer Firm's address 305 WEST BIG BEAVER ROAD Use Only Phone no. 248 - 244 - 3000 TROY, MI 48084 X Yes May the IRS discuss this return with the preparer shown above? See instructions No

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	, ·
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
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.
 4а	(Code:) (Expenses \$ 87 , 635 • including grants of \$) (Revenue \$)
ти	FITSI PROVIDES AN IT SECURITY CERTIFICATION PROGRAM TARGETED AT THE
	FEDERAL WORKFORCE. THE ORGANIZATION OVERSEES THIS PROGRAM AND MANAGES
	THE PROGRAM FOR ITS MEMBERS.
	III INCOME FOR THE 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.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
70	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.
	DIDIER ORGANIZATION, WHICH TRAIND WOONDED WARRIORD IN CIDER DECORTIT.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 87,635.

Form 990 (2022) 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? See instructions	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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
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	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			l
	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			l
	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			٠,,
	Schedule D, Parts XI and XII	12a		X
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		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	4-		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16		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. See instructions	17		├^
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		y
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		v
00-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		├^
b od	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		\vdash
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	l	X

Form 990 (2022) 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	04-		
اء	any tax-exempt bonds?	24c 24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		25b		
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	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		Х
28	Was the organization a party to a business transaction with one of the following parties (see the 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? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? 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			
	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			X
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		x
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	55a		
	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?	005		
	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		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			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 on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4		
	(gambling) winnings to prize winners?	1c	000	

Form 990 (2022) 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								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X					
b	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).								
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с							
6a	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?	7c							
d	,								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f	-						
f	3 7 7 7 7 7 7 1								
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
	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.	9a							
a Did the sponsoring organization make any taxable distributions under section 4966?									
0	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	9b							
o a	Initiation fees and capital contributions included on Part VIII, line 12								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1							
1	Section 501(c)(12) organizations. Enter:	1							
	Gross income from members or shareholders								
	Gross income from other sources. (Do not net amounts due or paid to other sources against	1							
-	amounts due or received from them.)								
2a	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								
3	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								
С	Enter the amount of reserves on hand								
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	X					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b							
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			١.					
	excess parachute payment(s) during the year?	15		X					
	If "Yes," see the instructions and file Form 4720, Schedule N.								
6	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.								
7	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17							
	If "Yes," complete Form 6069.								

Page 6 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	1									
	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											
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		Х							
6											
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		X							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or										
	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:										
а	The governing body?	8a	Х								
b	Each committee with authority to act on behalf of the governing body?	8b	Х								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the										
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)										
			Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a	X								
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,										
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X							
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.										
12a	12a Did the organization have a written conflict of interest policy? If "No," go to line 13										
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe										
	on Schedule O how this was done	12c		X							
13	Did the organization have a written whistleblower policy?	13	X								
14	Did the organization have a written document retention and destruction policy?	14	X								
15	Did the process for determining compensation of the following persons include a review and approval by independent										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	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 on Schedule O. See instructions.										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a										
	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										
	exempt status with respect to such arrangements?	16b									
Sec	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, ar	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 SQUARE #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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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

(A)	(B)	(C)			ipei	isale	(D)	(E)	(F)	
Name and title	Average hours per		not c	Pos	ition more) than (s both		Reportable compensation	Reportable compensation	Estimated amount of
	week	offic	cer an	ss per id a di	irecto	r/trus	tee)	from	from related	other
	(list any hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	tee or c	ustee			ensatec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual trus	In stit utio nal tru stee		ployee	t comp		1099-NEC)		and related organizations
	line)	Individ	Institut	Officer	Key employee	Highest compensated employee	Former			Organizations
(1) JAMES WIGGINS	20.00								_	_
EXECUTIVE DIRECTOR AND CEO	12.22	Х		Х				60,000.	0.	0.
(2) AMEE DEVINE	10.00	-						6 205		
CHIEF OPERATION OFFICER	0.50			Х				6,305.	0.	0.
(3) TAYLOR DEVINE DIRECTOR	0.50	Х						0.	0.	0.
(4) LOUIS VESCIO	0.50	^	_					0.	0.	0.
DIRECTOR	0.50	х						0.	0.	0.
								•		<u> </u>
			_							
		1								
		-								
		1								
		-								
		1								
		-								
										000

