

# \*\* PUBLIC DISCLOSURE COPY \*\*

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

<u>A</u>	ror tr	ne 2020 calendar year, or tax year beginning and e	enaing				
В	Check is applicat	C Name of organization FORUM OF INCIDENT RESPONSE AND SECURITY	v	D Employer identifie	cation number		
	Addr	ress —————	<b>-</b>				
	Nam Chan	e ETDCM		38-39435	84		
	Initia retur	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	,		
	Final retur	n/   2500 REGENCI TARRWAT		919-654-	6805		
	term ated		<b>G</b> Gross receipts \$ 1,267,856.				
	retur			H(a) Is this a group re			
	Appl tion	F Name and address of principal officer: SEAGE DAOZ		for subordinates	? Yes X No		
_	pend	SAME AS C ABOVE	H(b) Are all subordinates in	cluded? Yes No			
		xempt status: $X$ 501(c)(3) $S$ 501(c) ( ) $S$ (insert no.) $S$ 4947(a)(1) or	r 527	If "No," attach a	list. See instructions		
		ite: ▶ WWW.FIRST.ORG		H(c) Group exemption			
		of organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 2014 N	1 State of legal domicile: NC		
P	art I	Summary		DEC ES DETI-			
ø	1	Briefly describe the organization's mission or most significant activities: FIRST					
anc		INCIDENT RESPONSE AND SECURITY TEAMS FROM					
ern	2	Check this box if the organization discontinued its operations or dispose		1 1	ets.		
30	3			3	10		
Activities & Governance	4	Number of independent voting members of the governing body (Part VI, line 1b)			1		
	5 6	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			43		
	7.	Total number of volunteers (estimate if necessary)  1 Total unrelated business revenue from Part VIII, column (C), line 12			0.		
Ą	' F	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.		
_	<del>  `</del>	Not difficiated business taxable filediffe from 550 1,1 art 1, file 11		Prior Year	Current Year		
	8	Contributions and grants (Part VIII, line 1h)		984,484.	1,167,506.		
Revenue	9	Program service revenue (Part VIII, line 2g)		2,112,129.	96,324.		
Š	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.		
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		201.	4,026.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,096,814.	1,267,856.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
ģ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		62,049.	190,230.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
χ	. b	Total fundraising expenses (Part IX, column (D), line 25)	0.				
Û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,761,856.	1,306,529.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,823,905.	1,496,759.		
_	19	Revenue less expenses. Subtract line 18 from line 12		272,909.	-228,903.		
Net Assets or	6		Ве	ginning of Current Year	End of Year		
sset	20	Total assets (Part X, line 16)		4,080,976.	3,839,879.		
et A	21	Total liabilities (Part X, line 26)		1,531,724.	1,519,530.		
	22 art II	Net assets or fund balances. Subtract line 21 from line 20		2,549,252.	2,320,349.		
		nalties of perjury, I declare that I have examined this return, including accompanying schedules	and atatam	anta and to the heat of mu	knowledge and balief it is		
		ect, and complete. Declaration of preparer (other than officer) is based on all information of whi			Kilowieuge allu bellei, it is		
truc	, 00110	ist, and complete. Declaration of preparer (other than officer) is based on an information of white	στι ρι σραισι	Thas arry knowledge.			
Sig	n	Signature of officer		Date			
Hei		SERGE DROZ, CHAIR					
		Type or print name and title					
		Print/Type preparer's name Preparer's signature		Date Check	PTIN		
Pai	d	LISA STOVER LISA STOVER	la	5/05/21 if self-employ	P01884701		
	parer	Firm's name CLIFTONLARSONALLEN LLP			41-0746749		
	Only	Firm's address > 901 N. GLEBE ROAD, SUITE 200					
_		ARLINGTON, VA 22203		Phone no. 57	1-227-9500		
Ma	y the	IRS discuss this return with the preparer shown above? See instructions			X Yes No		

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Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	FIRST ASPIRES TO BRING TOGETHER INCIDENT RESPONSE AND SECURITY TEAMS
	FROM EVERY COUNTRY ACROSS THE WORLD TO ENSURE A SAFE INTERNET FOR ALL.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 467 , 046
	FIRST HELD IT'S 32ND ANNUAL CONFERENCE VIRTUALLY IN NOVEMBER 2020.
	NEARLY 1300 SECURITY PROFESSIONALS FROM OVER 70 COUNTRIES ATTENDED
	SESSIONS ON INDUSTRY BEST PRACTICES, REVIEWS OF INCIDENT HANDLING, AND
	TOOLS AND TRAINING, AND HEARD KEYNOTES FROM INDUSTRY RECOGNIZED
	EXPERTS.
	INI III II
	162 510
4b	(Code:) (Expenses \$163,519. including grants of \$) (Revenue \$) (Revenue \$) (Revenue \$
	BESIDES THE ANNUAL CONFERENCE FIRST AND ITS MEMBERS ORGANIZE UP TO 25
	SMALLER EVENTS AROUND THE GLOBE WHICH TYPICALLY HAVE A REGIONAL OR
	TOPICAL FOCUS. THESE EVENTS CATER TO A MORE SPECIALIZED OR LOCAL
	AUDIENCE. COMMUNITY DRIVEN, THESE EVENTS HELP PARTICIPANTS TO FORGE
	VALUABLE CONNECTIONS WHICH ARE INVALUABLE DURING A SECURITY INCIDENT.
	PARTICIPANTS DISCUSS SECURITY RELEVANT TECHNICAL TOPICS, TOOLS AS WELL
	AS BEST PRACTICES. MANY OF THE EVENTS CO-HOST TRAINING COURSES IN THE
	AREA OF INCIDENT RESPONSE. IN 2020, DUE TO ONGOING COVID-19 PANDEMIC,
	MANY OF THESE EVENTS COULD NOT BE CONDUCTED OR HAD TO BE MOVED TO AN
	ONLINE FORMAT.
4c	(Code:) (Expenses \$
	FIRST PROVIDES SEVERAL ONLINE SERVICES SUPPORTING MEMBERS IN HANDLING
	SECURITY INCIDENTS MORE EFFICIENTLY. THIS INCLUDES A WEBSITE CONTAINING
	VERIFIED CONTACT INFORMATION, BEST PRACTICES AND MUCH MORE INFORMATION.
	OPERATIONAL INFORMATION IS MADE AVAILABLE THROUGH ELECTRONIC INTERFACES
	TO BE INCORPORATED DIRECTLY INTO MEMBERS' TOOLS. FIRST HAS OVER 550
	MEMBER TEAMS LOCATED IN MORE THAN 96 COUNTRIES. MEMBER TEAMS INCLUDE
	LARGE VENDORS, NATIONAL CERTS, TELCOS, RESEARCH INSTITUTES, AND MANY
	MORE. FIRST HOSTS INTERNATIONAL STANDARDS LIKE THE COMMON VULNERABILITY
	SCORING SYSTEM (CVSS).
4.1	Other pregram comities (Describe on Cohodule O.)
40	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ▶ 906,062.

Form **990** (2020)

# Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<b>-</b>		
0	, ,			X
_	Schedule D, Part III	8		
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?			<b> </b> ₩
	If "Yes," complete Schedule D, Part IV	9_		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			37
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
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	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u>''</u>		<u></u>
.5		18		X
19	1c and 8a? If "Yes," complete Schedule G, Part II	10		<del></del>
13	,	19		x
20-	complete Schedule G, Part III			X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
b O4	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	_		<sub>V</sub>
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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Pai	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			-110
		22		x
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
23				
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		х	
04 -	Schedule J	23	- 22	
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			- V
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			l
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N. Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
		38	Х	L
Pa	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 4			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
		_	$\Omega\Omega\Omega$	/a a a - :

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			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		_
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	_		, v
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	OI:		
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	7-	X	
	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 7b	Λ	Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.0		
C	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
40	amounts due or received from them.)  Continue (2047(-VIII) many avantable business less than avantables from 10410.	40		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.	IJa		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a		14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

Form 990 (2020)

TEAMS INC.

38-3943584

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 10 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 10 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c in Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Х Did the organization have a written document retention and destruction policy? 14 14 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 Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶NC Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Own website X Upon request Another's website Other (explain on Schedule O) Describe on 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, address, and telephone number of the person who possesses the organization's books and records CHRIS GIBSON - 919-654-6805

27518

2500 REGENCY PARKWAY, CARY,

#### Form 990 (2020) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and title	(B) Average hours per week	box, un			rson i	than o	n an	( <b>D)</b> Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) CHRIS GIBSON EXECUTIVE DIRECTOR	40.00	-		Х				175,713.	0.	11 516
(2) SERGE DROZ	10.00			^				1/3,/13.	0.	14,516
CHAIR	10.00	Х		х				0.	0.	0
(3) ALEXANDER JAEGER	10.00	22						0.	0.	0
CFO	1000	х		x				0.	0.	0 .
(4) JAVIER BERCIANO	10.00									
DIRECTOR		Х						0.	0.	0 .
(5) ANDREA DUFKOVA	10.00									
DIRECTOR		Х						0.	0.	0
(6) DAMIR RAJNOVIC	10.00									
DIRECTOR		Х						0.	0.	0 .
(7) SHAWN RICHARDSON	10.00							_	_	_
DIRECTOR		Х						0.	0.	0 .
(8) DERRICK SCHOLL (LEFT B4 YE)	10.00	<b>3,</b>							,	0
DIRECTOR (9) THOMAS SCHRECK	10.00	Х						0.	0.	0 .
DIRECTOR	10.00	Х						0.	0.	0 .
(10) DAVE SCHWARTZBURG	10.00	Λ						0.	0.	0 .
DIRECTOR	10.00	х						0.	0.	0 .
(11) MASATO TERADA	10.00									
DIRECTOR		Х						0.	0.	0 .
(12) MAARTEN VAN HORENBEECK	10.00									
DIRECTOR		Х						0.	0.	0 .
		1								
		-								
			_		_					
		-								
			$\vdash$		_	$\vdash$				
			l	l	l	1				

