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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

benefit trust or private foundation)

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

2009

OMB No 1545-0047

Open to Public Inspection

A Fo			,											
B Che	eck if ap	pplicable	Please	C Name of organiza INTERNATIONAL IN	tion NFORMATION SYSTEM	S			D Employer ic	dentification numb	er			
☐ Add	lress cha	ange	use IRS label or	SECURITY CERT C Doing Business As					04-30644 E Telephone r					
☐ Nar	ne char	nge	print or type. See	Doing business As					-					
┌ Inıt	ıal retur	rn	Specific	Number and stree	t (or P O box if mail i	is not delivered to street addre	ess) Room	/suite	(727) 683					
┌ Ter	mınated	d	Instruc- tions.	33920 US HIGHWA ROOM/SUITE 205	AY 19 NORTH				G Gross receipt	ts \$ 26,827,922				
┌ Am	ended r	return		City or town, state	e or country, and ZIP	+ 4								
┌ App	lication	pending		PALM HARBOR, FL	34684									
		` ^ }	F Nan	L ne and address of	principal officer		H/a)	To the		un for				
			HORD	TIPTON			П(а)	affilia	s a group retu tes?	rn for	No			
				US HIGHWAY 19 HARBOR,FL 346						_	_			
			1 A LITT	TARBON, TE 340					l affiliates inclu	·	┌ No			
Ta:	x-exem	pt status	▽ 501(c)	(6) 4 (insert no)	4947(a)(1) or	□ 527	H(c)		p," attach a iis p exemption n	t (see instructio	ns)			
1 W	oheit o	• • \\/\\/\	W ISC2 OI	P.G.			''(c)	0.00	p exemption in	idiliber P				
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_				ion Trust Assoc	ciation Other 🟲		L Yea	ar of for	mation 1989	M State of legal don	nicile MA			
Ра	1			o organization's m	alssion or most su	gnificant activities								
							SCONSO	RTIU	M, INC, OR ((ISC)2, IS NOT-I	FOR-			
	1	INTERNATIONAL INFORMATION SYSTEMS SECURITY CERTIFICATIONS CONSORTIUM, INC., OR (ISC.). PROFIT ORGANIZATION DEDICATED TO - MAINTAINING A COMMON BODY OF KNOWLEDGE FOR INFO												
		SECURITY (IS) - CERTIFYING INDUSTRY PROFESSIONALS AND PRACTITIONERS IN AN INTERNATIONAL IS STAN - PROVIDING EDUCATION - ADMINISTERING TRAINING AND CERTIFICATION EXAMINATIONS - ENSURING												
		CREDEN	NTIALS AF	RE MAINTAINED	, PRIMARILY TH	ROUGH CONTINUING	EDUCAT	ION	GOVERNMEN	TS, CORPORAT	IONS,			
9	1					TIONS WORLDWIDE DE E COMPETENCE OF TH								
alic		SECURI	TY (ISC)	2 HELPS FULFILI	THESE REQUIR	EMENTS TENSOFTHO	DUSAND	SOF	IS PROFESSI	ONALS IN OVER				
Ē	1	COUNTRIES WORLDWIDE HAVE ATTAINED CERTIFICATION IN ONE OF THE FOUR DESIGNATIONS ADMINISTERED BY (ISC)2 - CERTIFIED INFORMATION SYSTEMS SECURITY PROFESSIONAL (CISSP) - SYSTEM SECURITY CERTIFIED												
Governance	l				ICATION & ACC									
8														
Activities &	2	Check th	nis box 🛏	ıf the organızatı	on discontinued it	s operations or disposed	d of more	than 2	25% of its net	assets				
Act	3	Number	of voting r	nembers of the go	overning body (Pai	rt VI, line 1a)				з	14			
•	4	Number of voting members of the governing body (Part VI, line 1a)												
	5	Total nu	mber of en	nployees (Part V ,	line 2a)					5	40			
	6	Total nu	mber of vo	lunteers (estimat	e if necessary)				1	6	1,650			
	7a	Total gro	oss unrela	ted business reve		. 7a								
	ь	Net unre	lated busi	ness taxable inco					7b					
				ness taxable nice		3 1, IIII 3 4 				7b				
				ness taxable inco		5 1, IIII 54 1 1		Prio	r Year	7b Current Yea	ar			
	8		outions and	i grants (Part VII	I, line 1h)				r Year	Current Yea	0			
- enue	9	Progra	outions and	d grants (Part VII revenue (Part VII	I, line 1h)				23,647,988	Current Yea	0 85,728			
Revenue	9 10	Prograi Investi	outions and m service i	i grants (Part VII revenue (Part VII ne (Part VIII, col	I, line 1h) II, line 2g) umn (A), lines 3,				23,647,988 224,774	Current Yea	0 85,728 72,140			
Revenue	9 10 11	Program Investr Other r	nutions and m service ment incor revenue (P	i grants (Part VII revenue (Part VII ne (Part VIII, col art VIII, column	I, line 1h) II, line 2g) umn (A), lines 3, 4 (A), lines 5, 6d, 8				23,647,988	Current Yea	0 85,728			
Revenue	9 10	Program Investm Other r Total re	nutions and m service ment incor revenue (P evenue—ad	d grants (Part VII revenue (Part VII ne (Part VIII, col art VIII, column dd lines 8 through	I, line 1h) II, line 2g) umn (A), lines 3, 4 (A), lines 5, 6d, 8 n 11 (must equal F	4, and 7d)			23,647,988 224,774	24,28 1,33	0 85,728 72,140			
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Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

