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DLN: 93493135086353

Department of the Treasury

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)

OMB No 1545-0047

	Revenue Service			state repor			Inspection
A Fo	r the 2012 c		g 01-01-2012 , 2012, and ending 12-3	31-2012			
B Che	ck if applicable	C Name of organization INTERNATIONAL INFORMATION SYST	rems		D Emplo	yer ident	tification number
✓ Add	ress change	SECURITY CERT CONSORTIUM INC			04-30	64434	
┌ Nar	ne change	Doing Business As					
┌ Init	al return	Number and street (or P.O. box if m	nail is not delivered to street address) Room/si	ute			
┌ Ter	mınated	311 PARK PLACE BLVD ROOM/SUITE 400	idin is not delivered to street dadress, incom, st		E Telepho	one numbe	er
☐ Am	ended return	City or town, state or country, and Z			(727)	683-07	'81
	lication pendin	CLEARWATER, FL 33759			2 6		27.014.450
i Abi	neation penali		acinal officer				27,914,459
		F Name and address of prin W HORD TIPTON	icipal officer	1	s this a group ffiliates?	return f	or
		311 PARK PLACE BLVD SU	ITE 400		illiaces.		1 1031 110
		CLEARWATER,FL 33759		H(b) A	re all affiliate	s includ	ed?
	κ-exempt statι	5	Insert no)	I f	"No," attach	alıst (s	see instructions)
	·		insert no) 4947(a)(1) or 527	H(c)	Group exempt	ion num	ber ►
J W	ebsite: 🕨 V	WW ISC2 ORG		(c)			
K Forr	n of organizati	on Corporation Trust Associatio	n Other ►	L Year	of formation 19	89 M S	itate of legal domicile Mi
Pa	rt I Su	nmary		•		•	
Governance	AROU	ND THE WORLD	SUPPORT AND DEVELOPMENT OF I				
	Z Clieck	tins box Fig. If the organization dis	scontinued its operations of disposed	or more the	311 2 3 70 OT 103	net ass	ets
Activities &	3 Numbe	r of voting members of the govern	ing body (Part VI, line 1a)			з	13
Ħ,	4 Numbe	r of independent voting members o	of the governing body (Part VI, line 1b)		4	13
ŧ	5 Total r	umber of individuals employed in o	calendar year 2012 (Part V, line 2a)			5	76
⋖	6 Total r	umber of volunteers (estimate if n	ecessary)			6	1,700
	7a Total u	nrelated business revenue from P	art VIII, column (C), line 12			7a	23,100
	b Net un	related business taxable income fi	rom Form 990-T, line 34			7b	
					Prior Year		Current Year
Q)			ne 1h)				0
anna	9 Prog	ram service revenue (Part VIII, li	ne 2g)		30,292,		0 26,389,739
gevenue.	9 Prog10 Inve	ram service revenue (Part VIII, li stment income (Part VIII, column	ne 2g)		30,292, 288,	101	26,389,739 259,528
Revenue	9 Prog10 Inve11 Other	ram service revenue (Part VIII, li stment income (Part VIII, column r revenue (Part VIII, column (A),	ne 2g)		30,292,	101	0 26,389,739 259,528
Revenue	9 Prog10 Inve11 Othe12 Tota	ram service revenue (Part VIII, li stment income (Part VIII, column r revenue (Part VIII, column (A), l revenue—add lines 8 through 11	ne 2g)		30,292, 288,	101	26,389,739 26,389,739 259,528 134,345
Revenue	9 Prog10 Inve11 Othe12 Tota12)	ram service revenue (Part VIII, li stment income (Part VIII, column er revenue (Part VIII, column (A), l revenue—add lines 8 through 11	ne 2g)		30,292, 288, 154,	101 447 408	26,389,739 259,528 134,345 26,783,612
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	 9 Prog 10 Inve 11 Othe 12 Tota 12) 13 Grar 14 Bene 15 Sala 	ram service revenue (Part VIII, listment income (Part VIII, column revenue (Part VIII, column (A), levenue—add lines 8 through 11	ne 2g)	e	30,292, 288, 154, 30,735, 213,	101 447 408 783	26,389,739 259,528 134,345 26,783,612 408,705
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	 9 Prog 10 Inve 11 Othe 12 Tota 12) 13 Grar 14 Bene 15 Sala 5-1 16a Prof 	ram service revenue (Part VIII, listment income (Part VIII, column er revenue (Part VIII, column (A), li revenue—add lines 8 through 11	ne 2g)	е	30,292, 288, 154, 30,735, 213,	101 447 408 783	26,389,739 259,528 134,345 26,783,612 408,705
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	9 Prog 10 Inve 11 Other 12 Total 12) 13 Gran 14 Bend 5-1 16a Prof b Total 17 Other	ram service revenue (Part VIII, listment income (Part VIII, column revenue (Part VIII, column (A), le revenue—add lines 8 through 11 ts and similar amounts paid (Part Efits paid to or for members (Part I ries, other compensation, employed) essional fundraising fees (Part IX, fundraising expenses (Part IX, column (D), ler expenses (Part IX, column (A), ler expenses (A), ler expenses (Part IX, column (A), ler expenses (A), ler exp	ne 2g)	e	30,292, 288, 154, 30,735, 213, 5,419,	101 447 408 783 451	26,389,739 259,528 134,345 26,783,612 408,705 0 5,890,681
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Use Only

Firm's address \blacktriangleright 100 2ND AVE SOUTH STE 600

SAINT PETERSBURG, FL 337014336

May the IRS discuss this return with the preparer shown above? (see instructions) $\,$.

Phone no (727) 821-6161

. . . Ves No

Pari	3111	Statement of Program Se Check if Schedule O contains a		Part III	
1	Brief	y describe the organization's mis	sion		
		MAKE THE CYBER WORLD A SA ND THROUGH THE SUPPORT A			SECURITY TO THE PUBLIC SIONALS AROUND THE WORLD
2	the pi	ne organization undertake any sign			lon ├ Yes
3	Did th	s," describe these new services one organization cease conducting, ces?	or make significant changes in l	how it conducts, any program	
4	Desc exper	s," describe these changes on Scribe the organization's program senses Section 501(c)(3) and 501(tall expenses, and revenue, if any	rvice accomplishments for each	to report the amount of grants	
4a	MAIN INTER MAIN WOR SECU CERT SECU PROF	RNATIONAL INFORMATION SYSTEMS SECUTAINING A COMMON BODY OF KNOWLEDGENATIONAL IS STANDARD - PROVIDING E TAINED, PRIMARILY THROUGH CONTINUILDWIDE DEMAND STAFF THAT HAVE A CORITY (ISC)2 HELPS FULFILL THESE REQUIFICATION IN ONE OF THE FOUR DESIGN RITY CERTIFIED PRACTITIONER (SSCP) ESSIONAL (CSSLP) EACH CREDENTIAL INED A RIGOROUS EXAMINATION, SUBSCRI	GE FOR INFORMATION SECURITY (IS) DUCATION - ADMINISTERING TRAININ NG EDUCATION GOVERNMENTS, CORE MMON KNOWLEDGE PLATFORM AND DE IREMENTS TENS OF THOUSANDS OF I ATIONS ADMINISTERED BY (ISC) 2 - C CERTIFICATION & ACCREDITATION PEOPLE DICATES THOSE CERTIFIED HAVE DEMO	INC , OR (ISC)2, IS A NOT-FOR-PRO - CERTIFYING INDUSTRY PROFESSION OF AND CERTIFICATION EXAMINATION PORATIONS, CENTERS OF HIGHER LE EMONSTRATE COMPETENCE OF THE US PROFESSIONALS IN OVER 100 COLE ERTIFIED INFORMATION SYSTEMS SI ROFESSIONAL (CAP) - CERTIFIED SE CONSTRATED EXPERIENCE IN THE FIE	FIT ORGANIZATION DEDICATED TO - DNALS AND PRACTITIONERS IN AN NS - ENSURING CREDENTIALS ARE ARNING AND ORGANIZATIONS DYNAMIC NATURE OF INFORMATION INTRIES WORLDWIDE HAVE ATTAINED ECURITY PROFESSIONAL(CISSP) - SYSTEM CURE SOFTWARE LIFECYCLE
4b	(Code	e) (Expenses \$	including grants	s of \$) (Rever	nue \$)
4 c	(Code	e) (Expenses \$	ıncludıng grants	s of \$) (Rever	nue \$)
4d		er program services (Describe in S enses \$	Schedule O) including grants of \$) (Revenue \$)
4e	Tota	I program service expenses ►			