232007 12-13-22 Form **990** (2022)

Section A. Officers, Directors, Trus	tees, Key Emp	<u> JIOY</u>	ees,	and	Hiç	gnes	t C	ompensated Employee	s (continued)				
(A)	(B)			(C) Position				(D)	(E)		_	(F)	
Name and title	Average hours per	(do not check more than one						Reportable compensation	Reportable compensation			timate nount (
	week	offic				r/trus		from	from related	- 1		other	5 1
	(list any hours for	Individual trustee or director						the	organization (W-2/1099-MIS			pensation the	
	related	ee or d	stee			nsated		organization (W-2/1099-MISC/	1099-NEC)		organizatio		
	organizations	al trust	nal tru		oyee	om pe		1099-NEC)	,		•	d relate	
	below line)	dividua	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizatio	ons
		느	n	10	Ke	를	요						
		_											
		-											
		-											
1b Subtotal							<u> </u>	66,305.		0.			0.
c Total from continuation sheets to Part VI								0.		0.			0.
d Total (add lines 1b and 1c)								66,305.		0.			0.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	9			0
compensation from the organization												Yes	No
3 Did the organization list any former officer,	director, trust	ee, k	кеу е	mpl	oye	e, or	hig	hest compensated empl	oyee on				
line 1a? If "Yes," complete Schedule J for s											3		X
4 For any individual listed on line 1a, is the su											4		х
and related organizations greater than \$150Did any person listed on line 1a receive or a	,		•								4		Λ
rendered to the organization? If "Yes," com											5		Х
Section B. Independent Contractors	•												
1 Complete this table for your five highest co										oensat	ion fro	om	
the organization. Report compensation for (A)	ine calendar ye	<u>ar e</u>	nair	ig w	illi C	or wi	LIIII	(B)	ear.		(0		
Name and business	address	NC	ONE	3				Description of s	ervices	С	ompe	nsation	1
							_						
							\dashv						
2 Total number of independent contractors (i		ot lin	nited	to t	_		ted	above) who received mo	ore than				
\$100,000 of compensation from the organia	zation				(,							

27-1374413

Form 990 (2022) FEDERAL
Part VIII Statement of Revenue

			Check if Schedule O o	contains a	a response	or note to any line	e in this Part VIII			
							(A)	(B)	(C)	(D)
							Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
										sections 512 - 514
ts s	1	а	Federated campaigns		1a					
ira our						19,575.				
s, C Am		С	Fundraising events		1c					
ar E		d	Related organizations		1d					
ini,			Government grants (contri	-	1e					
tio S		f	All other contributions, gifts,		d					
₽₩			similar amounts not included	above	1f					
Contributions, Gifts, Grants and Other Similar Amounts		_	Noncash contributions included in I	lines 1a-1f	1g \$		10 555			
ğğ		h	Total. Add lines 1a-1f	<u></u>			19,575.			
				ann.	77.00	Business Code	220 415	220 415		
<u>:</u>	2		CERTIFICATION	SERV	/ICE	623000	238,415.	238,415.		
er re		b								
n S /en		С.								
yra Be		d								
Program Service Revenue		e	All all and a second and a second as a							
-			All other program service				238,415.			
1	3	g	Total. Add lines 2a-2f Investment income (include			oot and	230,413.			
	3									
	4		Income from investment o							
	5		Royalties			[
	J		noyanics		(i) Real	(ii) Personal				
	6	а	Gross rents	6a	()					
	Ŭ		Less: rental expenses	6b						
			Rental income or (loss)	6c						
			Net rental income or (loss)							
	7		Gross amount from sales of		Securities	(ii) Other				
			assets other than inventory	7a						
		b	Less: cost or other basis							
ē			and sales expenses	7b						
le l		С	Gain or (loss)	7c						
her Revenue			Net gain or (loss)		<u>.</u>					
ĕ	8	а	Gross income from fundraising	ng events	(not					
₹			including \$		_ of					
			contributions reported on	line 1c).	See					
			Part IV, line 18		8a	ı				
		b	Less: direct expenses		8b					
		С	Net income or (loss) from	fundraisi	ng events_					
	9	а	Gross income from gamin							
			Part IV, line 19							
			Less: direct expenses							
			Net income or (loss) from							
	10	а	Gross sales of inventory, le		I .					
		_	and allowances							
			Less: cost of goods sold			이				
\dashv		С	Net income or (loss) from	sales of i	nventory .	Puoinaga Oada				
sn	4.4	_				Business Code				
Miscellaneous Revenue	11									
llar		b								
sce Be		C C	All other revenue							
Ξ			All other revenue Total. Add lines 11a-11d							
	12		Total ravanua See instruction				257 990.	238 415.	0.	0.