Form 990 (2020)

Section A. Officers, Directors, Trust	ees, Key Emp	loye	ees,	and	l Hig	ghes	t C	ompensated Employee	S (continued)					
(A)	(B) (C)		(D)	(E)		(F)								
Name and title	Average	Position		Reportable	Reportable		stimat	ted						
	hours per		(do not check more than one box, unless person is both an		compensation compensati			moun						
	week					r/trust		from	from related		othe			
	(list any	ctor						the	organizations	co	npens	ation		
	hours for	r dire				pa		organization	(W-2/1099-MISC)		from tl	ne		
	related	tee o	ıstee			nsat		(W-2/1099-MISC)		OI	ganiza	ition		
	organizations	trus	nal tru		yee	ompe				a	nd rela	ited		
	below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	Je.			or	ganizat	tions		
	line)	√ipul	Insti	Officer	Key 6	High emp	Former							
-										+				
										+				
										+				
1b Subtotal								175,713.			4,5	16.		
c Total from continuation sheets to Part VII	, Section A						<b>&gt;</b>	0.		•		0.		
d Total (add lines 1b and 1c)							<u> </u>	175,713.	0	• -	4,5	16.		
2 Total number of individuals (including but no	ot limited to the	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable					
compensation from the organization												1		
											Yes	No		
3 Did the organization list any <b>former</b> officer,	director, truste	ee, k	ey e	mpl	oye	e, or	hig	hest compensated empl	loyee on					
line 1a? If "Yes," complete Schedule J for su	•	-	•	•	•		•	•	•	3		Х		
4 For any individual listed on line 1a, is the su														
and related organizations greater than \$150	•		•					•	· ·	4	Х			
5 Did any person listed on line 1a receive or a	,		•											
rendered to the organization? If "Yes." com	•				,			•		. 5		х		
Section B. Independent Contractors	olete Scriedule	<i>J 1</i> (	JI SU	CII	Jers	011 .				.   0				
Complete this table for your five highest cor	mponeated ind	ono	ndor	nt cc	ntr	actor	c th	act received more than \$	100 000 of compor	eation f	rom			
the organization. Report compensation for t										isation i	10111			
	ne calendar ye	ai e	riuii	ig w	ILIT C	וועע זכ	1 1111 1		ear.		·			
<b>(A)</b> Name and business	addross							<b>(B)</b> Description of s	onvices	Comp	(C)	nn.		
			_				-	Description of s	lei vices	Сопр	CHSall	JI 1		
CONFERENCE & PUBLICATION						_	L			0.0		2		
219 W. CHICAGO AVE SUITE							_	EVENT MANAGEI	MENT	22	15,U	53.		
SECURITY SERVICES, LLC, A										<u>.</u>				
21575 RIDGETOP CIRCLE, ST							$\overline{}$	SECRETARIAT		16	2,5	32.		
TECNODESIGN (V), RUA BARO, 1267			AC.	AS:	EC.	Α,	- 1	INFORMATION						
RIO DE JANEIRO, BRAZIL								TECHNOLOGY		138,34				
							_							

Form **990** (2020)

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

\$100,000 of compensation from the organization

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Revenue excluded Total revenue Related or exempt Unrelated from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1a **1 a** Federated campaigns 1,134,506. 1b **b** Membership dues c Fundraising events ..... 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 33,000. 1f g Noncash contributions included in lines 1a-1f 1,167,506. h Total. Add lines 1a-1f **Business Code** 61,000. 61,000. 2 a SPONSORSHIP INCOME 611710 Program Service Revenue b SYMPOSIA & TRAINING RE 611710 35,324. 35,324. С f All other program service revenue ..... 96,324. g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a b Less: cost or other basis and sales expenses 7b Other Revenue 7с c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold ..... c Net income or (loss) from sales of inventory **Business Code** 11 a MISC. INCOME 900099 4,026. 4,026 d All other revenue 4,026. e Total. Add lines 11a-11d 267,856. 96,324. 4,026. **12** Total revenue. See instructions Form **990** (2020)

# Form 990 (2020) TEAMS INC. Part IX Statement of Functional Expenses

Do r	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C)	<b>(D)</b> Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	Management and general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	190,230.	95,115.	95,115.	
6	trustees, and key employees	150,250.	75,115.	JJ,11J.	
0	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
a	Management				
b	Legal	164,215.	131,372.	32,843.	
	Accounting	82,724.	60,150.	22,574.	
	Lobbying	·	,	·	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	119,943. 57,830.	63,058.	56,885. 57,830.	
12	Advertising and promotion	57,830.		57,830.	
13	Office expenses				
14	Information technology	210,581.	2,734.	207,847.	
15	Royalties				
16	Occupancy				
17	Travel	32,432.	12,126.	20,306.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	136,723.	136,651.	72.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	204 400	204 420		
а	PROGRAM MANAGEMENT FEES	204,428.	204,428.	20 426	
b	SECRETARIAT SERVICES	180,769.	160,343.	20,426.	
С	ALL OTHER EXPENSES	88,884.	12,085.	76,799.	
d	MATERIALS DEVELOPMENT	28,000.	28,000.		
	All other expenses	1 406 750	906,062.	500 607	^
<u> 25</u>	Total functional expenses. Add lines 1 through 24e	1,496,759.	JUO,UO⊿•	590,697.	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)				

Form **990** (2020)

# Form 990 (2020) Part X | Balance Sheet

Part	t X	Balance Sheet					
		Check if Schedule O contains a response or ne	ote to an	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	2,296,441.	1	2,291,787		
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net	1,219,722.	4	815,388		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of th		5			
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describe	ed in sec	tion 4958(c)(3)(B)		6	
ဖွ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
<b>۲</b>	9				563,020.	9	731,628
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		5,099.			
	b	Less: accumulated depreciation	4,023.	1,793.	10c	1,076	
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must ed			4,080,976.	16	3,839,879
	17	Accounts payable and accrued expenses	114,036.	17	94,326		
	18	Grants payable		18			
	19	Deferred revenue	1,383,109.	19	1,256,570		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete		•••••		21	
Se	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, sub					
jab		controlled entity or family member of any of th	-	·····		22	
-	23	Secured mortgages and notes payable to unre		· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrelat		Г		24	
	25	Other liabilities (including federal income tax, p	-				
		parties, and other liabilities not included on line	,		24 570		160 624
		of Schedule D	34,579.	25	168,634		
+	26	Total liabilities. Add lines 17 through 25			1,531,724.	26	1,519,530
<sub>o</sub>		Organizations that follow FASB ASC 958, ch	neck her				
ဥ	<b></b>	and complete lines 27, 28, 32, and 33.			2 540 252		2,320,349
<u>a</u>	27	Net assets without donor restrictions	2,549,252.	27	2,320,349		
Ö	28	Net assets with donor restrictions				28	
<u>.</u>		Organizations that do not follow FASB ASC	958, cne	ck here			
<u></u>	00	and complete lines 29 through 33.		1		00	
ste	29	Capital stock or trust principal, or current fund				29	
SSE	30	Paid-in or capital surplus, or land, building, or				30	
ا ب	31	Retained earnings, endowment, accumulated			2,549,252.	31	2,320,349
	32	Total net assets or fund balances			4,080,976.	32	
L	33	Total liabilities and net assets/fund balances			4,000,3/0.	33	3,839,879 Form <b>990</b> (202

Form **990** (2020)

Form **990** (2020)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,26		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,49		
3	Revenue less expenses. Subtract line 2 from line 1	3	-22		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,54	9,2	52.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2,32	0,3	<u>49.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3h		1

032012 12-23-20

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.
FORUM OF INCIDENT RESPONSE AND SECURITY

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

TEAMS INC 38-3943584 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions)) **Total** 

# Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	tion B. Total Support	J.	ı	ı	ı		
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4		. ,	. ,	, ,		
	Gross income from interest.						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruction	ons)			12	
	<b>First 5 years.</b> If the Form 990 is for the	•					_
	organization, check this box and stor					. , . ,	
Sec	tion C. Computation of Publi						<u> </u>
14	Public support percentage for 2020 (I	ine 6, column (f), d	livided by line 11,	column (f))		14	%
	Public support percentage from 2019		•	* * * * * * * * * * * * * * * * * * * *		15	%
	33 1/3% support test - 2020. If the					ore, check this bo	x and
	stop here. The organization qualifies						
b	33 1/3% support test - 2019. If the	organization did no	ot check a box on				
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact						
	meets the facts-and-circumstances te				*	J	ightharpoonup
b	10% -facts-and-circumstances test	_	•		-	17a, and line 15 is	10% or
	more, and if the organization meets the	-					
	organization meets the facts-and-circu				-		ightharpoons
18	<b>Private foundation.</b> If the organization		-		•		s <b>▶</b> □
			,	, , , ,, ,		edule A (Form 990	

## Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	,, ,	•				
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	1089522.	1285662.	1118146.	984,484.	1167506.	5645320.
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	927,442.	1105753.	1236288.			5477936.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5	2016964.	2391415.	2354434.	3096613.	1263830.	11123256.
	A Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year					2,321.	2,321.
(	Add lines 7a and 7b					2,321.	2,321.
	Public support. (Subtract line 7c from line 6.)						11120935.
	ction B. Total Support	<u> </u>			Γ		
	endar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2016964.	2391415.	2354434.	3096613.	1263830.	11123256.
k	unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	2016064	74,475.	46,500.	201.	4,026.	125,202.
	Total support. (Add lines 9, 10c, 11, and 12.)	2016964.	2465890.	2400934.	3096814.		11248458.
14	First 5 years. If the Form 990 is for the	•					. —
Se	check this box and stop herection C. Computation of Publi						<b>P</b>
	Public support percentage for 2020 (I			column (f))		15	98.87 %
16	Public support percentage from 2019	, , , , , , , , , , , , , , , , , , , ,				16	99.02 %
	ction D. Computation of Inves						
	Investment income percentage for 20			ne 13, column (f))		17	.00 %
18						18	%
19a	a 33 1/3% support tests - 2020. If the					3 1/3%, and line 1	
	more than 33 1/3%, check this box ar						▶ ▼
k	33 1/3% support tests - 2019. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	ind
	line 18 is not more than 33 1/3%, che	ck this box and <b>st</b>	<b>op here.</b> The orga	nization qualifies a	s a publicly suppo	rted organization	▶□
20	Drivate foundation If the organization	n did not check a l	nov on line 1/ 10	or 10h chack th	ie hav and eac inch	tructions	

# Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
	163	140
1		
2		
3a		
3b		
3c		
4a		
4a		
4b		
1.5		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
Ol-		
9b		
9c		
90		
10a		
,,,,,		
10b		
990 or 99	0-EZ)	2020

Pai	t IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
	aon o. Type ii oapporting organizationo		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		162	INO
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)  The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in.	struction	(2)	
2	Activities Test. Answer lines 2a and 2b below.	straction.	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
_	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	_		
L	trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>	3a		
D	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If</i> "Yes." <i>describe in</i> <b>Part VI</b> <i>the role played by the organization in this regard.</i>	3b		
	or to supported organizations: If I res. describe in <b>Fait VI</b> the fole diaved by the organization in this renard	l OD	1	1

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 ( explain in l	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_3_	Other gross income (see instructions)	3		
_4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
_7_	Other expenses (see instructions)	7		
_8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3_	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5_	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6_	Multiply line 5 by 0.035.	6		
_7_	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ılly integrat	ed Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2020

Par	t V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations <sub>(continued</sub>	)	
Secti	on D - Distributions			Current Year	,
_1_	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	s	3		
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pri	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.		;	8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		10	0	
		(i)	(ii)	(iii)	
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2020	Distributable Amount for 202	
_1_	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
<u>a</u>	From 2015				
b	From 2016				
c	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
<u>g</u>	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i_	Carryover from 2015 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8_	Breakdown of line 7:				
<u>a</u>	Excess from 2016				
b	Excess from 2017				
<u>c</u>	Excess from 2018				
<u>d</u>	Excess from 2019				
_	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

## FORUM OF INCIDENT RESPONSE AND SECURITY

Schedule A	(Form 990 or 990-EZ) 2020 <b>TEAMS</b>	INC.	38-3943584 Page 8
Part VI	Supplemental Information. P Part IV, Section A, lines 1, 2, 3b, 3c, 4 line 1; Part IV, Section D, lines 2 and 3	rovide the explanations required by Part II, line 10; Part II, line 17a o b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition	r 17b; Part III, line 12; 1 and 2; Part IV, Section C, V, Section B, line 1e; Part V,
	(See Instructions.)		

# Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2020

Name of the organization

FORUM OF INCIDENT RESPONSE AND SECURITY TEAMS INC.

**Employer identification number** 

38-3943584

Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \_\_\_\_\_\_ > \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization
FORUM OF INCIDENT RESPONSE AND SECURITY
TEAMS INC.

Employer identification number
38-3943584

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1		\$ 10,000.  Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
2	- Nume, address, and En 1 1	\$ 10,000.  Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d) Total contributions Type of contribution
No. 3	Name, address, and ZIP + 4	\$ 5,000.  Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 4	Name, address, and ZIP + 4	\$ 15,000. Type of contribution  Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
5		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
6	Name, addiess, and ZiF + 4	\$ 5,000.  Person X Payroll Noncash (Complete Part II for noncash contributions.)

	•		,, ,				
Name of or	rganiza	ation					Employer identification number
FORUM	OF	INCIDENT	RESPONSE	AND	SECURITY		
TEAMS	INC	C.					38-3943584

Parti	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NO.	Name, audress, and ZIF + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Training duditions, drift Ell TT	\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Poncash Complete Part II for poncash contributions

Name of organization
FORUM OF INCIDENT RESPONSE AND SECURITY
TEAMS INC.

Employer identification number
38-3943584

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.							
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
	\$						
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
	\$						
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
	\$						
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
	\$						
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
	\$						
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
	(b) Description of noncash property given  (b) Description of noncash property given	(b) Description of noncash property given  (c) FMV (or estimate) (See instructions.)  (d) FMV (or estimate) (See instructions.)  (e) FMV (or estimate) (See instructions.)  (f) FMV (or estimate) (See instructions.)  (g) FMV (or estimate) (See instructions.)  (h) Description of noncash property given  (g) FMV (or estimate) (See instructions.)  (g) FMV (or estimate) (See instructions.)  (h) Description of noncash property given  (g) FMV (or estimate) (See instructions.)  (h) Description of noncash property given  (g) FMV (or estimate) (See instructions.)  (h) Description of noncash property given  (g) FMV (or estimate) (See instructions.)					

**Employer identification number** 

Name of organization

FORUM OF INCIDENT RESPONSE AND SECURITY TEAMS 38-3943584 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

## **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

FORUM OF INCIDENT RESPONSE AND SECURITY TEAMS INC.

**Employer identification number** 38-3943584

Pai	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds of	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advise	d funds
	are the organization's property, subject to the organization's ea	xclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	lvisors in writing that grant funds can be u	sed only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose co	onferring
Pai	t II Conservation Easements. Complete if the orga	anization answered "Yes" on Form 990, P	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	`	
	Preservation of land for public use (for example, recreation)	. —	a historically important land area
	Protection of natural habitat	Preservation of a	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form o	
	day of the tax year.		Held at the End of the Tax Year
а			2a
b			
С	Number of conservation easements on a certified historic structure		
d	Number of conservation easements included in (c) acquired af	*	e
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the o	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ease		
5	Does the organization have a written policy regarding the period		
	violations, and enforcement of the conservation easements it h		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing conse	ervation easements during the year
	<b>—</b>		
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing conservati	on easements during the year
_	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) above		
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	·	
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial statemen	nts that describes the
Pai	organization's accounting for conservation easements.  † III   Organizations Maintaining Collections of A	Art Historical Treasures or Oth	ner Similar Assets
ı uı	Complete if the organization answered "Yes" on Form 9	•	ier einmar 7.000to.
12	If the organization elected, as permitted under FASB ASC 958		d balance shoot works
Ia	of art, historical treasures, or other similar assets held for publi	,	
	service, provide in Part XIII the text of the footnote to its finance	•	•
h	If the organization elected, as permitted under FASB ASC 958		
b		•	
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in further	erance of public service,
	provide the following amounts relating to these items:		•
	(i) Revenue included on Form 990, Part VIII, line 1		
^		ourse or other similar coasts for financial	·
2	If the organization received or held works of art, historical treas		gain, provide
_	the following amounts required to be reported under FASB AS	_	<b>•</b>
a	Revenue included on Form 990, Part VIII, line 1		
D	Assets included in Form 990, Part X		Ψ Ψ

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Schedule D (Form 990) 2020

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

			NC.						38-39			ige 2
Pai	rt III	Organizations Maintaining C	ollections of Ar	t, Histo	rical Tre	asures, or Oth	ner S	milai	Assets	(contin	ued)	
3	Using	the organization's acquisition, accession	on, and other record	s, check	any of the f	ollowing that make	e signit	ficant ι	use of its			
	collection items (check all that apply):											
а	Ш	Public exhibition	C	י עַ י	oan or exc	hange program						
b	Scholarly research e Other											
С		Preservation for future generations										
4	Provi	de a description of the organization's co	ollections and explain	n how the	ey further th	ne organization's e	xempt	purpos	se in Part	XIII.		
5		g the year, did the organization solicit o		-		•				_		_
_		sold to raise funds rather than to be ma								Yes		No
Pai	rt IV	Escrow and Custodial Arrangereported an amount on Form 990, Par		ete if the	organizatio	n answered "Yes"	on For	m 990	, Part IV, I	ine 9, or		
	ls the	organization an agent, trustee, custodi		liany for c	ontributions	s or other assets n	ot incli	ıded				
ıa		rm 990, Part X?								Yes		No
h		s," explain the arrangement in Part XIII								] 103		, 110
b	11 16	s, explain the arrangement in art Alli	and complete the lo	nowing ta	ibie.					Amount		
С	Regin	ning balance						1c		Amount		
d	_	ining balance ions during the year						1d				
e		butions during the year						1e				
f		g balance						1f				
		ne organization include an amount on Fo								Yes		No
		s," explain the arrangement in Part XIII.					•			_		]
	rt V	Endowment Funds. Complete i										
			(a) Current year		rior year	(c) Two years bac		Three v	ears back	(e) Four	vears	——— back
1a	Begin	ning of year balance	(u) cancers year	(2)	.o. you.	(5) + 110 your o buo	1,5,		ouro puon	(5) . 5	jouro	<u> </u>
b		ibutions										
c		nvestment earnings, gains, and losses										
d		s or scholarships										
e		expenditures for facilities										
Ū		programs										
f		nistrative expenses										
g		of year balance										
2		de the estimated percentage of the curr		e (line 1a	column (a)	I) held as.						
a		d designated or quasi-endowment	•	%	, 001411111 (4)	ny mora ao.						
b		anent endowment		<b>—</b> ′°								
c												
·		ercentages on lines 2a, 2b, and 2c sho	•									
3a		nere endowment funds not in the posse	•	ation that	are held an	nd administered fo	r the o	rganiza	ation			
	by:		colon or the organization		a. o o . a .			· gac		Γ	Yes	No
	•	nrelated organizations								3a(i)		
		elated organizations								3a(ii)		
b		s" on line 3a(ii), are the related organiza								3b		
4		ribe in Part XIII the intended uses of the										
Pai	rt VI	Land, Buildings, and Equipm										
		Complete if the organization answere	d "Yes" on Form 990	), Part IV,	line 11a. S	ee Form 990, Part	X, line	10.				
		Description of property	(a) Cost or c			i i		mulate	ed	(d) Book	value	—— ∍
			basis (investr				depre			. ,		
	Land											
		ngs										
c		ehold improvements										
		oment										
	Other					5,099.		4,02	23.	1	.,0	76.
		lines 1a through 1e. (Column (d) must e		X colum					<b>•</b>		.,0	