Part IV Chec	klist of	Required	Schedules
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	•		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 (see instructions)?	2		No
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, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes	
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		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 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		No
LO	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	10		No
1	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	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
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	Yes	
L2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
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	Yes	
.3	Is the organization a school described in section 170 (b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
.4a	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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
.5	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 United States? If "Yes," complete Schedule F, Parts II and IV	15		No
L 6	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 United States? If "Yes," complete Schedule F, Parts III and IV	16		No
L 7	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 $11e^{\gamma}$ If "Yes," complete Schedule G, Part I (see instructions)	17		No
L 8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
L 9	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		Νo
!0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
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, 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	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 lines 24b through 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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? 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		No
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 (or a family member thereof) was an officer, director, trustee, or direct or indirect 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? If "Yes," complete Schedule M	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? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <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 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
_		F	orm 99 0	(2012)

• 11	Statements Regarding Other TRS Filings and Tax Compliance			_
	Check if Schedule O contains a response to any question in this Part V	•	Yes	No
1	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 29			.40
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
	gaming (gambling) winnings to prize winners?	1c	Yes	
3	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			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	1		
,	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
ı	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
1	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	Yes	
)	If "Yes," enter the name of the foreign country •UK			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	_		
		5c		_
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
,	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	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		
,	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		
l	If "Yes," indicate the number of Forms 8282 filed during the year	1		
•	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	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		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.	ا ا		
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
	Section 501(c)(7) organizations. Enter	90		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them)....................................	-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year	1		
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
)	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14a		140
	If "Vac " has it filed a Form 7.20 to report these payments? If "No " provide an explanation in Schedule O	1 1 1 h		

Form 990 (2012) Page 6 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. Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo
6	Did the organization have members or stockholders?	6	Yes	
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	Yes	
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		No
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	
b	Each committee with authority to act on behalf of the governing body?	8b		No
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		No
	ection B. Policies (This Section B requests information about policies not required by the Internal R			
56	ection B. Foncies (This Section B requests information about policies not required by the Internal R	evenu	<u>ie Cod</u>	e.)
		evenu	Yes	e.) No
10a	Did the organization have local chapters, branches, or affiliates?	10a		
10a			Yes	
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes Yes	
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes Yes Yes	
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes Yes Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes Yes Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes Yes Yes Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes Yes Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10a 10b 11a 12a 12b	Yes Yes Yes Yes Yes Yes Yes	
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes Yes	
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes Yes	
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes	
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes	
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10a 10b 11a 12a 12b 12c 13 14	Yes	
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes	No

- 17 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 made these available. Check all that apply
 - Own website Another's website Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►JANET M HOPKINS 311 PARK PLACE BLVD SUITE 400 CLEARWATER, FL (727)683-0781

<u>Part VII</u> 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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per week (list any hours for related	more pers and	than on is	one bot ecto	not box h an or/tr	office	ess er e)	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated	Former	MISC)	MISC)	organization and related organizations	
(1) DAVID C KREHNKE	2 00	×						0	0	(
DIRECTOR								Ŭ	9	,	
(2) JILL SLAY	2 00	x						0	0	(
CHAIRPERSON											
(3) RICHARD NEALON DIRECTOR	2 00	x						0	0	C	
(4) DAVID MELNICK	2 00										
TREASURER		×						0	0	C	
(5) FREDDY TAN	2 00										
VICE CHAIRPE		X						0	0	C	
(6) BENJAMIN H GADDY JR	2 00										
DIRECTOR		Х						0	0	C	
(7) DAN HOUSER	2 00										
DIRECTOR		X						0	0	C	
(8) COREY SCHOU	2 00	х						0	0		
DIRECTOR											
(9) FLEMMING FABER	2 00	l x						0	0	(
DIRECTOR								ŭ	0		
(10) DOUG ANDRE	2 00	l x						0	0	C	
DIRECTOR								ŭ	0		
(11) ALESSANDRO MORETTI	2 00	x						0	0	(
DIRECTOR								Ŭ	0		
(12) WIM REMES	2 00	l x						0	0	C	
CHAIRPERSON								Ŭ	0		
(13) GREG THOMPSON	2 00	×						0	0	C	
DIRECTOR								Ŭ	9		
(14) W HORD TIPTON	40 00			x				464,156	0	9,236	
EXECUTIVE DI				Ĺ				404,130	0	9,230	
(15) DEBRA TAYLOR	40 00			×				245,399	0	18,219	
CF0				L				243,399	U	10,215	
(16) DORSEY W MORROW JR	40 00			х				210 242	0	33 504	
GENERAL COUN				L^	L			219,342		22,584	
(17) DAVID SHEARER	40 00			х				104,615	0	1,515	
` '											

Part VIII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) A verage hours per week (list any hours	verage Position (do not check urs per more than one box, unless ek (list person is both an officer y hours and a director/trustee) organization orga							(E) Reportable compensatio from related organization	n I s	(F Estim amount o compen from	ated of other sation the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)		organiz and re organiz	lated
(18) ELISE YACOBELLIS DIRECTOR OF	40 00					х		159,095		0		22,026
(19) MARC NOBLE DIR - GOVT	40 00					х		144,200		0		5,094
(20) JANET HOPKINS	40 00					х		135,632		0		16,649
DIRECTOR OF (21) VEHBI TASAR	40 00					х		131,927		0		12,186
DIRECT OF PR (22) CHRISTOPHER TRAUTWEIN	40 00					Х		127,000		0		19,842
DIRECTOR-SEC (23) JOHN COLLEY										\dashv		
FORMER BOD							х	86,303		0		0
										\dashv		
1b Sub-Total			•	•						+		
			٠.	٠.		<u>-</u>		1,817,669				127,351
Total number of individuals (including b \$100,000 of reportable compensation to	ut not limited to	those	liste		bove	e) who	rec	eived more than				
									_		Yes	No
3 Did the organization list any former offi on line 1a? <i>If</i> "Yes," complete Schedule J								hest compensate	d employee	3	Yes	
4 For any individual listed on line 1a, is the organization and related organizations of individual									om the	4	Yes	
5 Did any person listed on line 1a receive services rendered to the organization?									ndividual for	5	1.03	No
Section B. Independent Contracto) T C										-	