INTERNATIONAL INFORMATION SYSTEMS SECURITY CERTIFICATIONS CONSORTIUM, INC, OR (ISC)2, IS NOT-FOR-PROFIT ORGANIZATION DEDICATED TO - MAINTAINING A COMMON BODY OF KNOWLEDGE FOR INFORMATION SECURITY (IS) -CERTIFYING INDUSTRY PROFESSIONALS AND PRACTITIONERS IN AN INTERNATIONAL IS STANDARD - PROVIDING EDUCATION - ADMINISTERING TRAINING AND CERTIFICATION EXAMINATIONS - ENSURING CREDENTIALS ARE MAINTAINED. PRIMARILY THROUGH CONTINUING EDUCATION GOVERNMENTS, CORPORATIONS, CENTERS OF HIGHER LEARNING AND ORGANIZATIONS WORLDWIDE DEMAND STAFF THAT HAVE A COMMON KNOWLEDGE PLATFORM FOR AND DEMONSTRATE COMPETENCE OF THE DYNAMIC NATURE OF INFORMATION SECURITY (ISC)2 HELPS FULFILL THESE REQUIREMENTS TENS OF THOUSANDS OF IS PROFESSIONALS IN OVER 100 COUNTRIES WORLDWIDE HAVE ATTAINED CERTIFICATION IN ONE OF THE FOUR DESIGNATIONS ADMINISTERED BY (ISC)2 - CERTIFIED INFORMATION SYSTEMS SECURITY PROFESSIONAL (CISSP) -SYSTEM SECURITY CERTIFIED PRACTITIONER (SSCP) - CERTIFICATION & ACCREDITATION PR

4e	Total program service e	expenses ⊁ -\$			
	(Expenses \$		grants of \$) (Revenue \$)
4d	· -	s (Describe in Schedule			
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	INFORMATION SECURITY				
	CERTIFYING INDUSTRY PRO TRAINING FOR INFORMATIO	FESSIONALS AND PRACTITION	FICATIONS CONSORTIUM, INC , OR (ISC ERS IN AN INTERNATIONAL INFORMATIC SUPPORT TOWARD CONTINUING EDUCA	ON SECURITY STANDARD - PROVIDING	G EDUCATION AND
4a	(Code) (Expenses \$	ıncludıng grants of \$) (Revenue \$)
	Section 501(c)(3) and 5	01(c)(4) organizations a	ach of the organization's three la nd section 4947(a)(1) trusts are enue, if any, for each program se	required to report the amount	
	If "Yes," describe these	changes on Schedule O			
			ignificant changes in how it cond	lucts, any program	res √ No
		new services on Schedul			
			ogram services during the year w		'es No

Part TV	Checklist	of Rec	mired	Schedul	le
4.11.7.4	CHECKHISE	UI NEU	aun eu	Schedu	

			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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Νο
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III.	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		No
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ 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.			
	◆ 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.			
	◆ 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.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ 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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	ļ		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Form	990 (2009)			Page 4
Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> " <i>Yes,"</i> complete <i>Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Form	990 (2009)				Page 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable				
	1a 1	7			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	. 1	.с	Yes	
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	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2	b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3	а		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3	ь		
4a	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)?	4	а	Yes	
b	If "Yes," enter the name of the foreign country ►UK				
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5	а		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5	ь		Νο
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5	ic		
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?	6	а		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gift were not tax deductible?	6	ь		

33920 US 19 NORTH STE 205 PALM HARBOR, FL 34684

(727) 683-0781

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

Se	ction A. Governing Body and Management					
			Yes	No		
_						
1a	Enter the number of voting members of the governing body 1a 14					
ь	Enter the number of voting members that are independent 13					
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		Νo		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο		
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νo		
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo		
6	Does the organization have members or stockholders?	6	Yes			
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes			
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following					
а	The governing body?	8a	Yes			
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo		
	ction B. Policies (This Section B requests information about policies not required by the Internal					
ке	venue Code.)		Yes	No		
102	Does the organization have local chapters, branches, or affiliates?	10a	163	No		
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	104		110		
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b				
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes			
11A						
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes			
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes			
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes			
13	Does the organization have a written whistleblower policy?	13	Yes			
14	Does the organization have a written document retention and destruction policy?	14	Yes			
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	Yes			
b	Other officers or key employees of the organization	15b	Yes			
	If "Yes" to line a or b, 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 taxable entity during the year?	16a		Νο		
Ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	164				
6.	ction C. Disclosure	16b				
<u> </u>	List the States with which a copy of this Form 990 is required to be filed FL					
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)					
	(3)s only) available for public inspection Indicate how you make these available Check all that apply Own website Another's website Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table					
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne orga	nızatıor	n 🕨		
	JANET M HOPKINS					

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
(A) Name and Title	(B) Average hours per	(C) Position (check all that apply)						(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

For	m 990 (2009)				Page 8		
1b	Total	1,328,707			201,770		
2	Total number of individuals (including but not limited to those listed above) who receiv \$100,000 in reportable compensation from the organization 8	ed more than					
				Yes	No		
3	Did the organization list any former officer, director or trustee, key employee, or highe on line 1a? If "Yes," complete Schedule J for such individual		3		No		
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual						
5	Did any person listed on line 1a receive or accrue compensation from any unrelated or rendered to the organization? If "Yes," complete Schedule J for such person		5		No		
	Section B. Independent Contractors						
1	Complete this table for your five highest compensated independent contractors that re \$100,000 of compensation from the organization	ceived more than					
	(A) Name and business address	(B) Description of services		(C Compe			
PO I	HOLLAND KNIGHT PO BOX 864084 ORLANDO, FL 32886 LEGAL						