Schedule D (Form 990) 2020

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VII	Investments - Other Securities.			
	Complete if the organization answered "Yes"			
	otion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
	al derivatives			
	held equity interests			
(3) Other				
(A)				
(B) (C)				
(D)			<u> </u>	
(E)				
(F)				
(G)				
(H)				
	(b) must equal Form 990, Part X, col. (B) line 12.)			
	Investments - Program Related.		•	
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (	(b) must equal Form 990, Part X, col. (B) line 13.)  Other Assets.			
	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	umn (b) must equal Form 990. Part X. col. (B) line	15.)	<b>&gt;</b>	
Part X	Other Liabilities.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1.	(a) Description of liability			(b) Book value
	deral income taxes			1.0. (2.4
	THER PAYABLES			168,634.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	<b>4.  </b>	27.		168,634.
•	<i>umn (b) must equal Form 990, Part X, col. (B) line</i> / for uncertain tax positions. In Part XIII, provide	•		
	ation's liability for uncertain tax positions under		_	

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Schedule D (Form 990) 2020

Part XI	<b>_</b>	•	er Return.
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 12a.	
1 Tota	al revenue, gains, and other support per audited financial statements	S	1
<b>2</b> Amo	ounts included on line 1 but not on Form 990, Part VIII, line 12:		
	unrealized gains (losses) on investments		
	ated services and use of facilities		
	overies of prior year grants		
<b>d</b> Oth	er (Describe in Part XIII.)	2d	
	lines 2a through 2d		
	tract line <b>2e</b> from line <b>1</b>		3
	ounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	
	stment expenses not included on Form 990, Part VIII, line 7b		
	er (Describe in Part XIII.)		
	lines 4a and 4b		
5 Tota Part XI	al revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line   Reconciliation of Expenses per Audited Financial	e 12.)	nor Poturn
rait Ai	<b>_</b>	•	per neturn.
4 -	Complete if the organization answered "Yes" on Form 990, Part		
	al expenses and losses per audited financial statements		1
	bunts included on line 1 but not on Form 990, Part IX, line 25:	ا ما	
	ated services and use of facilities		
	r year adjustments		
	er losses		
	er (Describe in Part XIII.)	· · · · · · · · · · · · · · · · · · ·	20
	lines 2a through 2d		
	tract line <b>2e</b> from line <b>1</b> counts included on Form 990, Part IX, line 25, but not on line 1:		
	estment expenses not included on Form 990, Part VIII, line 7b	4a	
	er (Describe in Part XIII.)		
			4c
	l lines <b>4a</b> and <b>4b</b> al expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I. li		
Part XI	II Supplemental Information.	ne 16./	
	e descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide		, ,

# SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

# **Statement of Activities Outside the United States**

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

➤ Attach to Form 990.

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

Inspection

Name of the organization

FORUM OF INCIDENT RESPONSE AND SECURITY

**Employer identification number** 

TEAMS INC.					38-394358	4
Part I General Infor	mation on A	ctivities Out	side the United States. Comple	ete if the organi	zation answered "Y	es" on
Form 990, Part IV						
1 For grantmakers. Does	the organization	maintain record	ds to substantiate the amount of its gra	nts and other a	ssistance,	
the grantees' eligibility for	or the grants or a	ssistance, and t	he selection criteria used to award the	grants or assist	tance?	Yes No
2 For grantmakers. Desc	ribe in Part V the	organization's p	procedures for monitoring the use of its	grants and oth	ner assistance outsi	de the
United States.						
			n be duplicated if additional space is n			<b>-</b>
(a) Region	(b) Number of	(c) Number of			rity listed in (d)	(f) Total expenditures
	offices	employees, agents, and independent	(by type) (such as, fundraising, pro-		gram service,	for and
	in the region	independent contractors	gram services, investments, grants to recipients located in the region)		specific type s) in the region	investments
		in the region	recipients located in the region)	Of Service(	s) in the region	in the region
				PROGRAMS AN	D GENERAL	
EUROPE	0	1	PROGRAM SERVICES	ADMIN MANAG	EMENT	190,229.
EUROPE	0	0	PROGRAM SERVICES	REGIONAL SY	MPOSIUM	64,631.
3 a Subtotal	0	1				254,860.
<b>b</b> Total from continuation						
sheets to Part I	0	0				0.
c Totals (add lines 3a						
and 3b)	0	1				254,860.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2020

Part II	Grants and Other Assistance to Organizations or Entities Outside the United States.	Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any
	recipient who received more than \$5,000. Part II can be duplicated if additional space is n	needed.

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	inization by the IRS, o	or for which the grantee	recognized as charities by the or counsel has provided a sec			<b>\</b>		

	art III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on 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) Amount of cash grant	<b>(e)</b> Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)			

394358	4 Page 4
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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)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately 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; don't file with Form 990)	Yes	X No
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	X No
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, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
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)	Yes	X No
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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2020

# FORUM OF INCIDENT RESPONSE AND SECURITY

38-3943584 TEAMS INC. Schedule F (Form 990) 2020 Page 5 Part V | Supplemental Information 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.

032075 12-03-20 Schedule F (Form 990) 2020

# SCHEDULE J (Form 990)

Department of the Treasury

**Compensation Information** 

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

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

2020

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

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

FORUM OF INCIDENT RESPONSE AND SECURITY

TEAMS INC.

 $Employer\ identification\ number \\ 38-3943584$ 

			Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		<u>X</u>
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
	The organization?	6a		<u>X</u>
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		<u> X</u>
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		<u> X</u>
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2020

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 on 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 aren't 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) Base compensation co			(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
EXECUTIVE DIRECTOR  (i) (i) (ii) (ii) (ii) (ii) (ii) (iii) (	(A) Name and Title		(i) Base compensation	incentive	reportable		Denemis	(B)(I)-(D)	reported as deferred
EXECUTIVE DIRECTOR  (i) (i) (ii) (ii) (ii) (ii) (ii) (iii) (	(1) CHRIS GIBSON	(i)	175,713.	0.	0.	5,271.	9,245.	190,229.	0.
	EXECUTIVE DIRECTOR			0.	0.	0.		0.	0.
(i) (ii) (ii) (iii) (iii									
(i) (i) (ii) (ii) (iii)									
(ii) (iii) (									
(ii) (ii) (iii) (iiii) (iiiii) (iiiii) (iiiii) (iiiii) (iiiii) (iiiii) (iiiiiii) (iiiii) (iiiiiiii									
(ii) (iii) (									
(i) (ii) (ii) (iii) (iii									
(i) (i) (ii) (ii) (iii) (iiii) (iiii) (iiii) (iiii) (iiiii) (iiiiii) (iiiiiiii									
(ii) (i) (ii) (iii) (iiii) (iiii) (iiii) (iiiii) (iiiiii) (iiiiiiii									
(i) (ii) (iii) (iiii) (iiiii) (iiiiii) (iiiiii) (iiiiii) (iiiiii) (iiiiii) (iiiiii) (iiiiiii) (iiiiiii) (iiiiiii) (iiiiiiii									
(i) (ii) (iii) (iii) (iii) (iii) (iii) (iiii) (iiii) (iiiiii) (iiiiiiii									
(i) (ii) (ii) (iii) (iii) (iiii) (iiiiiiii									
(ii) (i) (i)									
(i)									
		(ii)							

Part III   Supplemental Information
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.
PART I, LINE 3:
CHAIR AND CFO DISCUSSED COMPENSATION WITH THE BOARD.
PROTOCOLS RELATED TO CEO/EXECUTIVE DIRECTOR SALARY WAS PUBLISHED TO MEMBERS
OF THE ORGANIZATION.
THIS WAS MOST RECENTLY COMPLETED IN 2019.

#### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

FORUM OF INCIDENT RESPONSE AND SECURITY TEAMS INC.

Employer identification number 38-3943584

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

EFFECTIVE RESPONSE IS A GLOBAL TASK, MIRRORING THE GLOBAL NATURE OF THE BASED ON A PEER TO PEER NETWORK GOVERNANCE MODEL, INTERNET. COMPUTER SECURITY INCIDENT RESPONSE TEAMS (CSIRTS), PRODUCT SECURITY INCIDENT RESPONSE TEAMS (PSIRTS) AND INDEPENDENT SECURITY RESEARCHERS WORK TOGETHER TO LIMIT THE DAMAGE OF SECURITY INCIDENTS. THIS REQUIRES A HIGH LEVEL OF TRUST; THE FUEL OUR MEMBERS RUN ON. FIRST FOSTERS TRUST BUILDING AMONG MEMBERS THROUGH A VARIETY OF ACTIVITIES. INCIDENTS ARE NOT CONFINED TO ONE CULTURAL OR POLITICAL CORNER OF THE INTERNET, NOR DO THEY RESPECT BORDERS OR BOUNDARIES. FIRST THUS PROMOTES INVITING MEMBERSHIP FROM ALL GEOGRAPHIC AND CULTURAL INCLUSIVENESS, REGIONS

FORM 990, PART VI, SECTION A, LINE 6:

FULL MEMBERS ARE SECURITY INCIDENT RESPONSE TEAMS WHO ASSIST A DEFINED

CONSTITUENCY IN PREVENTING AND HANDLING SECURITY-RELATED INCIDENTS;

LIAISON MEMBERS: INDIVIDUALS THAT HAVE A LEGITIMATE INTEREST IN AND VALUE

TO FIRST

FORM 990, PART VI, SECTION A, LINE 7A:

THE MEMBERS OF THE FORUM OF INCIDENT REPONSES AND SECURITY TEAMS, INC.