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
IT PROFESSIONAL GROUP , 1964 GALLOWS ROAD SUITE 310 VIENNA VA 22182	SALES/EDUCATION	7,036,152
PROFESSIONAL TESTING INC , 7680 UNIVERSAL BLVD SUITE 300 ORLANDO FL 32819	EXAMS	743,173
NCS PEARSON INC , 13036 COLLECTION CENTER DR CHICAGO IL 60693	COMP TESTING	685,561
PLEXUS CONSULTING GROUO INC , 1620 EYE ST NW SUITE 210 WASHINGTON DC 20006	MANAGE CONSULT	341,131
GREEN IRIS LTD , 3 DE GREY MANORBEDFORDSHIREUKSG166NL	PUBLIC RELATION	319,213
		<u> </u>

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►12

	<u></u>	Check if Schedu	lle O contains a respoi	nse to any question	(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue
						exempt function revenue	business revenue	excluded from tax under sections 512,513,or 514
	1a	Federated camp	paigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership due	es					
5 E	c	Fundraising eve	ents 1c					
‡. Fβ	d	Related organiz	ations 1d					
5 ≝	e	Government grants						
Si Si	_	_						
真量	Г	similar amounts no	ns, gifts, grants, and 1f t included above					
<u>₽</u> ₹	g	Noncash contributio	ons included in lines					
and Com	h	Total. Add lines	1a-1f					
				Business Code				
1 III :	2a	EXAM FEES		- Dubinios Gau	9,711,274	9,711,274		
9, 28	b	EDUCATIONAL SERV	VICES		8,570,198	8,570,198		
- В В В В В В В В В В В В В В В В В В В	c	CERTIFICATION RE	NEWAL FEES		7,397,797	7,397,797		
¥.	d	OTHER SPONSOR R	REVENUE		710,470	710,470		
<u>ن</u> ة	e							
Program Serwice Revenue	f	All other progra	m service revenue					
<u>§</u>		Total Add lines	2a-2f		26,389,739			
	<u>д</u> 3		ome (including dividen		20,369,739			
		and other simila	aramounts)	•	177,302			177,30
	4		tment of tax-exempt bond	· · · · · ·				
!	5	Royalties	() 5	•				
1,	6a	Gross rents	(ı) Real	(II) Personal				
	b	Less rental						
	c	expenses Rental income						
	_	or (loss)						
'	d	Net rental incor	ne or (loss) (ı) Securities	 		+		
	7a	Gross amount	(i) Securities	(II) O tilel				
		from sales of assets other	1,213,073					
	h	than inventory Less cost or						
	b	other basis and sales expenses	1,130,847					
	c	Gain or (loss)	82,226					
(d	Net gain or (los	s)		82,226			82,22
1	8a	Gross income fr						
Other Kevenue		events (not incl	uding					
≅		of contributions	reported on line 1c)					
<u></u>		See Part IV, line	e 10 a					
<u> </u>	b	Less direct exp	penses b					
5	c		loss) from fundraising	events 🛌				
1	9a		om gaming activities					
		See Part IV, line	e 19 a					
	b	Less direct exp	penses b					
	c		loss) from gamıng actı	vities				
10	0a	Gross sales of ı						
		returns and allo	wances . a					
	b	Less cost of go						
			loss) from sales of inv	entory 🛌				
		Miscellaneous	Revenue	Business Code				
1:	1a	MISCELLANEO	USINCOME		86,675	86,675		
	b	BRANDED MER	CHANDISE		24,570	24,570		
	c	SALES	-MAGAZINE	511120	23,100		23,100	
	d	All other revenu		-1120	_3,253			
	u e	Total. Add lines		🕨				
12				-	134,345			
14	_	rocar revenue. S	See Instructions .	•	26,783,612	26,500,984	23,100	259,52 Form 990 (2012

Form 990 (2012) Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)								
	Check if Schedule O contains a response to any question in this Pai	t I X			<u>.</u>			
	ot include amounts reported on lines 6b, o, 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 governments and organizations in the United States See Part IV, line 21	408,705						
2	Grants and other assistance to individuals in the United States See Part IV, line 22							
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16							
4	Benefits paid to or for members							
5	Compensation of current officers, directors, trustees, and key employees	1,085,068						
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	3,934,150						
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	99,538						
9	Other employee benefits	454,996						
10	Payroll taxes	316,929						
11	Fees for services (non-employees)							
а	Management							
b	Legal	118,899						
С	Accounting	92,011						
d	Lobbying							
e	Professional fundraising services See Part IV, line 17							
f	Investment management fees	16,378						
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	66,236						
12	Advertising and promotion	1,470,760						
13	Office expenses	794,597						
14	Information technology	485,271						
15	Royalties							
16	Occupancy	568,501						
17	Travel	965,350						
18	Payments of travel or entertainment expenses for any federal, state, or local public officials							
19	Conferences, conventions, and meetings	28,333						
20	Interest							
21	Payments to affiliates							
22	Depreciation, depletion, and amortization	844,648						
23	Insurance	46,470						
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)							
а	EDUCATIONAL SERVICES	5,730,410						
b	PROFESSIONAL EXAMINATIONS	2,448,426						
c	AMORTIZATION	1,218,418						
d	CONSULTING FEES	1,030,639						
е	All other expenses	3,698,292						
25	Total functional expenses. Add lines 1 through 24e	25,923,025	0	0	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)							

Part X Balance Sheet

Par	't X	Balance Sheet Check if Schedule O contains a response to any question in this Part X			_
		Check if Schedule O Contains a response to any question in this rate X	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	2,973,707	1	2,037,423
	2	Savings and temporary cash investments	13,532,410	2	14,605,018
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	4,793,989	4	4,648,862
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	, ,	-	<u> </u>
ts	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		5	
Assets	_	Nickes and Issue associable ask		6 7	
	7	Notes and loans receivable, net			
	8	Inventories for sale or use	250.740	8	400,000
	9 10a	Prepaid expenses and deferred charges	359,740	9	466,968
	Ь	Less accumulated depreciation		10c	1,343,475
	11	Investments—publicly traded securities	5,350,505	11	5,660,365
	12	Investments—other securities See Part IV, line 11	, ,	12	<u> </u>
	13	Investments—program-related See Part IV, line 11		13	_
	14	Intangible assets	2,140,462	14	1,984,416
	15	Other assets See Part IV, line 11	778,057	15	1,004,900
	16	Total assets. Add lines 1 through 15 (must equal line 34)	31,294,963	16	31,751,427
	17	Accounts payable and accrued expenses	2,373,200	17	2,268,610
	18	Grants payable	2,0.0,200	18	2,233,313
	19	Deferred revenue	4,056,610	19	3,903,838
	20	Tax-exempt bond liabilities	1,000,010	20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified		21	
æ		persons Complete Part II of Schedule L		22	
Ξ	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule			
		D	714,656	25	476,578
	26	Total liabilities. Add lines 17 through 25	7,144,466	26	6,649,026
on dh		Organizations that follow SFAS 117 (ASC 958), check here ▶ ▽ and complete lines 27 through 29, and lines 33 and 34.			
Ë	27	Unrestricted net assets	24,150,497	27	25,102,401
<u>छ</u>	28	Temporarily restricted net assets	21,100,107	28	20, 102, 101
<u>∞</u>	29	Permanently restricted net assets		29	
Fund Balance	23	Organizations that do not follow SFAS 117 (ASC 958), check here ► □ and		29	
<u> </u>		complete lines 30 through 34.			
s or	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
AS:	32	Retained earnings, endowment, accumulated income, or other funds		32	
Šet	33	Total net assets or fund balances	24,150,497	33	25,102,401
Z	34	Total liabilities and net assets/fund balances	31,294,963	34	31,751,427