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 in compensation from the organization 🗗

	Form 990 (2009)									
Part V	<u> </u>	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514		
nts ots	1a	Federated camp	paigns 1a							
Contributions, gifts, grants and other similar amounts	ь	Membership du	es 1b							
ts,	С	_	ents 1c							
<u>_</u>	d	Related organiz Government grants	ations 1d							
ons	e f		ons, gifts, grants, and 1f							
ber Her	'	sımılar amounts no								
를 다 다	g	lines 1a-1f \$								
ဝင်္ခ	h		s 1a-1f	▶						
<u> </u>				Business Code						
Ven	2a	EXAM FEES	15050		10,703,599	10,703,599				
<u>윤</u>	b c	EDUCATIONAL SER			8,000,136	8,000,136				
Š	d	CERTIFICATION RE	ENEWAL FEES		5,581,993	5,581,993				
ž	_ 		_							
Program Serwce Revenue	f	All other progra	ım service revenue							
چَ	g	Total. Add lines	s 2a – 2f		24,285,728					
	3		ome (including dividen		, ,					
			aramounts)		253,918			253,918		
	4 5		tment of tax-exempt bond p							
		Royalties	(ı) Real	(II) Personal						
	6a	Gross Rents								
	ь	Less rental expenses								
	С	Rental income or (loss)								
	d	Net rental incor	me or (loss)							
		Gross amount	(ı) Securities 912,236	(II) O ther						
	7a	from sales of assets other	312,230							
	ь	than inventory Less cost or	1,089,664	4,350						
		other basis and sales expenses	_,,,	,,,,,,						
	С	Gain or (loss)	-177,428	-4,350						
	d 8a		s)		-181,778	-181,778				
Other Revenue	, G.	Gross income fi events (not incl \$ of contributions See Part IV, lin	luding reported on line 1c)							
ther	ь		penses b							
Ō	c 9a		loss) from fundraising of rom gaming activities	events 🟲						
		See Part IV, lin								
	Ь		penses b	b.						
	10a	Gross sales of i	loss) from gaming activ	vities						
		returns and allo	owances . a							
	Ь		oods sold b	entory ►						
	С	Net income or (loss) from sales of inve s Revenue	Business Code						
	11a		ASSESSMENTS -		445,700	445,700				
	ь	OTHER INCOM			444,068	444,068				
	С	BAD DEBT REC			155,811	155,811				
	d e		ue s 11a-11d		330,461	330,461				
	12		See Instructions	· · · · •	1,376,040					
]			•	25,733,908	25,479,990		253,918		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).									
			(B)	(D).	(D)				
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses		Fundraising expenses				
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV $$ line 21 $$								
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22								
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16								
4	Benefits paid to or for members								
5	Compensation of current officers, directors, trustees, and key employees	1,114,836							
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	2,303,004							
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	61,054							
9	Other employee benefits	210,942							
10	Payroll taxes	227,002							
11	Fees for services (non-employees)								
а	Management								
b	Legal	89,368							
С	Accounting	159,659							
d	Lobbying								
e	Professional fundraising See Part IV, line 17								
f	Investment management fees	11,940							
g	Other	522,597							
12	Advertising and promotion	1,726,686							
13	Office expenses	230,487							
14	Information technology	322,517							
15	Royalties								
16	Occupancy	325,061							
17	Travel	371,536							
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								
22	Depreciation, depletion, and amortization	856,392							
23	Insurance								
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)								
а	EDUCATIONAL SERVICES	5,432,005							
ь	TEST ADMINISTRATION	5,194,743							
С	SETTLEMENT COSTS	3,415,000							
d	MEMBERSHIP MAINTENANCE	1,136,251							
e	AMORTIZATION	960,755							
f	All other expenses	2,101,390							
25	Total functional expenses. Add lines 1 through 24f	26,773,225	0	0	0				
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				orm 990 (2009)				

Part X Balance Sheet (A) (B) Beginning of year End of year 835.668 1.249.183 1 1 Cash—non-interest-bearing 5.046.986 2 7.824.338 2 3 3 4 4.421.955 4 4.438.995 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 348,041 7 269,986 8 857,978 9 348,255 Land, buildings, and equipment cost or other basis Complete 4.764.988 10a 10a Part VI of Schedule D 2.489,018 **10c** 10b 2.918.418 1.846.570 b Less accumulated depreciation 4.224.532 11 5,014,210 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 3,114,651 14 2,865,562 171.727 15 198.615 15 16 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 21,510,556 24,055,714 5.201.503 2.337.603 17 17 Accounts payable and accrued expenses . 18 18 3,263,162 19 3,058,880 19 20 20 Liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties 453.339 25 Other liabilities Complete Part X of Schedule D 25 432.596 26 **Total liabilities.** Add lines 17 through 25 6,054,104 8,692,979 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 15,456,452 15,362,735 27 Unrestricted net assets 27 28 28 Temporarily restricted net assets Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ Total net assets or fund balances 15,456,452 33 33 15,362,735 34 Total liabilities and net assets/fund balances 21.510.556 24.055.714 34

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	▼ Separate basis			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

Software ID: Software Version:

EIN: 04-3064434

Name: INTERNATIONAL INFORMATION SYSTEMS

SECURITY CERT CONSORTIUM INC

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

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per		tion (that a	(che				(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Office	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
HORD TIPTON EXEC DIRECT	40 00	Χ		X				300,405	0	9,716
BRUCE L MURPHY DIRECTOR	2 00	Χ						0	0	0
DAVID C KREHNKE DIRECTOR	2 00	X						0	0	0
DIANA-LYNN CONTESTI CHAIRPERSON	2 00	X						0	0	0
ROLF MOULTON SECRETARY	2 00	X						0	0	0
WILLIAM MURRAY DIRECTOR	2 00	X						0	0	0
RICHARD NEALON DIRECTOR	2 00	X						0	0	0
DAVID MELNICK TREASURER	2 00	X						0	0	0
FREDDY TAN VICE CHAIR	2 00	X						0	0	0
BENJAMIN H GADDY JR DIRECTOR	2 00	X						0	0	0
DAN HOUSER DIRECTOR	2 00	X						0	0	0
JANE SCOTT NORRIS DIRECTOR	2 00	X						0	0	0
COREY SCHOU DIRECTOR	2 00	X						0	0	0
FLEMMING FABER DIRECTOR	2 00	X						0	0	0
DEBRA TAYLOR CFO	40 00			Χ				197,665	0	18,786
DORSEY W MARROW JR GENERAL COUN	40 00			X				175,591	0	31,485
STEPHEN DOUKAS CAO	40 00			Χ				167,455	0	33,742
ELISE YACOBELLIS DIRECTOR COR	40 00			X				134,244	0	45,747
SARAH E BIALK-BOHNE CORP COMM	40 00					X		126,055	0	22,237
JANET HOPKINS FIN &ADMIN	40 00					X		121,313	0	27,918
PHIL CASESA IT DIRECTOR	40 00			_		Х		105,979	0	12,139

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
EDUCATIONAL SERVICES	5,432,005			
TEST ADMINISTRATION	5,194,743			
SETTLEMENT COSTS	3,415,000			
MEMBERSHIP MAINTENANCE	1,136,251			
A M O RTIZATIO N	960,755			

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493308010270

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

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

OMB No 1545-0047

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities),

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

• Se	ction 501(c)(4), (5), or (6) organizations Complete Part III				
		mployer ide	ntıfıc	atıon numbe	r
	ERNATIONAL INFORMATION SYSTEMS URITY CERT CONSORTIUM INC	04-3064434	1		
Par	I-A Complete if the organization is exempt under section 501(c) or is a s			ganizatio	n.
1	Provide a description of the organization's direct and indirect political campaign activities in Part	IV			
2	Political expenditures	>	\$		
3	Volunteer hours	·	Ψ_		
	Volunteet mours		_		
Par	t I-B Complete if the organization is exempt under section 501(c)(3).				
1	Enter the amount of any excise tax incurred by the organization under section 4955	▶	\$_		
2	Enter the amount of any excise tax incurred by organization managers under section 4955	>	\$_		
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?			☐ Yes	✓ No
4a	Was a correction made?			☐ Yes	✓ No
ь	If "Yes," describe in Part IV				
Par	t I-C Complete if the organization is exempt under section 501(c) except s	ection 50	1(c)	(3).	
1	Enter the amount directly expended by the filing organization for section 527 exempt function act	ivities 🕨	\$_		
2	Enter the amount of the filing organization's funds contributed to other organizations for section 5	27			
	exempt funtion activities	-	\$ _		
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 1	7 b 🕨	\$		
4	Did the filing organization file Form 1120-POL for this year?		-	┌ Yes	√ No

State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) A ddress	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3) and file	d Form 5768	(election
	Check If the filing organization belongs to a	n affiliated group A and "limited control" provisions apply	_		
	Limits on Lobbying E (The term "expenditures" means an			(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	pınıon (grass roots lobbyıng)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobbying)			
c	Total lobbying expenditures (add lines 1a and 1b))			
d	Other exempt purpose expenditures				
e	Total exempt purpose expenditures (add lines 10	and 1d)			
f	Lobbying nontaxable amount Enter the amount f				
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:			
	Not over \$500,000	20% of the amount on line 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000			
	Over \$17,000,000	\$1,000,000			
g	Grassroots nontaxable amount (enter 25% of lin		<u> </u>		
	Subtract line 1g from line 1a If zero or less, ente		<u> </u>		
i	Subtract line 1f from line 1c If zero or less, ente	r - 0 -			
j	If there is an amount other than zero on either lir section 4911 tax for this year?	ne 1h or line 1ı, did the organization file Form	4720 repo	rtıng	┌ Yes ┌ No
	4-Year Av	veraging Period Under Section 501	(h)		

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

	Lobbying Expenditures During 4-Year Averaging Period						
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total	
2a	Lobbying non-taxable amount						
b	Lobbying ceiling amount (150% of line 2a, column(e))						
С	Total lobbying expenditures						
d	Grassroots non-taxable amount						
e	Grassroots ceiling amount (150% of line 2d, column (e))						
f	Grassroots lobbying expenditures						