Form 990 (2022) 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	126,199. 1,452.		126,199. 1,452.	
b	Legal	1,452.		1,452.	
С	Accounting	3,650.		3,650.	
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,	E0 206	E0 206		
	column (A), amount, list line 11g expenses on Sch 0.)	59,396. 48.	59,396.	48.	
12	Advertising and promotion	2,104.	2,104.	40.	
13	Office expenses	25,740.	25,740.		
14	Information technology	25,740.	25,740.		
15 16	Royalties				
17	Occupancy Travel	40.		40.	
18	Payments of travel or entertainment expenses	200		201	
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	2,563.		2,563.	
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	BUSINESS ALLIANCE	4,000.		4,000.	
b	POSTAGE	944.		944.	
С	CERTIFICATION FEES	395.	395.		
d	BOOKS, SUBSCRIPTION, SU	263.		263.	
е	All other expenses	177.		177.	
25	Total functional expenses. Add lines 1 through 24e	226,971.	87,635.	139,336.	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 (2022)
Part X Balance Sheet

		1					
		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			52,895.	1	83,914.
	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 current or					
		trustee, key employee, creator or founder, subsi					
		controlled entity or family member of any of the	· ·		5		
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons described	,		6		
w	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9					9	
	l	Land, buildings, and equipment: cost or other	I				
		basis. Complete Part VI of Schedule D	10a	10,937.			
	b	Less: accumulated depreciation	10b	10,937.	0.	10c	0.
	11	Investments - publicly traded securities			-	11	-
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equ			52,895.	16	83,914.
	17	Accounts payable and accrued expenses	1	,	17	,	
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
w	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
ig		controlled entity or family member of any of the				22	
Ë	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated	d third p			24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines					
		of Schedule D		·		25	
	26	Total liabilities. Add lines 17 through 25			0.	26	0.
		Organizations that follow FASB ASC 958, che	ck her	e X			
Ses		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			52,895.	27	83,914.
Bal	28	Net assets with donor restrictions				28	
пd		Organizations that do not follow FASB ASC 9	58, che	eck here			
Net Assets or Fund Balances		and complete lines 29 through 33.					
S	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or ed				30	
As	31	Retained earnings, endowment, accumulated in				31	
Net	32	Total net assets or fund balances			52,895.	32	83,914.
_	33	Total liabilities and net assets/fund balances .			52,895.	33	83,914.

Form **990** (2022)

Pa	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				<u>90.</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2		226	5,9	71.	
3	Revenue less expenses. Subtract line 2 from line 1	3				<u>19.</u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		52	2,8	95.	
5	Net unrealized gains (losses) on investments						
6							
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B)) 10						
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
					Yes	No	
1	Accounting method used to prepare the Form 990: X Cash Cash Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х	
	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		Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate						
	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	audit,					
	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 Sche						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required		dit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		1.	3b			

Form **990** (2022)