Pai	t XI	Reconcilliat	ion of Net Assets					
	(Check If Sched	ule O contains a response to	o any question in this Part XI		• •		<u></u>
1	Total re	evenue (must e	qual Part VIII, column (A), l	line 12)	1		26,7	783,612
2	Total e	xpenses (must	equal Part IX, column (A), lı	ne 25)	2		25,9	923,025
3	Revenu	ie less expense	es Subtract line 2 from line 1	1	3		8	360,587
4	Netass	sets or fund bal	ances at beginning of year (r	must equal Part X, line 33, column (A))	4		24,1	150,497
5	Net uni	realized gains (losses) on investments .		5		1	120,909
6	Donate	d services and	use of facilities		6		1	158,550
7	Investi	ment expenses			7			
8	Prior pe	eriod adjustmer	nts		8			
9	Other	changes in net a	assets or fund balances (exp	olaın ın Schedule O)	9		-1	188,142
10	Net ass column		ances at end of year Combii	ne lines 3 through 9 (must equal Part X, line 33,	10		25,1	102,401
Par	t XII	Financial S	tatements and Report	ing				
		Check If Sched	dule O contains a response t	o any question in this Part XII				. F
							Yes	No
1		rganization cha		☐ Cash ☑ Accrual ☐ Other ng from a prior year or checked "Other," explain in				
2a	Were th	ne organization'	's financial statements comp	olled or reviewed by an independent accountant?		2a		No
			elow to indicate whether the solidated basis, or both	financial statements for the year were compiled or review	ewed on			
	Г Se	parate basıs	Consolidated basis	lacksquare Both consolidated and separate basis				
b	Were th	ne organization'	's financial statements audite	ed by an independent accountant?		2b	Yes	
		'check a box b consolidated ba		financial statements for the year were audited on a sep	arate			
	┌ Se	parate basıs	✓ Consolidated basis	igcap Both consolidated and separate basis				
C				ve a committee that assumes responsibility for oversig ents and selection of an independent accountant?	nt of the	2c	Yes	
	If the o Schedu	-	anged either its oversight pro	ocess or selection process during the tax year, explain	ın			
3a			l award, was the organizatior DMB Circular A-133?	n required to undergo an audit or audits as set forth in th	ne	За		No
b				audit or audits? If the organization did not undergo the cribe any steps taken to undergo such audits	required	3b		

DLN: 93493135086353

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

Political Campaign and Lobbying Activities

Inspection

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

- ◆ 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

	me of the organization	·		Employer iden	tification number
	ERNATIONAL INFORMATION SYSTEMS CURITY CERT CONSORTIUM INC			04-3064434	
Par	t I-A Complete if the or	ganization is exempt under	section 501(organization.
1	Provide a description of the org	ganızatıon's dırect and ındırect politic	al campaign act	ivities in Part IV	
2	Political expenditures	•		▶	\$
3	V olunteer hours				
		ganization is exempt under			
1		e tax incurred by the organization und			\$
2		e tax incurred by organization manage		n 4955 🕨	\$
3	If the organization incurred a s	ection 4955 tax, did it file Form 472	O for this year?		Yes No
4a	Was a correction made?				☐ Yes ☐ No
b	If "Yes," describe in Part IV				- () (-)
		ganization is exempt under :			1(c)(3).
1		ended by the filing organization for se			\$
2	Enter the amount of the filing o exempt function activities	organization's funds contributed to otl	ner organizations	s for section 527	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here a	and on Form 112	0-POL, line 17b	\$
4	Did the filing organization file F	Form 1120-POL for this year?			☐ Yes ☐ No
5	organization made payments f amount of political contribution	nd employer identification number (EI For each organization listed, enter the ns received that were promptly and di political action committee (PAC) If a	e amount paid fro rectly delivered	om the filing organization's f to a separate political orga	unds Also enter the nization, such as a
	(a) Name	(b) Address	(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-
			1		I

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Sch	nedule C (Form 990 or 990-EZ) 2012					Page 2
Pa	art II-A Complete if the organization	is exempt under	section 501(c)(3) and fil	ed Form 5768	(election
_	under section 501(h)). Check ► if the filing organization belongs to a	an affiliated group (and	lict in Part IV os	ach affiliated are	un mambar's nam	o addross EIN
	expenses, and share of excess lobb	ying expenditures)		_	up member s nam	e, address, LTN
<u>B</u>	Check Frifthe filing organization checked box	x A and "limited contro	ıl" provisions apı	oly		
	Limits on Lobbying E (The term "expenditures" means an		l .)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pınıon (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobb	yıng)			
c	Total lobbying expenditures (add lines 1a and 1b	o)				
d	O ther exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1c	c and 1d)				
f	Lobbying nontaxable amount Enter the amount fo	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on li	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	0,000		
	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				
	Grassroots nontaxable amount (enter 25% of lin	e 1f)				
_	Subtract line 1g from line 1a If zero or less, ente	•		-		
i	Subtract line 1f from line 1c If zero or less, ente			-		
_	If there is an amount other than zero on either lin		organization file	Form 4720 rep	ortina	1
-	section 4911 tax for this year?					┌ Yes ┌ No
_	4-Voor Av	veraging Period U	Inder Section	F01/b)		
	(Some organizations that made a scolumns below. See the	section 501(h) el	ection do not	have to cor		ne five
	Lobbying Expe	enditures During	4-Year Avera	ging Period		1
	Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontavable amount					

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has Notice filed Form 5768 (election under section 501(h)).	ОТ			ı u	<u>g</u> c
For o	each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a	1)		(b)	
activ		Yes	No	A	mount	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?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
C	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	O ther activities?					
j	Total Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
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?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 505(c)(6).	01(c))(5), o	r se	ction	1
			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		⊢	1		Νo
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		⊢	2	Yes	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		Νo
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 505(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "N line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
	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				