ANNUALLY HOLD AN ELECTION WHERE MEMBERS OF THE BOARD OF DIRECTORS ARE

ELECTED TO THE BOARD. MEMBERS VOTE FOR ANY CHANGES TO THE BYLAWS OR OTHER

GOVERNING DOCUMENTS OF THE ORGANIZATION.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) 2020

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization FORUM OF INCIDENT RESPONSE AND SECURITY TEAMS INC.	Employer identification number 38-3943584
FORM 990, PART VI, SECTION A, LINE 7B:	
BOARD OF DIRECTORS MEETINGS AS WELL AS THE ANNUAL ALL GROU	P MEETING ARE
DOCUMENTED IN MEETING MINUTES BY THE SECRETARIAT OF THE OR	GANIZATION.
FORM 990, PART VI, SECTION A, LINE 8B:	
THE ORGANIZATION DOES NOT HAVE DESIGNATED COMMITTEES. THE	BOARD ACTS ON
BEHALF OF THE ORGANIZATION.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE TAX RETURN IS REVIEWED BY THE CFO AND PRESENTED TO THE	BOARD OF
DIRECTORS FOR REVIEW.	
FORM 990, PART VI, SECTION B, LINE 12C:	
EACH DIRECTOR, OFFICER AND MEMBER OF A COMMITTEE WITH BOAR	D-DELEGATED
POWERS SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS THAT	THEY:
A. HAVE RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLIC	Υ,
B. HAVE READ AND UNDERSTANDS THE POLICY, AND	
C. HAVE AGREED TO COMPLY WITH THE POLICY.	
IF A CONFLICT ARISES THE BOARD MEMBER WILL ABSTAIN FROM VO	TING.
OUTSIDE COUNSEL ATTENDS THE ORIENTATION BOARD MEETING FOR	NEW MEMBERS TO
REVIEW THE POLICY AND COLLECT SIGNED AGREEMENTS.	
FORM 990, PART VI, SECTION B, LINE 15A:	
THE FORMER CHAIR AND PREVIOUS CFO REVIEWED ONLINE DATA REG	ARDING SALARIES
OF OTHER EXECUTIVE DIRECTOR'S AS WELL AS AVERAGE PAYMENT F	OR LEADERS IN THE

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# \*\* PUBLIC DISCLOSURE COPY \*\*

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

<u>A</u>	ror tr	ne 2020 calendar year, or tax year beginning and e	enaing		
В	Check is applicat	C Name of organization FORUM OF INCIDENT RESPONSE AND SECURITY	v	D Employer identifie	cation number
	Addr	ress —————	<b>-</b>		
	Nam Chan	e ETDCM		38-39435	84
	Initia retur	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	,
	Final retur	n/   2500 REGENCI TARRWAT		919-654-	6805
	term ated			G Gross receipts \$	1,267,856.
	retur			H(a) Is this a group re	
	Appl tion	F Name and address of principal officer: SEAGE DAOZ		for subordinates	? Yes X No
_	pend	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
		xempt status: $X$ 501(c)(3) $S$ 501(c) ( ) $S$ (insert no.) $S$ 4947(a)(1) or	r 527	If "No," attach a	list. See instructions
		ite: ▶ WWW.FIRST.ORG		H(c) Group exemption	
		of organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 2014 N	1 State of legal domicile: NC
P	art I	Summary		DEG EG DD 711	
ø	1	Briefly describe the organization's mission or most significant activities: FIRST			
Activities & Governance		INCIDENT RESPONSE AND SECURITY TEAMS FROM			
ern	2	Check this box if the organization discontinued its operations or dispose		1 1	ets.
30	3			3	10
જ	4	Number of independent voting members of the governing body (Part VI, line 1b)			1
ties	5 6	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			43
	7.	Total number of volunteers (estimate if necessary)  1 Total unrelated business revenue from Part VIII, column (C), line 12			0.
Ą	'	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
_	<u> </u>	Not difficiated business taxable filediffe from 550 1,1 art 1, file 11		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	984,484.	1,167,506.	
ne	9	Program service revenue (Part VIII, line 2g)		2,112,129.	96,324.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		201.	4,026.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,096,814.	1,267,856.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ģ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		62,049.	190,230.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
χ	. b	Total fundraising expenses (Part IX, column (D), line 25)	0.		
Û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,761,856.	1,306,529.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,823,905.	1,496,759.
_	19	Revenue less expenses. Subtract line 18 from line 12		272,909.	-228,903.
Net Assets or	6		Ве	ginning of Current Year	End of Year
sset	20	Total assets (Part X, line 16)		4,080,976.	3,839,879.
et A	21	Total liabilities (Part X, line 26)		1,531,724.	1,519,530.
	22 art II	Net assets or fund balances. Subtract line 21 from line 20		2,549,252.	2,320,349.
		nalties of perjury, I declare that I have examined this return, including accompanying schedules	and atatam	anta and to the heat of mu	knowledge and balief it is
		ect, and complete. Declaration of preparer (other than officer) is based on all information of whi			Kilowieuge allu bellei, it is
truc	, 00110	ist, and complete. Declaration of preparer (other than officer) is based on an information of white	στι ρι σραισι	Thas arry knowledge.	
Sig	n	Signature of officer		Date	
Hei		SERGE DROZ, CHAIR			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	d	LISA STOVER LISA STOVER	la	5/05/21 if self-employ	P01884701
	parer	Firm's name CLIFTONLARSONALLEN LLP			41-0746749
	Only	Firm's address > 901 N. GLEBE ROAD, SUITE 200			
_		ARLINGTON, VA 22203		Phone no. 57	1-227-9500
Ma	y the	IRS discuss this return with the preparer shown above? See instructions			X Yes No

Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	FIRST ASPIRES TO BRING TOGETHER INCIDENT RESPONSE AND SECURITY TEAMS
	FROM EVERY COUNTRY ACROSS THE WORLD TO ENSURE A SAFE INTERNET FOR ALL.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$467,046. including grants of \$) (Revenue \$48,000. ) FIRST HELD IT'S 32ND ANNUAL CONFERENCE VIRTUALLY IN NOVEMBER 2020.
	NEARLY 1300 SECURITY PROFESSIONALS FROM OVER 70 COUNTRIES ATTENDED
	SESSIONS ON INDUSTRY BEST PRACTICES, REVIEWS OF INCIDENT HANDLING, AND
	TOOLS AND TRAINING, AND HEARD KEYNOTES FROM INDUSTRY RECOGNIZED
	EXPERTS.
	DAT DRID.
4b	(Code:) (Expenses \$ 163,519 • including grants of \$) (Revenue \$ 35,324 • )
	BESIDES THE ANNUAL CONFERENCE FIRST AND ITS MEMBERS ORGANIZE UP TO 25
	SMALLER EVENTS AROUND THE GLOBE WHICH TYPICALLY HAVE A REGIONAL OR
	TOPICAL FOCUS. THESE EVENTS CATER TO A MORE SPECIALIZED OR LOCAL
	AUDIENCE. COMMUNITY DRIVEN, THESE EVENTS HELP PARTICIPANTS TO FORGE
	VALUABLE CONNECTIONS WHICH ARE INVALUABLE DURING A SECURITY INCIDENT.
	PARTICIPANTS DISCUSS SECURITY RELEVANT TECHNICAL TOPICS, TOOLS AS WELL
	AS BEST PRACTICES. MANY OF THE EVENTS CO-HOST TRAINING COURSES IN THE
	AREA OF INCIDENT RESPONSE. IN 2020, DUE TO ONGOING COVID-19 PANDEMIC,
	MANY OF THESE EVENTS COULD NOT BE CONDUCTED OR HAD TO BE MOVED TO AN
	ONLINE FORMAT.
4c	(Code:) (Expenses \$ 275,497. including grants of \$) (Revenue \$ 13,000.)
40	(Code:) (Expenses \$275,497. including grants of \$) (Revenue \$3,000.) FIRST PROVIDES SEVERAL ONLINE SERVICES SUPPORTING MEMBERS IN HANDLING
	SECURITY INCIDENTS MORE EFFICIENTLY. THIS INCLUDES A WEBSITE CONTAINING
	VERIFIED CONTACT INFORMATION, BEST PRACTICES AND MUCH MORE INFORMATION.
	OPERATIONAL INFORMATION IS MADE AVAILABLE THROUGH ELECTRONIC INTERFACES
	TO BE INCORPORATED DIRECTLY INTO MEMBERS' TOOLS. FIRST HAS OVER 550
	MEMBER TEAMS LOCATED IN MORE THAN 96 COUNTRIES. MEMBER TEAMS INCLUDE
	LARGE VENDORS, NATIONAL CERTS, TELCOS, RESEARCH INSTITUTES, AND MANY
	MORE. FIRST HOSTS INTERNATIONAL STANDARDS LIKE THE COMMON VULNERABILITY
	SCORING SYSTEM (CVSS).
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ▶ 906,062.
	Form <b>990</b> (2020)

Form 990 (2020)

TEAMS INC.

38-3943584 Page **3** 

# Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<b>-</b>		
0	, ,			X
^	Schedule D, Part III	8		
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?			<b> </b> ₩
	If "Yes," complete Schedule D, Part IV	9_		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			37
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
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	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u>''</u>		<u></u>
.5		18		X
19	1c and 8a? If "Yes," complete Schedule G, Part II	10		<del></del>
13	,	19		x
20-	complete Schedule G, Part III			X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
b O4	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	_		<sub>V</sub>
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2020) TEAMS INC.