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 Inspection

Name of the organization

FEDERAL IT SECURITY INSTITUTE

Employer identification number 27-1374413

Pa	organizations waintaining bonor Advised organization answered "Yes" on Form 990, Part IV, line		iiiiiai i uiius	Complete if the
		(a) Donor advise	d funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	writing that the assets he	d in donor advise	ed funds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that gra	nt funds can be ι	used only
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any	y other purpose o	conferring
	impermissible private benefit?			
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes	" on Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (for example, recreat	tion or education)	Preservation of	a historically important land area
	Protection of natural habitat		Preservation of	a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribu	ition in the form o	of a conservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)		2c
d	Number of conservation easements included in (c) acquired a	after July 25,2006, and no	ot on a	
	historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele			
	year			
4	Number of states where property subject to conservation eas	ement is located		
5	Does the organization have a written policy regarding the peri	iodic monitoring, inspect	on, handling of	
	violations, and enforcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I	handling of violations, an	d enforcing cons	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enf	orcing conservat	ion easements during the year
8	Does each conservation easement reported on line 2(d) above	, ,	`	
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation	on easements in its reven	ue and expense	statement and
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's	financial stateme	ents that describes the
Da	organization's accounting for conservation easements.	Aut Historical Tues		and Oineilan Annata
Pa	rt III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form	•	asures, or Oti	ner Similar Assets.
				ad balanca abaat wada
ıa	If the organization elected, as permitted under FASB ASC 958			
	of art, historical treasures, or other similar assets held for pub			•
L	service, provide in Part XIII the text of the footnote to its finan			
b	If the organization elected, as permitted under FASB ASC 958	•		
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in furth	erance or public service,
	provide the following amounts relating to these items:			C
	(i) Revenue included on Form 990, Part VIII, line 1			
•	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical trea			gain, provide
_	the following amounts required to be reported under FASB AS			Φ.
	Revenue included on Form 990, Part VIII, line 1			\$
h				

	t III Organizations Maintaining C	ollections of Ar				r Other			1 = = ±		age 🗲
3	Using the organization's acquisition, accessi								COITE	lueu)	
3	collection items (check all that apply):	on, and other records	s, crieck	arry or trie	Ollowing trial	i make siç	gillioant u	36 01 113			
а	Public exhibition	d		l oan or ove	hange progra	am.					
b	Scholarly research	e e			nange progra						
C	Preservation for future generations	е	· L ·	Oti 16i							
4	Provide a description of the organization's co	alloctions and ovnlain	how th	ov furthor th	o organizatio	n'e ovom	nt nurnos	o in Bart	VIII		
5	During the year, did the organization solicit o							e IIII ait	AIII.		
3	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran										
1 4	reported an amount on Form 990, Pal		ste ii tile	organizatio	ii alisweled	163 011	1 01111 990,	i aitiv,	iii ie 3, 0i		
12	Is the organization an agent, trustee, custodi		iany for c	ontribution	s or other ass	sets not ir	ncluded				
ıu	on Form 990, Part X?								Yes		No
h	If "Yes," explain the arrangement in Part XIII								_ 163		_ 140
b	ii res, explain the arrangement ii r art xiii	and complete the for	lowing to	abie.					Amoun	nt	
_	Reginning balance						1c				
	Beginning balance Additions during the year										
	Distributions during the year										
	Ending balance								Yes		No
	If "Yes," explain the arrangement in Part XIII.						•		_		
	t V Endowment Funds. Complete						n				
	Complete	(a) Current year		rior year	(c) Two yea			ears back	(e) Fou	r vears	back
12	Beginning of year balance	(a) carrerry year	(2):	,	(0))	, o suon	(-,	ouro buon	(5):50	. ,	Buon
	Contributions Not investment earnings, gains, and lesses										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
g	End of year balance		/!: 4		\						
2	Provide the estimated percentage of the curr	•	`	i, column (a)) neid as:						
	Board designated or quasi-endowment		_%								
b	Permanent endowment										
С		%									
_	The percentages on lines 2a, 2b, and 2c sho										
за	Are there endowment funds not in the posse	ssion of the organiza	ition thai	are neid ar	na aaminister	rea for the	9			Yes	No
	organization by:								0 (1)	163	NO
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations	Manager Called and a second control of							3a(ii)		
D	If "Yes" on line 3a(ii), are the related organiza								3b		
Dai	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm	organization's endov	wment fo	unds.							
ı aı	Complete if the organization answere		Dort IV	lino 11a S	00 Form 000	Dort V I	ino 10				
											
