

Form 990-EZ

Short Form

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 1545-1150

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

- Do not enter social security numbers on this form as it may be made public.
Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning 07-01-2014, and ending 06-30-2015

B Check if applicable

- Address change
Name change
Initial return
Final return/terminated
Amended return
Application pending

C Name of organization FEDERAL IT SECURITY INSTITUTE
Number and street (or P O box, if mail is not delivered to street address) Room/suite 3213 DUKE ST 190
City or town, state or province, country, and ZIP or foreign postal code ALEXANDRIA, VA 22314

D Employer identification number

27-1374413

E Telephone number

(703) 828-1196

F Group Exemption Number

G Accounting Method Cash Accrual Other (specify)

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

I Website: WWW.FITSI.ORG

J Tax-exempt status (check only one) 501(c)(3) 501(c)(6) (insert no) 4947(a)(1) or 527

K Form of organization Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$112,934

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

Check if the organization used Schedule O to respond to any question in this Part I

Table with 21 rows and 3 columns. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Values include 89,129, 23,805, 112,934, 33,496, 6,389, 1,446, 51,204, 92,535, 20,399, 24,641, 0, 45,040.

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	21,331	22	42,113
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	3,445	24	3,062
25 Total assets	24,776	25	45,175
26 Total liabilities (describe in Schedule O)	135	26	135
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	24,641	27	45,040

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

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

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses
(Required for section 501 (c)(3) and 501(c)(4) organizations, optional for others)

28 FEDERAL IT SECURITY INSTITUTE PROVIDES AN IT SECURITY CERTIFICATION PROGRAM TARGETED AT THE FEDERAL WORKFORCE THE ORGANIZATION OVERSEES THIS PROGRAM AND MANAGES THE PROGRAM FOR ITS MEMBERS (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	0
29 FEDERAL IT SECURITY INSTITUTE OVERSEES THREE LOCAL CHAPTERS OF MEMBERS IN COLORADO, SOUTH CAROLINA AND WASHINGTON DC THESE CHAPTERS RUN EVENTS SUCH AS TRAINING AND MEETINGS TO BENEFIT MEMBERS (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	0
30 FEDERAL IT SECURITY INSTITUTE PROVIDES PROGRAM MANAGEMENT OF THE WOUNDED WARRIER CYBER COMBAT ACADEMY THIS PROGRAM IS RUN AND FINANCED BY THE FITSI FOUNDATION (A SISTER ORGANIZATION) WHICH TRAINS WOUNDED WARRIORS IN CYBER SECURITY (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	0
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
JAMES WIGGINS EXECUTIVE DIRECTOR AND CEO	20 00	0	0	0
TAYLOR DEVINE DIRECTOR	0 50	0	0	0
LOUIS VESCIO DIRECTOR	0 50	0	0	0
AMEE DEVINE CHIEF OPERATION OFFICER	20 00	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year?
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year?
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations Enter
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955
40b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?
40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization
40e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
41 List the states with which a copy of this return is filed
42a The organization's books are in care of AMY DEVINE Telephone no (703) 754-1875 Located at 5501 MERCHANT VIEW SQUARE 118 HAYMARKET, VA ZIP + 4 20169
42b 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)?
42c At any time during the calendar year, did the organization maintain an office outside the U S ?
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year
44a Did the organization maintain any donor advised funds during the year?
44b Did the organization operate one or more hospital facilities during the year?
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments?
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

	Yes	No
46		No

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47		
48		
49a		
49b		

47 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

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

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

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000.

52 Did the organization complete Schedule A? **NOTE.** All Section 501(c)(3) organizations must attach a completed Schedule A Yes No

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.

Sign Here *****
Signature of officer
Date 2016-05-12
JAMES WIGGINS CHIEF EXECUTIVE OFFICER
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: JOHN T SCOLLIN CPA
Preparer's signature: _____
Date: _____
Check if self-employed PTIN: P00073473
Firm's name: DOEREN MAYHEW Firm's EIN: 38-2492570
Firm's address: 305 WEST BIG BEAVER ROAD TROY, MI 48084 Phone no: (248) 244-3000

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

TY 2014 Transfers Personal Benefits Contracts Declaration

Name: FEDERAL IT SECURITY INSTITUTE

EIN: 27-1374413

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

2014

**Open to Public
Inspection**

Name of the organization
FEDERAL IT SECURITY INSTITUTE

Employer identification number

27-1374413

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 14	DESCRIPTION DEPRECIATION AMOUNT 383 DESCRIPTION OTHER EXPENSES AMOUNT 6,006 TOTAL TO FORM 990-EZ, LINE 14 6,389
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION COURSEWARE AND CLASS EXPENSES AMOUNT 23,093 DESCRIPTION CREDIT CARD PROCE SSING AMOUNT 6,365 DESCRIPTION OFFICE EXPENSE AMOUNT 1,383 DESCRIPTION BUSINESS AL LIANCE AMOUNT 5,088 DESCRIPTION PUBLIC RELATIONS & MARKETING AMOUNT 15,100 DESCRIPT ION DUES & SUBSCRIPTIONS AMOUNT 175 TOTAL TO FORM 990-EZ, LINE 16 51,204
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION ESCROW BEG OF YEAR AMOUNT 410 END OF YEAR AMOUNT 410 DESCRIPTION RECEI VABLE BEG OF YEAR AMOUNT 2,652 END OF YEAR AMOUNT 2,652 DESCRIPTION OTHER DEPRECIAB LE ASSETS BEG OF YEAR AMOUNT 383 END OF YEAR AMOUNT 0
FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION PREPAYMENTS BEG OF YEAR AMOUNT 135 END OF YEAR AMOUNT 135