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Identifier Return Reference

Explanation

DLN: 93493135086353

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

Open to Public

emai	Revenue Service P- Attach to For	m 990. ► See separate instructions.			Tushec	LIUII
INTE	me of the organization ERNATIONAL INFORMATION SYSTEMS			oloyer identificat	ion numbe	er
	URITY CERT CONSORTIUM INC			3064434		
Pa	organizations Maintaining Donor Advorganization answered "Yes" to Form 990		unds	or Accounts.	Complet	te if the
	organization answered fes to Form 990	(a) Donor advised funds	Т	(b) Funds and o	ther accou	ınts
	Total number at end of year	(a) Bollet davised falles	+	(b) I unus unu s		1110
	Aggregate contributions to (during year)		+-			
,	Aggregate grants from (during year)		+			
	Aggregate value at end of year		+			
	Did the organization inform all donors and donor advisor	ore in writing that the accete held in dor	or adv	ısad		
,	funds are the organization's property, subject to the or	_	ioi auvi	iseu	☐ Yes	┌ No
5	Did the organization inform all grantees, donors, and d	onor advisors in writing that grant funds	can be	e		
	used only for charitable purposes and not for the benef				□ v	□ No
	conferring impermissible private benefit?	Etha anagaratian angus and IlVaall t	- Fa	000 D IV	Yes	j No
ÆΠ	t II Conservation Easements. Complete if		<u>.o Forn</u>	n 990, Part IV	<u>, line 7.</u>	
	Purpose(s) of conservation easements held by the org Preservation of land for public use (e.g., recreation		histor	ucally important	land area	
	Protection of natural habitat	Preservation of a				
	Preservation of open space	, , , , , , , , , , , , , , , , , , , ,				
			<i>6</i>			
•	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	a qualified conservation contribution in	ine forn	n or a conservat	ion	
				Held at the	End of the	Year
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
С	Number of conservation easements on a certified histo	oric structure included in (a)	2c			
d	Number of conservation easements included in (c) accommodate structure listed in the National Register	quired after 8/17/06, and not on a	2d			
ı	Number of conservation easements modified, transferr	red released extinguished or terminate		ne organization o		
	the tax year -	rea, releasea, extinguishea, or terminat	a by ti	re organization e	idillig	
ŀ	Number of states where property subject to conservat	ion easement is located 🗠				
•	Does the organization have a written policy regarding tenforcement of the conservation easements it holds?	the periodic monitoring, inspection, han	dling of	f violations, and	┌ Yes	┌ No
5	Staff and volunteer hours devoted to monitoring, inspe	ecting, and enforcing conservation ease	nents c	during the year		
,	A mount of expenses incurred in monitoring, inspecting	g, and enforcing conservation easement	s auring	g the year		
	* \$					
3	Does each conservation easement reported on line 2(and section $170(h)(4)(B)(II)$?	d) above satisfy the requirements of sec	ition 17	70(h)(4)(B)(ı)	┌ Yes	☐ No
•	In Part XIII, describe how the organization reports colbalance sheet, and include, if applicable, the text of the the organization's accounting for conservation easeme	e footnote to the organization's financia				
ar	TIII Organizations Maintaining Collection		or Ot	her Similar <i>A</i>	Assets.	
	Complete if the organization answered "Y					
.a	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide, in Part XIII, the text of the footnote to	ets held for public exhibition, education,	or rese	earch in furtherai		
b	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide the following amounts relating to thes	ets held for public exhibition, education,				lıc
	(i) Revenues included in Form 990, Part VIII, line 1			► \$		
	(ii) Assets included in Form 990, Part X			► \$		
:	If the organization received or held works of art, histor following amounts required to be reported under SFAS			ncıal gaın, provid	e the	
а	D			L 4		

b Assets included in Form 990, Part X

Par	Organizations Maintaining Co	<u>llections of Ar</u>	t, HIS	tori	cai ii	reasu	res, or O	tne	r Similar As	sets (co	ontinued)
3	Using the organization's acquisition, accessi collection items (check all that apply)	on, and other reco	rds, cl	heck	any of	the foll	owing that a	are a	significant use	e of its	
а	Public exhibition		d	Γ	Loan	orexc	hange progr	ams			
b	Scholarly research		e	Γ	Othe	r					
c	Preservation for future generations										
4	Provide a description of the organization's co Part XIII	ollections and expl	aın ho	w the	y furth	er the c	organızatıon	's ex	empt purpose	ın	
5	During the year, did the organization solicit o									_	_
	assets to be sold to raise funds rather than t									┌ Yes	No
Par	t IV Escrow and Custodial Arrange Part IV, line 9, or reported an am						n answere	a "Y	es" to Form S	990,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?		•		•		or other ass	etsı	not	┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	e follo	wing	able						
							-		Ar	nount	
C	Beginning balance							1 c			
d	Additions during the year						L	1d			
e	Distributions during the year						L	1e			
f	Ending balance						L	1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, Iır	ne 21?	•						┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	e expla	anatı	n has	been p	rovided in P	art >	KIII		Γ
Pa	rt V Endowment Funds. Complete	f the organizatio	n ans	wer	ed "Ye	s" to	Form 990,	Par	t IV, line 10.		
_		(a)Current year	(b) Prior	year	b (c)⊤	wo years back	(d)	Three years back	(e)Four y	ears back
1a	Beginning of year balance							+			
Ь	Contributions							+-			
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balan	ice (lir	ne 1g	, colum	nn (a)) l	held as	•	•		
а	Board designated or quasi-endowment 🕨										
ь	Permanent endowment -										
c	Temporarily restricted endowment ►										
	The percentages in lines 2a, 2b, and 2c show	uld equal 100%									
3a	Are there endowment funds not in the posses organization by	ssion of the organiz	zatıon	that	are hel	d and a	ıdmınıstere	d for	the	Yes	No
	(i) unrelated organizations								3a	(i)	
	(ii) related organizations								3a(<u> </u>
	If "Yes" to 3a(II), are the related organization							•	3	b	<u> </u>
4 Par	Describe in Part XIII the intended uses of the tand, Buildings, and Equipme					10					
Fai	Description of property	int. See roini 9:	90, Pa	_	Cost o		(b)Cost or o	ther	(c) Accumulated	d (d) Bo	ook value
	,			bas	is (inve	stment)	basis (othe	er)	depreciation		
1a	Land										
b	Buildings										
c	Leasehold improvements		•				155	,244	154,04	46	1,198
	Equipment		•				4,724	,261	3,510,14	47	1,214,114
						464.1.1		,082	353,9	19	128,163
Tota	I. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colι	ımn (B), line	10(c).)	<u></u>	•	<u> ► </u>		1,343,475

Part VIII Investments—Other Securities. See	<u>: Form 990, Part X, line 12</u>	<u>2.</u>
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•	
	as Form 000 Part V line:	12
Part VIII Investments—Program Related. Se		
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
	+	
	_	
((-)(-)(-)	<u> </u>	
Part IX Other Assets. See Form 990, Part X, I	ine 15.	
(a) Descr	aption	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1	5.)	
Part X Other Liabilities. See Form 990, Part		
(a) December of leability	(b) Book value	
1 (a) Description of Hability	(b) Book value	
Federal income taxes	1	
FOREIGN TAX ACCRUAL	476 570	
	476,578	
ISC2 FOUNDATION PAYABLE		
	1	
	1	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	. 476 578	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Fin 48 (ASC 740) Footnote In Part XIII, provide the te	476,578	nization's financial statements that you are the

Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue	oer R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	27,657,834
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		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	890,600
3	Subtract line 2e from line 1	3	26,767,234
4	A mounts included on Form 990, Part VIII, line 12, but not on line $oldsymbol{1}$		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 16,378		
b	Other (Describe in Part XIII)		
C	Add lines 4a and 4b	4c	16,378
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	26,783,612
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses	s per	Return
1	Total expenses and losses per audited financial statements	1	26,712,433
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		
C	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	805,810
3	Subtract line 2e from line 1	3	25,906,623
4	Amounts 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 16,378		
b	Other (Describe in Part XIII)		
C	Add lines 4a and 4b	4c	16,402
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	25,923,025