	Description of property	(a) Cost or o basis (investn			or other (other)		ccumulate preciation	a	(d) Boo	k valu	е
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment	I									
	Other			1	0,937.		10,93	37.			0.
	. Add lines 1a through 1e. (Column (d) must e		X. colum	n (B). line 1	0c.)						0.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 FEDERAL IT S Part VII Investments - Other Securities.	ECURITY INST	TTUTE 27	-1374413 Page
Complete if the organization answered "Yes" or	n 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 valuation: Cost or end	d-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			
	n Form 000 Port IV line	11a Saa Farm 000 Dort V lina 12	
Complete if the organization answered "Yes" or (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d of year market value
· · · · · · · · · · · · · · · · · · ·	(b) BOOK value	(c) Method of Valuation. Cost of en	u-or-year market value
(1)			
(2)			
(3)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) D	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line : Part X Other Liabilities.	15.)		
Complete if the organization answered "Yes" or	n Form 900 Dart IV line	11a or 11f Saa Form 000 Bort V line 05	
(-) December of Balance	ii roiiii 990, Part IV, IINe	THE OF THE SEE FORM 990, Part A, line 25	(b) Book value
, , , , , , , , , , , , , , , , , , , ,			(b) BOOK Value
(1) Federal income taxes			
(2)			
(3)			
(4)			

1.	(a) Description of liability	(b) Book value
(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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

SCHEDULE 0 (Form 990)

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 Form 990-EZ.

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service 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 22,396.	
MANAGEMENT AND GENERAL EXPENSES 0.	
FUNDRAISING EXPENSES 0.	
	_

Schedule O (Form 990) 2022 Page **2**

Schedule O (Form 990) 2022 Name of the organization FEDERAL IT SECURITY INSTITUTE	Employer identification number 27-1374413
TOTAL EXPENSES	22,396.
TRAINING:	
PROGRAM SERVICE EXPENSES	37,000.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	37,000.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	59,396.

2022 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	C Lin	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	(D)DELL SERVER	05/25/10		5.00	НУ16	5,319.				5,319.	5,319.		0.	5,319.
2	(D)MICROSOFT COMPUTER	07/25/02	200DB	5.00	НУ17	7,077.		7,077.					0.	
3	(D)MICROSOFT COMPUTER	09/25/02	200DB	5.00	НУ17	3,860.		3,860.					0.	
4	COMPUTER HARDWARE	09/25/20	200DB	5.00	НУ17	10,937.			10,937.				0.	
	* TOTAL 990 PAGE 10 DEPR					27,193.		10,937.	10,937.	5,319.	5,319.		0.	5,319.
	CURRENT YEAR ACTIVITY													
	BEGINNING BALANCE					27,193.			10,937.	5,319.	5,319.			5,319.
	ACQUISITIONS					0.			0.	0.	0.			0.
	DISPOSITIONS/RETIRED					16,256.			0.	5,319.	5,319.			5,319.
	ENDING BALANCE					10,937.			10,937.	0.	0.			0.
	ENDING ACCUM DEPR LESS DISPOSITIONS										10,937.			
	ENDING BOOK VALUE										0.			

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Taxpayer identification number (TIN) Type or Name of exempt organization or other filer, see instructions. print FEDERAL IT SECURITY INSTITUTE 27-1374413 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 3213 DUKE ST. #190 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions ALEXANDRIA, VA 22314 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return **Application** Return Is For Code Is For Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) AMEE DEVINE WIGGINS The books are in the care of ► 5501 MERCHANT VIEW SQUARE #118 - HAYMARKET, VA 20169 Telephone No. \blacktriangleright (703) 754-1875 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. MAY 15, 2024 ____, to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year or $\underline{\hspace{0.5cm}}$, and ending $\underline{\hspace{0.5cm}}$ JUN $\hspace{0.5cm}$ 30 , $\hspace{0.5cm}$ 2023 ► X tax year beginning JUL 1, 2022 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

instructions