Sche	edule C (Form 990 or 990-EZ) 2009				Pa	age 3
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has N (election under section 501(h)).	IOT fi	led F	orm	5768	3
		(a	a)		(b)	
		Yes	No	'	A moun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?		Νo			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νo			
c	Media advertisements?		Νo	1		
d	Mailings to members, legislators, or the public?		Νo			
e	Publications, or published or broadcast statements?		Νo			
f	Grants to other organizations for lobbying purposes?		Νo			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo			
i	Other activities? If "Yes," describe in Part IV		Νo			
j	Total lines 1c through 1i		ı			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo			
b	If "Yes," enter the amount of any tax incurred under section 4912		ı			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		Νo			
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6).	01(c)(5),	or s	e ctio	n No
1	Were substantially all (90% or more) dues received nondeductible by members?		ſ	1	165	No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		-		Yes	-110
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?		-	3	100	Νο
_	t IIII-B Complete if the organization is exempt under section 501(c)(4), section 5	01(c	1(5).	or s	ectio	
	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part II answered "Yes".					
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a				
b	Carryover from last year	2b				
c	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess					
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				
Pä	art IV Supplemental Information					
	implete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and so, complete this part for any additional information	d Part	II-B, lın	e 1ı		
	Tdent if ier Pet urn Peterence Evnlanat	ion				

DLN: 93493308010270

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

	e of the organization NATIONAL INFORMATION SYSTEMS		Employer identifica	tion numbe	er
	ITY CERT CONSORTIUM INC		04-3064434		
Part			unds or Accounts	. Comple	te if th
	organization answered "Yes" to Form 99	(a) Donor advised funds	(b) Funds and o	ther accou	nts
Т	otal number at end of year	(a) I one all the land	(2) : 11112		
	ggregate contributions to (during year)				
	ggregate grants from (during year)				
	ggregate value at end of year				
	old the organization inform all donors and donor advunds are the organization's property, subject to the		nor advised	┌ Yes	V No
ι	old the organization inform all grantees, donors, and ised only for charitable purposes and not for the ber		•	Г Yes	√ No
	onferring impermissible private benefit Conservation Easements. Complete	if the organization answered "Ves" t	to Form 990 Part IV		ļ* 140
Γ Γ (Preservation of land for public use (e g , recreat Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qual	ion or pleasure) Preservation of ai Preservation of a	n historically important certified historic struc n of a conservation		a
€	asement on the last day of the tax year				
7	otal number of conservation easements		Held at the	End of the	Year
	otal acreage restricted by conservation easements		2b		
	lumber of conservation easements on a certified his		2c 2c		
	lumber of conservation easements included in (c) a	• •	2d		
	lumber of conservation easements modified, transfe			durina	
	he taxable year 🕨	errea, released, extiligaistied, or terminati	ed by the organization	auring	
	·				
	lumber of states where property subject to conserv				
	Ooes the organization have a written policy regardin nforcement of the conservation easements it holds		dling of violations, and	☐ Yes	√ No
9	taff and volunteer hours devoted to monitoring, ins	pecting and enforcing conservation easer	nents during the year 🕨	<u></u>	
4	mount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easement	s during the year 🟲 \$ _		
	oes each conservation easement reported on line 2	2(d) above satisfy the requirements of se	ction		
1	70(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?			☐ Yes	▼ No
b	n Part XIV, describe how the organization reports c alance sheet, and include, if applicable, the text of he organization's accounting for conservation easer	the footnote to the organization's financia			
	Organizations Maintaining Collection Complete if the organization answered	"Yes" to Form 990, Part IV, line 8.			
a	f the organization elected, as permitted under SFAS rt, historical treasures, or other similar assets held rovide, in Part XIV, the text of the footnote to its fir	l for public exhibition, education or resear	ch in furtherance of pu		е,
ŀ	f the organization elected, as permitted under SFAS istorical treasures, or other similar assets held for rovide the following amounts relating to these items	public exhibition, education, or research		•	
(i) Revenues included in Form 990, Part VIII, line 1		► \$		
(ii) Assets included in Form 990, Part X		► \$		
	·	orical treasures, or other similar assets f	or financial gain, provid	de the	
	f the organization received or held works of art, hist ollowing amounts required to be reported under SFA		or financial gain, provid	le the	

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art	t, His	tori	<u>cal Tı</u>	reasu	ires, or C)the	r Simila	r Asse	ts (cc	ntınued)
3	Using the organization's accession and other items (check all that apply)	r records, check an	y of th	ne foll	lowing	that ar	e a signific	ant u	se of its co	ollection	ı	
а	Public exhibition		d	Γ	Loan	orexcl	hange prog	rams				
b	Scholarly research		e	\vdash	Other	r						
С	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	aın hov	w the	v furthe	er the o	oraanızatıor	ı's ex	cempt purp	ose in		
_	Part XIV				,		.					
5	During the year, did the organization solicit of								nılar	_		-
Dor	assets to be sold to raise funds rather than t		•						'ac" ta Fai		Yes	✓ No
Pal	Escrow and Custodial Arrang Part IV, line 9, or reported an an						i aliswele	uı	es to ro	ווו פפר	′	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?						or other ass	setsı	not	Г	Yes	√ No
b	If "Yes," explain the arrangement in Part XI\	/ and complete the	follow	/ıng ta	able		_					
										A mou	nt	
С	Beginning balance							1c				
d	Additions during the year							1d				
е	Distributions during the year							1e				
f	Ending balance							1 f				
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	e 21?							Γ	Yes	√ No
ь	If "Yes," explain the arrangement in Part XIV											
Pa	rt V Endowment Funds. Complete											
_		(a)Current Year	(b	Prior `	Year	(c)Tw	o Years Back	(d)	Three Years	Back (e	Four Ye	ears Back
1a	Beginning of year balance							+				
b	Contributions							+				
c	Investment earnings or losses											
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the yea	r end balance held	as									
а	Board designated or quasi-endowment	%										
ь	Permanent endowment %											
	Term endowment > %											
c 3a	Are there endowment funds not in the posses	ssion of the organiz	ation	thata	are held	d and a	dministere	d for	the			
	organization by	J									Yes	No
	(i) unrelated organizations							•		3a(i)		No
-	(ii) related organizations							•		3a(ii)		No
ь 4	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of th	•						•		3b	<u> </u>	No
	t VI Investments—Land, Buildings					90 Da	art X line	10				
		o, and Equipme) Cost or		(b)Cost or		(c) Accum	ulated		
	Description of investment				is (inves		basis (oth		deprecia		(d) Bo	ok value
1a	Land			\dagger								
	Buildings											
ь		-		1			<u> </u>		 			
	Leasehold improvements						15:	1,824		108,260		43,564
c	Leasehold improvements							1,824 3,346		005,682		
c d	'		· ·				3,65		2,0			43,564 1,647,664 155,342