Part IV | Checklist of Required Schedules (continued)

38-3943584 Page 4

	Gridential of Hodging Continued)			_
00	Did the appropriation when the off 000 of south and the society of sold and the individual and		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			x
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	22		
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			3,7
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		X
20	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
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):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	05:		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		<u> </u>
36		36		x
37	If "Yes," complete Schedule R, Part V, line 2	30		
0,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<del>- 5.</del>		<u> </u>
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 4			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
032004	4 12-23-20	Form	990	(2020)

Form 990 (2020) TEAMS INC.

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

	The state of the s				Γ
22	Entar the number of employees reported on Form W.3. Transmitted of Wage and Tax Statements	l I		Yes	No
Zd	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 1			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	Х	
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to $e$ -file (see instructions				
За		7	За		х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a		4a		Х
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	ccounts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit			
			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		_	v	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a	X	v
b			7b		X
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wat to file Form 8282?	is required	70		x
d		7d	7c		25
e	If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or	•	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
	sponsoring organization have excess business holdings at any time during the year?	-	8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	1 1			
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
40-	amounts due or received from them.)	11b	10-		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?   12b	12a		
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year  Section 501(c)(29) qualified nonprofit health insurance issuers.	120			
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.		104		
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
-	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
14a			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	excess parachute payment(s) during the year?		15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X
	If "Yes," complete Form 4720, Schedule O.			000	
			Farm	990	(2020)

TEAMS INC.

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 10 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 10 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c in Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Х Did the organization have a written document retention and destruction policy? 14 14 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 Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶NC Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Own website Another's website X Upon request Other (explain on Schedule O) Describe on 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, address, and telephone number of the person who possesses the organization's books and records CHRIS GIBSON - 919-654-6805 2500 REGENCY PARKWAY, CARY, 27518

Form **990** (2020) 032006 12-23-20

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization		orga	niza			npen	sate			
(A)	(B)			(C Pos	C)			(D)	(E)	(F)
Name and title	Average	(do				1 than c	one	Reportable	Reportable	Estimated
	hours per					s both		compensation	compensation	amount of
	week		T			1	,	from the	from related	other
	(list any hours for	direct				_		organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or (	stee			ısatec		(W-2/1099-MISC)	(** 27 1033 141100)	organization
	organizations	Individual trustee or director	Institutional trustee		yee	mper		(** 27 1000 111100)		and related
	below	idual	ution	la e	Key employee	est co	ler			organizations
	line)	Indiv	Instit	Officer	Key 6	Highest compensated employee	Former			
(1) CHRIS GIBSON	40.00									
EXECUTIVE DIRECTOR				Х				175,713.	0.	14,516.
(2) SERGE DROZ	10.00									
CHAIR		Х		X				0.	0.	0.
(3) ALEXANDER JAEGER	10.00									
CFO		Х		Х				0.	0.	0.
(4) JAVIER BERCIANO	10.00									
DIRECTOR		Х						0.	0.	0.
(5) ANDREA DUFKOVA	10.00									
DIRECTOR		Х						0.	0.	0.
(6) DAMIR RAJNOVIC	10.00									
DIRECTOR		Х						0.	0.	0.
(7) SHAWN RICHARDSON	10.00									
DIRECTOR		Х						0.	0.	0.
(8) DERRICK SCHOLL (LEFT B4 YE)	10.00									
DIRECTOR		Х						0.	0.	0.
(9) THOMAS SCHRECK	10.00									
DIRECTOR		Х						0.	0.	0.
(10) DAVE SCHWARTZBURG	10.00									
DIRECTOR		Х						0.	0.	0.
(11) MASATO TERADA	10.00									
DIRECTOR		Х						0.	0.	0.
(12) MAARTEN VAN HORENBEECK	10.00									
DIRECTOR		Х						0.	0.	0.
		1								
		<u> </u>								
		1								
		1								
		1								
										<b>5 000</b> (2000)

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Section A. Officers, Directors, Trus	tees, key Emp	JIOY	ees,	anu	ı mıç	ynes	ı	Unipensated Employee	(continued)	—		
(A)	(B)			(C	C)			(D)	(E)		(F)	
Name and title	Average	(da		Posi				Reportable	Reportable		Estimat	ed
	hours per					than o		compensation	compensation		amount	of
	week	offic	cer an	d a di	irecto	r/trust	ee)	from	from related		other	
	(list any	ctor						the	organizations	c	ompensa	ation
	hours for	dire				pa eq		organization	(W-2/1099-MISC)		from th	ıe
	related	tee o	ıstee			ensat		(W-2/1099-MISC)			organiza	tion
	organizations	trus	nal tru		oyee	omp					and rela	ted
	below	Individual trustee or director	Institutional trustee	er	key employee	est c loyee	Jer			(	organizat	ions
	line)	Indi	Insti	Officer	Key 6	Highest compensated employee	Former					
										$\perp$		
										Т		
										$\top$		
										$\top$		
1b Subtotal	•						<u> </u>	175,713.	0	$.\top$	14,5	<del>16.</del>
c Total from continuation sheets to Part VI	I. Section A						•	0.	0	$.\top$		0.
d Total (add lines 1b and 1c)								175,713.	0		14,5	
Total number of individuals (including but n							o re	•				
compensation from the organization						,		, , , , , , , , , , , , , , , , , , ,				1
											Yes	No
3 Did the organization list any <b>former</b> officer,	director, trusto	ee. k	ev e	lam	ove	e. or	hia	hest compensated empl	ovee on			
line 1a? If "Yes," complete Schedule J for s	•		•	•	•		_		•		3	х
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150											4 X	
5 Did any person listed on line 1a receive or a												
rendered to the organization? If "Yes," com					-			-	ida for convicco	,	5	х
Section B. Independent Contractors	ipiete Scrieduli	<del>- 0</del> /(	JI SU	CIIĻ	Jers	OII .				`		
Complete this table for your five highest co	mnensated inc	lene	nder	nt cc	ntra	actor	e th	nat received more than \$	100 000 of compen	eation	from	
the organization. Report compensation for	•									atioi	1 110111	
(A)	trie caleridar ye	Jai C	iluli	ig w	iti i C	JI VVII		(B)	cai.		(C)	
Name and business	address							Description of s	ervices	Con	npensatio	n
CONFERENCE & PUBLICATION		<u> </u>	т.:	T.C			$\dashv$	2 2 2 2 3 1 2 1 2 1 2			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<del></del>
219 W. CHICAGO AVE SUITE						т	ļ	EVENT MANAGEI	ATENTO	,	25 0	E 2
							╡	EVENI MANAGEI	MENI		225,0	<u> </u>
SECURITY SERVICES, LLC, A										-	. co E	2.0
21575 RIDGETOP CIRCLE, ST							$\overline{}$	SECRETARIAT			L62,5	<u> 34.</u>
TECNODESIGN (V), RUA BARO	), IZ67	PK.	AC.	AS.	ĽĊ.	Α,	- 1	INFORMATION		_		
RIO DE JANEIRO, BRAZIL							_[	<u> </u>			L38,3	44.
							_					
							- 1		I			

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

Form **990** (2020)

\$100,000 of compensation from the organization

Form 990 (2020) TEAMS I
Part VIII Statement of Revenue

TEAMS INC.

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		Check if Schedule O contains a response or	note to any lin	e in this Part VIII			
		Check if Schedule O contains a response or	Tiole to arry iii	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
<u> </u>	4.	- Fadaustad assussions de					00000010 0 12 0 1 1
Contributions, Gifts, Grants and Other Similar Amounts	1 6	a Federated campaigns 1a b Membership dues 1b 1,1	34,506.				
Sr.S.	t		34,500.				
ŁŚ,	•	c Fundraising events 1c					
퍍	•	d Related organizations 1d					
JS,	•	e Government grants (contributions) 1e					
ĕ₽₩	f	f All other contributions, gifts, grants, and					
ĕ		***	33,000.				
d dt	ç	g Noncash contributions included in lines 1a-1f 1g \$					
<u>သိ မ</u>	ŀ	h Total. Add lines 1a-1f		1,167,506.			
		<u>.                                    </u>	Business Code				
ě	2 8	a SPONSORSHIP INCOME	611710	61,000.	61,000.		
Σĕ	k	b SYMPOSIA & TRAINING RE	611710	35,324.	35,324.		
Se	(	с					
am eve		d					
Program Service Revenue	•	e					
P	f	f All other program service revenue					
		g Total. Add lines 2a-2f		96,324.			
	3	Investment income (including dividends, interest					
		other similar amounts)					
	4	Income from investment of tax-exempt bond pro					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	a Gross rents 6a					
	k	b Less: rental expenses 6b					
		c Rental income or (loss) 6c					
		d Net rental income or (loss)	<b>•</b>				
		a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	ŀ	<b>b</b> Less: cost or other basis					
ē		and sales expenses <b>7b</b>					
enr		c Gain or (loss) 7c					
Revenue		d Net gain or (loss)	<b>•</b>				
ē		a Gross income from fundraising events (not					
₽		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
	ŀ	b Less: direct expenses 8b					
		c Net income or (loss) from fundraising events	<b>•</b>				
		a Gross income from gaming activities. See	,				
		Part IV, line 199a					
	k	b Less: direct expenses 9b					
		c Net income or (loss) from gaming activities	<b></b>				
		a Gross sales of inventory, less returns	,				
		and allowances 10a					
	k	b Less: cost of goods sold 10b					
		c Net income or (loss) from sales of inventory					
			Business Code				
sno e	11 a	a MISC. INCOME	900099	4,026.			4,026.
ane	k	b					
eve	ď	c					
Miscellaneous Revenue	ď	d All other revenue					
_	•	e Total. Add lines 11a-11d		4,026.	0.5.5.5.1		, , , , ,
	12	Total revenue. See instructions	<b>&gt;</b>	1,267,856.	96,324.	0.	4,026.