Part XIII 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 X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
LIABILITY UNDER FIN 48 FOOTNOTE	SCHEDULE D, PAGE 3, PART X	THE CONSORTIUM, EXCLUDING THE FOUNDATION, IS GENERALLY EXEMPT FROM US INCOME TAXES UNDER SECTION 501(C)(6) OF THE INTERNAL REVENUE CODE THE FOUNDATION IS GENERALLY EXEMPT FROM US INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE INFORMATION RETURNS (FORMS 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 2009, 2010, AND 2011 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 FOREIGN TAXES ARE EXPENSED WHEN INCURRED
REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 2D	FOREIGN CURRENCY EXCHANGE GAIN/LOSS 12,834 ISC2 CHARITABLE AND EDUCATIONAL FOUNDATION REVENUE 49,507
EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 2D	ISC2 CHARITABLE AND EDUCATIONAL FOUNDATION REVENUE 56,010 IN-KIND AMORTIZATION 201,000
EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 4B	FOREIGN EXCHANGE TRANSLATION 24
SUPPLEMENTAL FINANCIAL INFORMATION	SCHEDULE D, PAGE 4, PART XIII	PART X - OTHER LIABILITIES FOREIGN TAX ACCRUAL - THE CONSORTIUM HAS RECORDED A LIABILITY FOR VALUE- ADDED TAX FOR SERVICES SOLD IN FOREIGN COUNTRIES THE BULK OF SERVICES ARE SOLD THROUGH AFFILIATES WHICH INSULATE THE CONSORTIUM FROM VALUE-ADDED TAX EXPOSURE HOWEVER, THERE IS A PORTION OF SERVICES PROVIDED THAT ARE NOT PROVIDED THROUGH AFFILIATES AND AN ACCRUAL HAS BEEN RECORDED AS AN ESTIMATE OF TAX EXPOSURE IN THESE FOREIGN COUNTRIES THERE MAY BE ADDITIONAL FOREIGN TAX JURISDICTIONS THAT MAY ASSESS TAXES TO THE CONSORTIUM

DLN: 93493135086353

OMB No 1545-0047

Open to Public Inspection

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

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

Statement of Activities Outside the United States

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization INTERNATIONAL INFORMATION SYSTEMS SECURITY CERT CONSORTIUM INC

Employer identification number

04-3064434

Part I	General Information or	Activities Outside the United States.	Complete if the organization answered
	"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

For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
EUROPE	1	2	SEE NOTE IN PART V	SEMINARS, EXAMS	2,770,05
EAST ASIA AND THE PACIFIC	2		SEE NOTE IN PART V	SEMINARS, EXAMS	1,887,91
MIDDLE EAST AND NORTH AFRICA			SEE NOTE IN PART V	SEMINARS, EXAMS	12,79
NORTH AMERICA			SEE NOTE IN PART V	SEMINARS, EXAMS	16,27
SOUTH AMERICA			SEE NOTE IN PART V	SEMINARS, EXAMS	292,67
SOUTH ASIA			SEE NOTE IN PART V	SEMINARS, EXAMS	6,73
SUB-SAHARAN AFRICA			SEE NOTE IN PART V	SEMINARS, EXAMS	3,08
CENTRAL AMERICA AND THE CARIBBEAN			PROGRAM SERVICES	SEMINARS, EXAMS	3,13
RUSSIA AND THE NEW IND STATES			PROGRAM SERVICES	SEMINARS, EXAMS	5,93
	3				4.000.00
Sub-total Total from continuation sheets to Part I	3	2			4,998,60
: Totals (add lines 3a and 3b)	3	2			4,998,60

Part I	Grants Part IV,	and Other As line 15, for any	sistance to Organ y recipient who rece	izations or Entiti ived more than \$5,	es Outside the Ur 000. Part II can be	nited States. Comp duplicated if addition	olete if the organizational space is needed	tion answered "Yes' l.	' to Form 990,
	Name of anization	(b) IRS code section and EIN (if applicable)	(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 Er ta	iter total nu x-exempt b	mber of recipie y the IRS, or fo	ent organizations list or which the grantee	ed above that are in or counsel has pro	recognized as charit ovided a section 501	ties by the foreign c 1(c)(3) equivalency	ountry, recognized letter	as 	
3 Er	nter total nu	mber of other	organizations or ent	cities					
								Schedule F	(Form 990) 2012

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. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
		+	1		,		1
		+ +		'	+		+
		+		'	+		+
		+	<u> </u>		 		+
	 		 		 	 	+
					<u> </u>		
					<u> </u>	<u> </u>	
							<u> </u>
			1				
		+ + +			,		1
		+ + +			+		
	 	+			+		+
			1		-		+
	 		 		 	 	
			 		<u> </u>	 	
						1	

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Г	Yes	্	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organizationmay be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Γ	Yes	ঘ	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	ি	Yes	Г	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Г	Yes	굣	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Г	Yes	굣	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).	্ব	Yes	Γ	Νo

Schedule F (Form 990) 2012

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

as applicable. Also co	mplete this part to provide any add	ditional information (see instructions).
Identifier	ReturnReference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS OUTSIDE THE UNITED STATES	2	GRANTS ARE AWARDED TO FOUNDATION TO COVER APPROVED COSTS OF THE FOUNDATION OVER AND ABOVE GRANTS AWARDED FROM OTHER SOURCES
ACTIVITIES PER REGION		EUROPE 2,770,050 0 EAST ASIA AND THE PACIFIC 1,887,918 0 MIDDLE EAST AND NORTH AFRICA 12,795 0 NORTH AMERICA 16,275 0 SOUTH AMERICA 292,674 0 SOUTH ASIA 6,739 0 SUB-SAHARAN AFRICA 3,087 0 CENTRAL AMERICA AND THE CARIBBEAN 3,139 0 RUSSIA AND THE NEW IND STATES 5,930 0
ADDITIONAL INFORMATION		PART I - NOTES ON PROGRAM ACTIVITIES EUROPE - PROGRAM SERVICES - 1,580,824 MARKETING & COMMUNICATIONS - 596,504 MAINTENANCE OF FOREIGN OFFICE, PAYROLL - 592,722 SOUTH ASIA - PROGRAM SERVICES - 3,987 MARKETING & COMMUNICATIONS - 2,752 EAST ASIA AND THE PACIFIC - PROGRAM SERVICES - 1,005,879 MARKETING & COMMUNICATIONS - 364,720 MAINTENANCE OF FOREIGN OFFICE, PAYROLL - 517,319 NORTH AMERICA - PROGRAM SERVICES - 7,563 MARKETING & COMMUNICATIONS - 8,712 SOUTH AMERICA - PROGRAM SERVICES - 33,007 MARKETING & COMMUNICATIONS - 120,545 MAINTENANCE OF FOREIGN OFFICE, PAYROLL - 139,122 MIDDLE EAST & NORTH AFRICA - PROGRAM SERVICES - 695 MARKETING & COMMUNICATIONS - 12,100 SUB-SAHRAN AFRICA - PROGRAM SERVICES - 2,587 MARKETING & COMMUNICATIONS - 500
	I .	Schodulo E (Forms 000) 2012

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DLN: 93493135086353 OMB No 1545-0047

Schedule I

(Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Department of the Treasury Internal Revenue Service	Co	omplete if the organization	on answered "Yes," to F Attach to Form 99		21 or 22.		Open to Public Inspection
Name of the organization						Employer identif	
INTERNATIONAL INFORMAT SECURITY CERT CONSORTIL						04-3064434	
	nation on Grants	and Assistance				I	
1 Does the organization ma the selection criteria use							∀Yes □
2 Describe in Part IV the o	rganızatıon's procedu	res for monitoring the use	e of grant funds in the U	Inited States			
		Governments and recipient that receive					d "Yes" to
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ISC2 CHARITABLE & EDUCATIONAL FOUND 311 PARK PLACE BLVD SUITE 400 CLEARWATER,FL 33759	45-2405127	501C3	402,500		1 1		PROGRAM SERVICE
2 Enter total number of sec3 Enter total number of other							1

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, F	art IV, line 22.
	Part III can be duplicated if additional space is needed.	