Part VII Investments—Other Securities. See (a) Description of security or category			d of valuation
(including name of security)	(b)Book value		-year market value
Financial derivatives			
Closely-held equity interests Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See	Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value	(c) Metho	d of valuation
		Cost or end-or	-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, III (a) Descrip			(b) Book value
Total. (Column (b) should equal Form 990. Part X. col.(B) line 1	5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X			
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability			
Part X Other Liabilities. See Form 990, Part X	, line 25.		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, line 25.	, , , , , ,	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	, , , , , ,	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	, , , , , , ,	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	, , , , , , ,	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	.	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount		

Pal	12.XII Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	25,733,908
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	26,773,225
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-1,039,317
4	Net unrealized gains (losses) on investments	4	820,025
5	Donated services and use of facilities	5	125,575
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	945,600
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-93,717
Par	t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	27,377,307
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities 2b 986,775		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	1,811,150
3	Subtract line 2e from line 1	3	25,566,157
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 11,940		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4c	167,751
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	25,733,908
	Reconciliation of Expenses per Audited Financial Statements With Expenses	s per	
1	Total expenses and losses per audited financial statements	1	27,471,024
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments	1	
c	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	865,550
3	Subtract line 2e from line 1	3	26,605,474
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 11,940		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	167,751
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	26,773,225

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

additional information	_	
Ident if ier	Return Reference	Explanat ion
LIABILITY UNDER FIN 48 FOOTNOTE	SCHEDULE D, PAGE 3, PART X	THE CONSORTIUM IS GENERALLY EXEMPT FROM U S INCOME TAXES UNDER SECTION 501(C)(6) OF THE INTERNAL REVENUE CODE INFORMATION RETURNS (FORM 990) ARE FILED WITH THE INTERNAL REVENUE SERVICE (IRS) THE CONSORTIUM HAS EVALUATED ITS TAX POSITIONS TAKEN FOR ALL OPEN TAX YEARS AND DOES NOT BELIEVE IT HAS ANY UNCERTAIN INCOME TAX POSITIONS AS DEFINED BY ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA FOR INCOME TAXES THE 2006, 2007, 2008 AND 2009 TAX YEARS ARE OPEN AND SUBJECT TO EXAMINATION BY THE IRS THE CONSORTIUM IS NOT CURRENTLY UNDER AUDIT NOR HAS THE CONSORTIUM BEEN CONTACTED BY THE IRS SOME FOREIGN OPERATIONS OF THE CONSORTIUM ARE SUBJECT TO FOREIGN INCOME TAXES ARE ACCRUED WHEN ESTIMATABLE ADDITIONAL FOREIGN TAX JURISDICTIONS EXIST THAT COULD POSSIBLY ASSESS INCOME TAXES ON THE CONSORTIUM
RECONCILATION OF CHANGES - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 8	FIXED ASSET DISPOSAL RECLASS 4,350 BAD DEBT RECLASS -155,811 FIXED ASSET DISPOSAL RECLASS - 4,350 BAD DEBT RECLASS 155,811
REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 2D	FIXED ASSET DISPOSAL RECLASS 4,350
REVENUE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 4B	BAD DEBT RECLASS 155,811
EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 2D	FIXED ASSET DISPOSAL RECLASS 4,350
EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 4B	BAD DEBT RECLASS 155,811
SUPPLEMENTAL FINANCIAL INFORMATION	SCHEDULE D, PAGE 4, PART XIV	PART X (FOREIGN TAX ACCRUAL) - SOME FOREIGN OPERATIONS OF THE CONSORTIUM ARE SUBJECT TO FOREIGN INCOME TAXES FOREIGN INCOME TAXES ARE ACCRUED WHEN ESTIMATABLE ADDITIONAL FOREIGN TAX JURISDICTIONS EXIST THAT COULD POSSIBLY ASSESS INCOME TAXES ON THE CONSORTIUM

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As Filed Data -

DLN: 93493308010270

OMB No 1545-0047

2009

Statement of Activities Outside the United States

SCHEDULE F

Department of the Treasury Internal Revenue Service

(Form 990)

Complete if the organization answered "Yes" to Form 990,
 Part IV, line 14b, 15, or 16.
 ► Attach to Form 990.
 ► See separate instructions.

Open to Public Inspection

Name of the organization	
INTERNATIONAL INFORMATION SYSTEMS	
SECURITY CERT CONSORTIUM INC	

Employer identification number

04-3064434

Part I	General Information on Activities Outside the United States. Complete if the organization answer	ered
	"Yes" to Form 990, Part IV, line 14b.	

1	For grantmakers. Does the organization maintain records to substantiate the amount of the grants or			
	assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award			
	the grants or assistance?	Yes	Γ	No

2 For grant makers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed)

3 Activites per Region (Us	se Schedule 1-1	(Form 990) ii add	ditional space is needed)		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE	1	1	PROGRAM SERVICES	SEMINARS, EXAMS	1,112,293
EAST ASIA AND THE PACIFIC	2		PROGRAM SERVICES	SEMINARS, EXAMS	626,476
MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	SEMINARS, EXAMS	17,907
NORTH AMERICA			PROGRAM SERVICES	SEMINARS, EXAMS	63,721
SOUTH AMERICA			PROGRAM SERVICES	SEMINARS, EXAMS	247,418
SOUTH ASIA			PROGRAM SERVICES	SEMINARS, EXAMS	97,787
SUB-SAHARAN AFRICA			PROGRAM SERVICES	SEMINARS, EXAMS	6,039
CENTRAL AMERICA AND THE CARIBBEAN			PROGRAM SERVICES	SEMINARS, EXAMS	12,130
Totals ▶	3	1			2,183,771

Part	IV, line 15, for an		eived more than \$5,	ies Outside the Ur ,000. Check this box				
(a) Name of organization		(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2 Enter total tax-exemp	number of recipions of the the interest of the	ent organizations lis for which the grante	ted above that are e or counsel has pr	recognized as chari ovided a section 50	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . ►	
3 Enter total	number of other	organizations or en	tities					- (Farm 000) 2000

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed. (c) Number of (b) Region (d) A mount of (e) Manner of cash (a) Type of grant or (f) A mount of (g) Description (h) Method of assistance cash grant disbursement of non-cash valuation recipients non-cash (book, FMV, assistance assistance appraisal, other)

Schedule F (Form 990) 2009

Complete this part to	provide the information required	ın Part I, line 2, and any additional information.
Identifier	ReturnReference	Explanation
	SCHEDULE F, PAGE 1, PART I, LINE 2	MONIES ARE AWARDED AS SCHOLARSHIPS FOR ELIGIBLE APPLICANTS THAT ARE SELECTED BY THE (ISC)2 BOARD SCHOLARSHIP COMMITTEE FUNDS ARE PROVIDED TO THE SCHOOL OF CHOICE INSTEAD OF THE INDIVIDUAL TO ENSURE THEY ARE USED TOWARD EDUCATIONAL EXPENSES

Compensation Information

DLN: 93493308010270

OMB No 1545-0047

Open to Public

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

► Attach to Form 990. ► See separate instructions.

Inspection Employer identification number

	ERNATIONAL INFORMATION SYSTEMS CURITY CERT CONSORTIUM INC 04-306443	34		
Pa	rt I Questions Regarding Compensation			
			Yes	Νο
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these iter			
	First-class or charter travel Housing allowance or residence for personal us	e		
	Travel for companions Payments for business use of personal residence	ce		
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation commit	:tee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization	anızatıon		
а	Receive a severance payment or change-of-control payment?	4a		No
ь	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νο
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νο
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
5	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		
b	Any related organization?	5b		
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line ${f 1a}$, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		
b	Any related organization?	6Ь		
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulat			

section 53 4958-6(c)?

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

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

ζ=, τ									
(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
HORD TIPTON	(ı) (ıı)	259,616	40,789		7,350	2,366	310,121	244,924	
DEBRA TAYLOR	(ı) (ıı)	192,115	5,550		5,930	12,856	216,451	56,478	
DORSEY W MARROW JR	(I) (II)	175,591			5,327	26,158	207,076	232,168	
STEPHEN DOUKAS	(I) (II)	165,784	1,671		4,872	28,870	201,197	255,560	
ELISE YACOBELLIS	(I) (II)	127,694	6,550		4,278	41,469	179,991	174,413	
	_				•		•		

Part III Supplemental Information

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

]	Ident if ier	Ret urn Ref erence	Explanation
]	Ident if ier	Reference	Explanation

Schedule J (Form 990) 2009

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DLN: 93493308010270

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

LYNN MCNULTY

Transactions with Interested Persons

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

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

Open to Public Inspection

	he organization NAL INFORMATION SYSTEMS					E	mployer i	dent if icat io	n number	
	ERT CONSORTIUM INC						04-30644	34		
Part I	Excess Benefit Trai	nsactions (s	ection 501(c)(3)	and section 501	(c)(4)					
	Complete if the organizat	•				_			40b	
1	(a) Name of disq	ualified person		(b) Desc	rintion	of trans	action		(c) Cor	rrected
-	. ,	•		(5) 5 6 5 6	211ption	or trains	4001011		Yes	No
	the amount of tax impos	ed on the orgar	nization managers o	r disqualified pers	ons duri	ng the	year undei	· •		
	the amount of tax, if any	on line 2 abo	va raimburead by t	ho organization	•			→ 		
3 Eliter	the amount of tax, if any	, on time 2, abo	ve, reimbursed by t	ne organization .				→		
Part II	Loans to and/or l	From Intere	sted Persons.							
	Complete if the organiz	<u>zation answere</u>	d "Yes" on Form 99	0, Part IV, line 26	, or For	n 990-	EZ, Part V	<u>, lıne 38a</u>		
		(b) Loan to			(-) 1		(f)		(_
(a) Name	of interested person and	or from the	(c)O rıgınal	(d)Balance due	(e) I defau		Approv by boar		(g) Writte greement	
	purpose	organization?	principal amount	(a) Dalance due	40.44		committ		9.00	•
		To From			Yes	No	Yes	No	Yes	No
			. .		1					
Total .	<u> </u>	· · · ·	· • • •							
Part III	Grants or Assistar Complete if the orga				/ lino î	7				
	Complete if the orga									
(a)	Name of interested pers	on	b) Relationship betw and the o	rganization	15011	(c) A	nount of g	rant or type	ofassist	ance
				-						
Part IV	Business Transact	ions Involv	ing Interested	Persons.						
	Complete if the orga				/, line 2	28a, 28	3b, or 28	c		
		(b)) Relationship							arıng o
(a) N	lame of interested perso	n	veen interested	(c) A mount of	(6	d) Desc	ription of	transaction		zation's
()	F 2100	pe	rson and the	transaction	``	,			rever	nues?