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information.

Complete this part to provide the information required in Part I. line 2. Part III. column (b), and any other additional information

Complete this part to provide the information required in variet, line 2, varietiti, column (b), and any other additional information									
Identifier	Return Reference	Explanation							
	, , , , ,	THE ORGANIZATION MONITORS USE OF GRANTS BY REVIEW OF FINANCIAL STATEMENTS SUBMITTED BY GRANTEE ON A QUARTERLY BASIS							

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DLN: 93493135086353

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Compensation Information

Part IV, question 23.

► 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

Pai	rt I Questions Regarding Compensatio	n				
					Yes	No
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part II					
	First-class or charter travel	Г	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	굣	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the o reimbursement or provision of all of the expenses d			1b	Yes	
2	Did the organization require substantiation prior to					
	directors, trustees, and the CEO/Executive Directo	r, regard	ding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the filing organization's CEO/Executive Director Check all tused by a related organization to establish compens	hat apply				
	▼ Compensation committee	Г	Written employment contract			
	☐ Independent compensation consultant	Γ	Compensation survey or study			
	Form 990 of other organizations		Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VII	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	paymen	nt?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ntal non	qualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and p	rovide th	ne applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only me	ust comp	plete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A compensation contingent on the revenues of	, line 1a	, did the organization pay or accrue any			
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 compensation contingent on the net earnings of	, line 1a	, did the organization pay or accrue any			
а	The organization?			6a		
b	Any related organization?			6b		
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"			7		
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described i					
	ın Part III			8		
9	If "Yes" to line 8, did the organization also follow th section 53 4958-6(c)?	e rebutt	able presumption procedure described in Regulations	•		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred in prior Form 990
(1)W HORD TIPTON EXECUTIVE DIRECTOR	(i) (ii)	325,000	139,156		7,500	1,736	473,392	
(2)DEBRA TAYLOR CFO	(i) (ii)	213,958	31,441		7,362	10,857	263,618	
(3)DORSEY W MORROW JR GENERAL COUNSEL	(i) (ii)	191,073	28,269		6,619	15,965	241,926	
(4)ELISE YACOBELLIS DIRECTOR OF CORP DEV	(i) (ii)	144,240	14,855		4,837	17,189	181,121	
(5)JANET HOPKINS DIRECTOR OF FINANCE	(i) (ii)	125,667	9,965		4,127	12,522	152,281	
(6)JOHN COLLEY FORMER BOD	(i) (ii)	86,303					86,303	

Schedule J (Form 990) 2012

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Identifier Return Reference Explanation

Schedule J (Form 990) 2012

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DLN: 93493135086353

OMB No 1545-0047

Open to Public Inspection

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

FAttach to Form 990 or 990-EZ.

Supplemental Information to Form 990 or 990-EZ

Name of the organization	Employer identification number
INTERNATIONAL INFORMATION SYSTEMS	
SECURITY CERT CONSORTIUM INC	04-3064434

Idve	D. /	-							
ldentifier	Return Reference	Explanation							
FIRST ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4A	DEMONSTRATE COMPETENCE OF THE DYNAMIC NATURE OF FULFILL THESE REQUIREMENTS TENS OF THOUSANDS OF IS COUNTRIES WORLDWIDE HAVE ATTAINED CERTIFICATION IN ADMINISTERED BY (ISC)2 - CERTIFIED INFORMATION SYSTEI SYSTEM SECURITY CERTIFIED PRACTITIONER (SSCP) - CERTIFIED PROFESSIONAL (CAP) - CERTIFIED SECURE SOFTWARE LIFEI CREDENTIAL INDICATES THOSE CERTIFIED HAVE DEMONSTR INFORMATION SECURITY, HAVE PASSED A RIGOROUS EXAMETHICS, MAINTAIN CERTIFICATION WITH CONTINUING EDUCATY	PROFESSIONALS IN OVER 100 I ONE OF THE FOUR DESIGNATIONS MS SECURITY PROFESSIONAL(CISSP) - IFICATION & ACCREDITATION CYCLE PROFESSIONAL (CSSLP) EACH VATED EXPERIENCE IN THE FIELD OF MINATION, SUBSCRIBE TO A CODE OF						
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'S MEMBERS RECEIVE INDUSTRY INFORM COLLABORATION OPPORTUNITIES AND PROFESSIONAL DEV	· ·						
ELECTION OF MEMBERS AND THEIR RIGHTS	FORM 990, PAGE 6, PART VI, LINE 7A	THE MEMBERS OF THE ORGANIZATION HAVE THE RIGHT TO	ELECT THE BOARD OF DIRECTORS						
DOCUMENTATION BY COMMITTEE	FORM 990, PAGE 6, PART VI, LINE 8B	GE 6, THE BOARD AS A MOTION AND THEN ACTED UPON BY THE BOARD WHICH IS DOCUMENTED IN BOARD MINUTES							
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	THE FORM 990 IS MADE AVAILABLE TO THE BOARD FOR ANALYSIS AND COMMENTS FILING WITH THE IRS							
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY IS MONITORED BY THE BOAF DIRECTORS ANNUAL DECLARATIONS OF CONFLICT DETERMINATIONS ARE SUBMITT SIGNED BY EACH BOARD MEMBER							
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	COMPENSATION FOR THE EXECUTIVE DIRECTOR IS RECOMM COMMITTEE OF THE BOARD OF DIRECTORS AND COMPENSA VOTE OF THE BOARD MEMBERS	: :: : : : : : : : : : : :						
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	COMPENSATION FOR EMPLOYEES OTHER THAN THE EXECUT DEPARTMENT SUPERVISOR AND APPROVED BY THE HUMAN EMPLOYEES FALL WITHIN VARIOUS HIERARCHY LEVELS (E DIRECTOR, OFFICER) AND SALARY RANGES FOR THESE LEV SENIOR MANAGEMENT MEMBERS TO ENSURE THAT COMPEN TO THE DETERMINED JOB RESPONSIBILITIES	NRESOURCES DEPARTMENT G STAFF, SUPERVISOR, MANAGER, VELS ARE REVIEWED BY VARIOUS						
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	THE AUDITED FINANCIAL STATEMENTS AND FORM 990 ARE A REQUESTS MAY BE MADE TO JANET HOPKINS, DIRECTOR OF BLVD, SUITE 400, CLEARWATER, FL 33759							
OTHER EXPENSES	FORM 990, PART IX, LINE 24E	CONTRACT LABOR 927,143 0 0 PUBLIC RELATIONS/OUTREACH 617,799 0 0 BANK FEES 529,670 0 BAD DEBT 503,220 0 0 MEMBERSHIP DEVELOPMENT 425,713 0 0 READERSHIP COSTS-MAGAZINE 197,775 0 0 TELEPHONE AND INTERNET 134,563 0 0 ADVISORY BOARDS 125,299 0 0 INTERNATIONAL MAINTENANCE 115,540 0 0 TRAINING 86,910 0 0 PAYROLL PROCESSING FEES 20,885 0 0 FOREIGN TAXES 13,775 0 0							
RECONCILIATION OF CHANGES - OTHER	FORM 990, PART XI, LINE 9	FOREIGN CURRENCY EXCHANGE GAIN/LOSS 12,834 ISC2 CHARITABLE AND EDUCATIONAL FOUNDATION REVENUE 49,507 ISC2 CHARITABLE AND EDUCATIONAL FOUNDATION REVENUE - 56,010 IN-KIND AMORTIZATION -201,000 FOREIGN EXCHANGE TRANSLATION 24							
OTHER CHANGES IN NET ASSETS EXPLANATION	FORM 990, PART XI, LINE 9	ISC2 FOUNDATION NET ASSETS 6,503							