organization

PAST BOD MEMBER

56,158 CONSULTING FEES

No

Νo

OMB No 1545-0047

Inspection

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Name of the organization INTERNATIONAL INFORMATION SYSTEMS SECURITY CERT CONSORTIUM INC

Employer identification number

04-3064434

ldentifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990 - ORGANIZATION'S MISSION	INTERNATIONAL INFORMATION SYSTEMS SECURITY CERTIFICATIONS CONSORTIUM, INC , OR (ISC) 2, IS NOT-FOR-PROFIT ORGANIZATION DEDICATED TO - MAINTAINING A COMMON BODY OF KNOWLEDGE FOR INFORMATION SECURITY (IS) - CERTIFYING INDUSTRY PROFESSIONALS AND PRACTITIONERS IN AN INTERNATIONAL IS STANDARD - PROVIDING EDUCATION - ADMINISTERING TRAINING AND CERTIFICATION EXAMINATIONS - ENSURING CREDENTIALS ARE MAINTAINED, PRIMARILY THROUGH CONTINUING EDUCATION GOVERNMENTS, CORPORATIONS, CENTERS OF HIGHER LEARNING AND ORGANIZATIONS WORLDWIDE DEMAND STAFF THAT HAVE A COMMON KNOWLEDGE PLATFORM FOR AND DEMONSTRATE COMPETENCE OF THE DYNAMIC NATURE OF INFORMATION SECURITY (ISC)2 HELPS FULFILL THESE REQUIREMENTS TENS OF THOUSANDS OF IS PROFESSIONALS IN OVER 100 COUNTRIES WORLDWIDE HAVE ATTAINED CERTIFICATION IN ONE OF THE FOUR DESIGNATIONS ADMINISTERED BY (ISC)2 - CERTIFIED INFORMATION SYSTEMS SECURITY PROFESSIONAL (CISSP) - SYSTEM SECURITY CERTIFIED PRACTITIONER (SSCP) - CERTIFICATION & ACCREDITATION PROFESSIONAL (CAP) - CERTIFIED SECURE SOFTWARE LIFECY CLE PROFESSIONAL (CSSLP) EACH CREDENTIAL INDICATES THOSE CERTIFIED HAVE DEMONSTRATED EXPERIENCE IN THE FIELD OF INFORMATION SECURITY, HAVE PASSED A RIGOROUS EXAMINATION, SUBSCRIBE TO A CODE OF ETHICS, MAINTAIN CERTIFICATION WITH CONTINUING EDUCATION, AND RECERTIFY EVERY THREE YEARS
FINANCIAL ACCOUNTS IN FOREIGN COUNTRIES	FORM 990, PART V, LINE 4B	UNITED KINGDOM (GB)
CLASSES OF MEMBERS OR STOCKHOLDERS	FORM 990, PAGE 6, PART VI, LINE 6	THE ORGANIZATION HAS MEMBERS
ELECTION OF MEMBERS AND THEIR RIGHTS	FORM 990, PAGE 6, PART VI, LINE 7A	THE MEMBERS OF THE ORGANIZATION ELECT THE BOARD OF DIRECTORS
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11	THE FORM 990 IS PROVIDED TO THE BOARD PRIOR TO FILING WITH THE IRS FOR ANALYSIS AND COMMENTS
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY IS MONITORED BY THE BOARD OF DIRECTORS ANNUAL DECLARATIONS OF CONFLICT DETERMINATIONS ARE SUBMITTED AND SIGNED BY EACH BOARD MEMBER
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	COMPENSATION FOR THE EXECUTIVE DIRECTOR IS RECOMMENDED BY THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS AND COMPENSATION LEVELS ARE DETERMINED BY VOTE OF THE BOARD MEMBERS
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	COMPENSATION FOR EMPLOYEES OTHER THAN THE EXECUTIVE DIRECTOR IS DETERMINED BY A DEPARTMENT SUPERVISOR AND APPROVED BY THE HUMAN RESOURCES DEPARTMENT EMPLOYEES FALL WITHIN VARIOUS HIERARCHY LEVELS (E.G. STAFF, SUPERVISOR, MANAGER, DIRECTOR, OFFICER) AND SALARY RANGES FOR THESE LEVELS ARE REVIEWED BY VARIOUS SENIOR MANAGEMENT MEMBERS TO ENSURE THAT COMPENSATION IS REASONABLE ACCORDING TO THE DETERMINED JOB RESPONSIBILITIES

ldentifier	Return Reference	Explanation
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	1 ' '	THE AUDITED FINANCIAL STATEMENTS AND FORM 990 ARE AVAILABLE UPON REQUEST REQUESTS MAY BE MADE TO JANET HOPKINS, DIRECTOR OF FINANCE, (ISC) 2, 33920 US HIGHWAY 19 N , SUITE 205, PALM HARBOR, FL 34684