DLN: 93493135086353

OMB No 1545-0047

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. ► See separate instructions.

> Open to Public Inspection

Name of the organization INTERNATIONAL INFORMATION SYSTEMS				Employer id	dent if i	cation number		
SECURITY CERT CONSORTIUM INC	04-30644	34						
Part I Identification of Disregarded Entities (Com	plete if the organizatio	n answered "Yes" t	o Form 990, Pai	rt IV, line 33.)				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets		(f) Direct controlling entity		
(1) ISC2 LIMITED UNIT A 10/F BOCG INSURANCE TOWER NO 134-136 DES VOEUX ROAD CENTRAL, HONG KONG HK	SUPPORT		-34,327	14,912	2 ISC2		—	
(2) ISC2 LIMITED 3 MORE LONDON RIVERSIDE 1ST FLOOR LONDON, ENGLAND UK	SUPPORT		-21,598	1,076,942	2 ISC2			
Part II Identification of Related Tax-Exempt Organ or more related tax-exempt organizations during (a) Name, address, and EIN of related organization		f the organization a (c) Legal domicile (state or foreign country)	answered "Yes" (d) Exempt Code section	(e)	tatus	, line 34 because if	Section (13) c	(g) n 512(controlle
							entity? Yes No	
(1) ISC2 CHARITABLE & EDUCATIONAL FOUND	GRANTS	FL	501C3	7				No
311 PARK PLACE BLVD SUITE 400						N/A		
CLEARWATER, FL 33759 45-2405127						,		

(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	entity	(e) Predominant income(related, unrelated, excluded from tax under	(f) Share of total income	(g) Share of end-of-yea assets	(h Disprop r allocat	ortionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentae ownersh
					sections 512- 514)			Yes	No		Yes	No	
V Identification of Related Or line 34 because it had one or r	ganizations Taxa nore related organi	ble as a Corpo zations treated a	ration s a cor	or Trust (poration or	Complete if t	he organı the tax ye	zatıon ar ar.)	swere	ed "Ye	s" to Form	990,	Part	IV,
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domıcıle (state or foreign country)		(d) Direct controlli entity	(e) Type of enti (C corp, S corp, or trust)	(f) Share of to income	total Share e of	(g) (h) Share of end- of-year ownership assets		ercentage	(i) Section 512 (b)(13) controlled entity?		
		,,			,						Yes		No

(5) ISC2 CHARITABLE & EDUCATIONAL FOUND

Pa	art V Transactions With Re	e lated Organizations (Complete if the organizat	ion answered "Yes"	to Form 9	990, Part IV, lin	e 34, 35b, or 36.)			
	Note. Complete line 1 if any entity	ıs lısted ın Parts II, III, or IV of thıs schedule						Yes	No
1 [During the tax year, did the orgraniza	tion engage in any of the following transactions with one o	or more related organiz	zations liste	ed in Parts II-IV?				
а	a Receipt of (i) interest (ii) annuitie	s (iii) royaltıes or (iv) rent from a controlled entity					1a		No
b	b Gift, grant, or capital contribution	to related organization(s)					1b	Yes	
C	c Gift, grant, or capital contribution	rom related organization(s)					1 c		No
d	d Loans or loan guarantees to or for	related organization(s)					1d	Yes	
е	e Loans or loan guarantees by relate	ed organization(s)					1e		No
f	f Dividends from related organizatio	n(s)					1f		No
g	g Sale of assets to related organizat	ion(s)					1g		No
h	h Purchase of assets from related o	ganızatıon(s)					1h		No
i	i Exchange of assets with related or	ganızatıon(s)					1i		No
j	j Lease of facilities, equipment, or o	ther assets to related organization(s)					1j		No
k	k Lease of facilities, equipment, or other assets from related organization(s)								
l Performance of services or membership or fundraising solicitations for related organization(s)									
n	m Performance of services or membe	rship or fundraising solicitations by related organization(s	5)				1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)									
0	• Sharing of paid employees with rel	ated organization(s)					10	Yes	
р	p Reimbursement paid to related org	anization(s) for expenses					1 p		No
q	q Reimbursement paid by related or	ganization(s) for expenses					1q		No
r	r Other transfer of cash or property	to related organization(s)					1r		No
	s Other transfer of cash or property	- , ,					1s		No
	If the answer to any of the above u	s "Yes," see the instructions for information on who must	complete this line incl	ludina cove	ered relationships	and transaction thresholds			
	The answer to any of the above is	(a)	(b)	Tuding cove	(c)	(d)			
		other organization	Transacti type (a-:		Amount involved	Method of determining a	mount	nvolved	
1) I	ISC2 CHARITABLE & EDUCATIONAL FOUND		В		402,500	CASH			
2) I	ISC2 CHARITABLE & EDUCATIONAL FOUND		D		14,968	CASH			
3) I	ISC2 CHARITABLE & EDUCATIONAL FOUND		L			SEE NOTES			
4 1 I	ISC2 CHARITABLE & EDUCATIONAL FOLIND		l N			SEE NOTES			

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SEE NOTES

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross)

revenue) that was not a related organization See instructions re	garding exclu	sion for ce		nent	partnerships				•	,		Ī	
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512- 514)	org	(e) all partners section 501(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
												1	

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION		PART V LN 2L N AND O THE CONSORTIUM PERFORMS SIGNIFICANT ADMINISTRATIVE SERVICES FOR THE ISC2 CHARITABLE AND EDUCATION FOUNDATION FOUNDATION EMPLOYEES AND ASSETS OF THE CONSORTIUM ARE USED BY THE FOUNDATION AS REQUIRED A VALUE HAS NOT BEEN DETERMINED FOR THESE ACTIVITIES

Additional Data Return to Form

Software ID: Software Version:

EIN: 04-3064434

Name: INTERNATIONAL INFORMATION SYSTEMS

SECURITY CERT CONSORTIUM INC