#### 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 or note to any line in this Part IX (D) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV. line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, 190,230. 95,115. 95,115. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (nonemployees): Management 164,215. 131,372. 32,843. Legal 82,724. 60,150. 22,574. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 63,058. 119,943. 56,885. column (A) amount, list line 11g expenses on Sch O.) 57,830. 57,830. Advertising and promotion 12 Office expenses 13 210,581. 2,734. 207,847. Information technology 14 15 Royalties 16 Occupancy 32,432. 12,126. 20,306. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 136,723. 136,651. 72. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 22 Depreciation, depletion, and amortization 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 204,428. 204,428. PROGRAM MANAGEMENT FEES SECRETARIAT SERVICES 180,769. 160,343. 20,426. 12,085. 88,884. 76,799. ALL OTHER EXPENSES 28,000. 28,000. d MATERIALS DEVELOPMENT e All other expenses 1,496,759. 906,062. 590,697. 0. Total functional expenses. Add lines 1 through 24e 25 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)

Form 990 (2020)

# Form 990 (2020) Part X Balance Sheet

Part	ιχ	Balance Sneet					
		Check if Schedule O contains a response or r	ote to ar	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			2,296,441.	1	2,291,787
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net	1,219,722.	4	815,388		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul					
		controlled entity or family member of any of the	nese pers	ons		5	
	6	Loans and other receivables from other disqu	alified pe	rsons (as defined			
		under section 4958(f)(1)), and persons describ	ed in sec	tion 4958(c)(3)(B)		6	
2	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
۲	9	Prepaid expenses and deferred charges			563,020.	9	731,628
	10a	Land, buildings, and equipment: cost or other	1				
		basis. Complete Part VI of Schedule D					
	b	Less: accumulated depreciation			1,793.	10c	1,076
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, lin		Г		12	
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			4 000 000	15	2 020 050
	16	Total assets. Add lines 1 through 15 (must e			4,080,976.	16	3,839,879
	17	Accounts payable and accrued expenses	114,036.	17	94,326		
	18	Grants payable			1,383,109.	18	1,256,570
	19	Deferred revenue			1,303,103.	19	1,230,370
	20	Tax-exempt bond liabilities				20	
	21 22	Escrow or custodial account liability. Complete				21	
ies	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, sul controlled entity or family member of any of the		22			
<u>E</u>	23	Secured mortgages and notes payable to unr		23			
	24	Unsecured notes and loans payable to unrela		· · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities (including federal income tax,			2-7		
		parties, and other liabilities not included on lir					
		of Schedule D		·	34,579.	25	168,634
	26	Total liabilities. Add lines 17 through 25			1,531,724.		1,519,530
		Organizations that follow FASB ASC 958, c					,
es		and complete lines 27, 28, 32, and 33.		· —			
auc	27	Net assets without donor restrictions	2,549,252.	27	2,320,349		
Bal	28	Net assets with donor restrictions		28			
D		Organizations that do not follow FASB ASC					
교		and complete lines 29 through 33.	l l				
ğ	29	Capital stock or trust principal, or current fund	ds			29	
set	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated	income,	or other funds		31	
Net	32	Total net assets or fund balances			2,549,252.	32	2,320,349
	33	Total liabilities and net assets/fund balances			4,080,976.	33	3,839,879

Form **990** (2020)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,2	<u> 267</u>	, 8!	<u> 56.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2				59. 03.
3	Revenue less expenses. Subtract line 2 from line 1					
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,	5 <b>4</b> 9	, 2!	52.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	2,3	320	, 34	49.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.	_			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate					
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		- 1	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin					
	Act and OMB Circular A-133?	-		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required		····			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
			F <sub>1</sub>	orm <sup>9</sup>	990 (	2020)

032012 12-23-20

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

\_

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.
FORUM OF INCIDENT RESPONSE AND SECURITY

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

TEAMS INC 38-3943584 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Total

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# Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

ction A. Public Support						
·	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
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ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
·						
dividends, payments received on						
securities loans, rents, royalties,						
and income from similar sources						
Net income from unrelated business						
activities, whether or not the						
business is regularly carried on						
Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part VI.)						
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	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without charge  Total. Add lines 1 through 3  The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  Public support. Subtract line 5 from line 4.  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  Net income from unrelated business activities, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. Add lines 7 through 10  Gross receipts from related activities,  First 5 years. If the Form 990 is for the organization, check this box and stop ction C. Computation of Public support percentage from 2019 as 3 1/3% support test - 2020. If the organization, check this box and stop ction C. Computation of Public and stop here. The organization qualifies and stop here. The organization qualifies and stop here. The organization qualifies and stop here. The organization meets the facts-and-circumstances test more, and if the organization meets the facts-and-circumstances test more, and if the organization meets the facts-and-circumstances test more, and if the organization meets the facts-and-circumstances test more, and if the organization meets the facts-and-circumstances test more, and if the organization meets the facts-and-circumstances test more, and if the organization meets the facts-and-circumstances test more, and if the organization meets the facts-and-circumstances test more, and if the organization meets the facts-and-circumstances test more, and if the organization meets the facts-and-circumstances test	dar year (or fiscal year beginning in)   Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without charge  Total. Add lines 1 through 3  The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  Public support. Subtract line 5 from line 4.  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  Net income from unrelated business activities, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. Add lines 7 through 10  Gross receipts from related activities, etc. (see instructives, the form some part and stop here. The organization qualifies as a publicly support percentage from 2019 Schedule A, Part 133 1/3% support test - 2020. If the organization did not stop here. The organization qualifies as a publicly support facts-and-circumstances test - 2020. If the organization did not and stop here. The organization meets the facts-and-circumstances test. The organization meets the facts-and-circumstances tes	dar year (or fiscal year beginning in)	dairts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without charge  Total. Add lines 1 through 3  The portion of total contributions by each person (other than a governmental unit to the organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  Public support. Subtract line 5 from line 4. Described by a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  Public support. Subtract line 5 from line 4. Described by the support of fiscal year beginning in)   Amounts from line 4  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.  Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. Add lines 7 through 10  Gross receipts from related activities, etc. (see instructions)  First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax organization, check this box and stop here  Etion C. Computation of Public Support Percentage  Public support percentage from 2019 Schedule A, Part II, line 14  33 1/3% support test - 2020. If the organization did not check the box on line 13, and line stop here. The organization qualifies as a publicly supported organization 10% -facts-and-circumstances test - 2020. If the organization did not check a box on lin and if the organization meets the facts-and-circumstances test, check this box and stop here the facts-and-circumstances test 2020. If the organization qualifies as a publicly supported organization more, and if the organization meets the facts-and-circumstances te	Giffs, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  Tax revenues levied for the organization in the services or facilities from the services or facilities furnished by a governmental unit to or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without charge  Total. Add lines 1 through 3  The portion of total contributions by each person (other than a governmental unit or public) supported organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  Public support. Subractime 5 from line 4.  Strion B. Total Support  ndar year (or fiscal year beginning in)   (a) 2016 (b) 2017 (c) 2018 (d) 2019  Amounts from line 4  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. Add lines 7 through 10  Gross receipts from related activities, etc. (see instructions)  First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section organization, check this box and stop here.  Public support percentage from 2019 Schedule A, Part II, line 14  33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% and stop here. The organization meets the facts-and-circumstances test - 2020. If the organization did not check a box on line 13, fia, 16b, or more, and if the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or more, and if the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organi	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  Tax revenues levide for the organization without charge paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge provention of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  Public support. Subheat line 5 from line 4.  **Eton B. Total Support**  Amounts from line 4  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).  Gross necepits from related activities, etc. (see instructions)  First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. The organization qualifies as a publicly supported organization.  33 1/3% support test - 2020. If the organization idi not check the box on line 13, 16a, or 16b, and line 14 is 10% and 16th eroganization meets the facts and circumstances test, check this box and stop here. The organization qualifies as a publicly supported organization.  33 1/3% support test - 2020. If the organization idi not check the box on line 13, 16a, or 16b, and line 14 is 10% and 16th eroganization meets the facts and circumstances test, check this box and stop here. The organization qualifies as a publicly supported organization.  33 1/3% support test - 2020. If the organization idi not check a box on line 13, 16a, or 16b, and line 14 is 10% and 16th eroganization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the organization and if the organization meets the facts and circumstances test, check this

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# Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support	elow, please comp	nete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and		,	, ,	,	. ,	,,
	membership fees received. (Do not						
	include any "unusual grants.")	1089522.	1285662.	1118146.	984,484.	1167506.	5645320.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		1105753.			96,324.	
2	Gross receipts from activities that	JZ1, 44Z.	1103733.	1230200.	2112127	J0,324.	3477330:
3	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
_							
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	2016964.	2391415.	2354434.	3096613.	1263830.	11123256.
7 <i>a</i>	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year					2,321.	2,321.
	Add lines 7a and 7b					2,321.	2,321.
	Public support. (Subtract line 7c from line 6.)						11120935.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6	2016964.	2391415.	2354434.	3096613.	1263830.	11123256.
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital		74,475.	46,500.	201.	4,026.	125,202.
13	assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)	2016964.	2465890.	2400934.	3096814.		11248458.
	First 5 years. If the Form 990 is for the						
•				•		. , . , .	·
Sec	ction C. Computation of Publi						
	Public support percentage for 2020 (I			rolumn (f))		15	98.87 %
16	Public support percentage from 2019		•			16	99.02 %
	ction D. Computation of Inves						
	Investment income percentage for 20			ne 13 column (f))		17	.00 %
18	Investment income percentage from					18	% %
	33 1/3% support tests - 2020. If the						
130	more than 33 1/3%, check this box ar						✓ IS HOU ► X
t	33 1/3% support tests - 2019. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	nd
00	line 18 is not more than 33 1/3%, che						. $\square$
20	<b>Private foundation.</b> If the organization	in dia not check a l	oox on line 14, 198	a, or 190, check th	is box and see inst	TUCTIONS	

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Schedule A (Form 990 or 990-EZ) 2020

# Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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	4a		
	4b		
	4c		
	5a		
	Ja		
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	8		
	9a		
	9b		
	9c		
	10a		
	10h		
n O	10b 90 or 99	∩-F7\	2020
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	t IV   Supporting Organizations (continued)			ago <b>o</b>
	11 5 5 (dominidad)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		100	110
	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
u	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	1.12		
·	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		100	110
-	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u></u>	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction		-
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	2a		
h	that these activities constituted substantially all of its activities.  Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2020

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on	Nov. 20, 1970 ( explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		•	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	ed Type III supporting orga	nization (see

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	Section D - Distributions Current Year							
1	Amounts paid to supported organizations to accomplish exer	mpt purposes	1					
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported						
	organizations, in excess of income from activity		2					
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3					
4	Amounts paid to acquire exempt-use assets		4					
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5					
_6	Other distributions (describe in Part VI). See instructions.		6					
_7_	Total annual distributions. Add lines 1 through 6.		7					
8	Distributions to attentive supported organizations to which the	ne organization is responsive						
	(provide details in Part VI). See instructions.		8					
9	Distributable amount for 2020 from Section C, line 6		9					
10	Line 8 amount divided by line 9 amount		10					
		(i)	(ii)	(iii)				
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2020	Distributable Amount for 2020				
1	Distributable amount for 2020 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2020 (reason-							
	able cause required - explain in Part VI). See instructions.							
_3_	Excess distributions carryover, if any, to 2020							
<u>a</u>	From 2015							
<u>b</u>	From 2016							
c	From 2017							
d	From 2018							
е	From 2019							
<u>f</u>	Total of lines 3a through 3e							
<u>g</u>	Applied to underdistributions of prior years							
<u>h</u>	Applied to 2020 distributable amount							
<u>_i</u>	Carryover from 2015 not applied (see instructions)							
<u>j</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2020 from Section D,							
	line 7: \$							
<u>a</u>	Applied to underdistributions of prior years							
<u>b</u>	Applied to 2020 distributable amount							
<u>c</u>	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2020, if							
	any. Subtract lines 3g and 4a from line 2. For result greater							
	than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2020. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2021. Add lines 3j							
	and 4c.							
_8_	Breakdown of line 7:							
	Excess from 2016							
	Excess from 2017							
	Excess from 2018							
u	Excess from 2019  Excess from 2020							

Schedule A (Form 990 or 990-EZ) 2020

# FORUM OF INCIDENT RESPONSE AND SECURITY

Schedule A	(Form 990 or 990-EZ) 2020 <b>TEAMS</b>	INC.	38-3943584 Page 8
Part VI	Supplemental Information. P Part IV, Section A, lines 1, 2, 3b, 3c, 4 line 1; Part IV, Section D, lines 2 and 3	rovide the explanations required by Part II, line 10; Part II, line 17a o b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines b; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional complete the	r 17b; Part III, line 12; 1 and 2; Part IV, Section C, V, Section B, line 1e; Part V,
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		

# Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2020

Name of the organization

FORUM OF INCIDENT RESPONSE AND SECURITY TEAMS INC.

**Employer identification number** 

38-3943584

Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \_\_\_\_\_\_ > \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

FORUM OF INCIDENT RESPONSE AND SECURITY

TEAMS INC.

Employer identification number

38-3943584

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No. 1	Name, address, and ZIP + 4	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 2	Name, address, and ZIP + 4	* 10,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	\$ 15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
No. 5	Name, duiress, and ZIF + 4	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6 <u>6</u>	Name, address, and ZIP + 4	\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
FORUM OF INCIDENT RESPONSE AND SECURITY
TEAMS INC.

Employer identification number
38-3943584

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Hamo, address, and Zir + +	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
FORUM OF INCIDENT RESPONSE AND SECURITY
TEAMS INC.

Employer identification number
38-3943584

Part II	<b>Noncash Property</b> (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<del></del>			
			1

Name of organization **Employer identification number** FORUM OF INCIDENT RESPONSE AND SECURITY TEAMS 38-3943584 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

# **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

FORUM OF INCIDENT RESPONSE AND SECURITY TEAMS INC.

**Employer identification number** 38-3943584

Par	t I Organizations Maintaining Donor Advised	d Funds or Other	'Si	milar Funds o	r Acc	coun	ts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.					
		(a) Donor adv	ised	funds	(b	) Fund	ds and other accounts
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in $\boldsymbol{\nu}$	vriting that the assets	held	d in donor advised	d funds	3	
	are the organization's property, subject to the organization's e						Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that	grar	nt funds can be us	sed on	ly	
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for	any	other purpose co	onferrin	ng	
Б.	impermissible private benefit?						Yes No
Par				on Form 990, Pa	art IV, I	ine 7.	
1	Purpose(s) of conservation easements held by the organization	-	y).				
	Preservation of land for public use (for example, recreat	tion or education)	_			-	important land area
	Protection of natural habitat	L		Preservation of a	certifi	ed his	toric structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation cont	ribut	tion in the form of	a con		•
	day of the tax year.				- 1		Held at the End of the Tax Year
а	Total number of conservation easements				├	2a	
b						2b	
С	Number of conservation easements on a certified historic stru					2c	
d	Number of conservation easements included in (c) acquired a				•		
_	listed in the National Register				L	2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	or te	rminated by the o	rganız	ation (	during the tax
_	year >						
4	Number of states where property subject to conservation eas						
5	Does the organization have a written policy regarding the per						
•	violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, l	nandling of violations,	, and	enforcing conse	rvation	ease	ments during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violetions, and	onfo	roing concentation	n 000	mont	a during the year
7	S	iling of violations, and	emic	ording conservation	ni ease	emem	s during the year
8	Does each conservation easement reported on line 2(d) above	a catisfy the requirem	onto	of section 170(h)	(4)(D)(i)		
Ü							Yes No
9	and section 170(h)(4)(B)(ii)?						
3	balance sheet, and include, if applicable, the text of the footn						
	organization's accounting for conservation easements.	ote to the organization	1131	manciai statemen	ito tilat	. uesc	TIDES THE
Par	t III Organizations Maintaining Collections of	Art, Historical T	rea	sures, or Oth	er Si	milar	Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		-			
1a	If the organization elected, as permitted under FASB ASC 95		ever	nue statement and	d balar	nce sh	eet works
	of art, historical treasures, or other similar assets held for pub	•					
	service, provide in Part XIII the text of the footnote to its finan	ŕ				•	
b	If the organization elected, as permitted under FASB ASC 956					sheet	works of
	art, historical treasures, or other similar assets held for public						
	provide the following amounts relating to these items:	,	,			•	•
	(i) Revenue included on Form 990, Part VIII, line 1					▶ 5	<b>.</b>
							<u> </u>
2	If the organization received or held works of art, historical trea					rovide	
	the following amounts required to be reported under FASB A				, , , , ,		
а	Revenue included on Form 990, Part VIII, line 1	-				<b>&gt;</b> 5	<b>.</b>
	Assets included in Form 990, Part X					<b>&gt;</b> 9	

Schedule D (Form 990) 2020

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

	t III Organizations Maintaining Co		t. Histo	orical Tre	asures o	r Other			<del></del>		age Z
	•								(contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	s, check	any or the i	ollowing that	. make si	grillicarit t	ise or its			
	collection items (check all that apply):		. —		l						
a	Public exhibition	d			hange progra						
b	Scholarly research	е	• '	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co							se in Part	XIII.		
5	During the year, did the organization solicit or								٦.,		1
Do	to be sold to raise funds rather than to be ma								_ Yes		No
Pai	t IV Escrow and Custodial Arrang		ete if the	organizatio	n answered '	'Yes" on	Form 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Part										
па	Is the organization an agent, trustee, custodia								٦,,		1
	on Form 990, Part X?							∟	<b>」Yes</b>		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing to	able:							
									Amount		
	Beginning balance										
	Additions during the year										
е	Distributions during the year										
f	Ending balance								7.,		1
	Did the organization include an amount on Fo						ity?		<b>」Yes</b>		No
Par	If "Yes," explain the arrangement in Part XIII.										
Fai	t V Endowment Funds. Complete if										
		(a) Current year	(b) P	rior year	(c) Two year	rs back	(d) Three y	rears back	(e) Four	years I	back
	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g	ı, column (a	)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c should	ıld equal 100%.									
3a	Are there endowment funds not in the posses	ssion of the organiza	tion that	t are held ar	nd administer	ed for th	e organiza	ation	_		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizat								3b		
4	Describe in Part XIII the intended uses of the		wment f	unds.							
Par	t VI Land, Buildings, and Equipme										
	Complete if the organization answered	I "Yes" on Form 990	, Part IV	, line 11a. S	See Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or o basis (investr			or other (other)		ccumulate preciation	ed	(d) Book	value	<del>)</del>
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment										
	Other				5,099.		4,0	23.		L,07	
	. Add lines 1a through 1e. (Column (d) must ed		X. colum	nn (B). line 1	0c.)	<del></del>		<b>•</b>	1	L,07	76.

Schedule D (Form 990) 2020

Schedule D	(Form 990) 2020	TEAMS	INC.		3	8-3943584 Page <b>3</b>
Part VII	Investments -	Other Secur	ities.			<u> </u>
	Complete if the org	janization answe	ered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Descrip	tion of security or cate	gory (including name	of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
1) Financia	al derivatives					
2) Closely	held equity interests					
3) Other						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
otal. (Col. (b	b) must equal Form 990	0, Part X, col. (B)	line 12.) ►			
Part VIII	Investments -	Program Re	lated.			
	Complete if the org	janization answe	ered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
	(a) Description of	investment		(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	b) must equal Form 990	0, Part X, col. (B)	line 13.) ►			
Part IX	Other Assets.					
	Complete if the org	ganization answe			11d. See Form 990, Part X, line 15.	
			(a)	Description		(b) Book value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Colu	mn (b) must equal Fo	orm 990, Part X,	col. (B) line	e 15.)	<u> </u>	<u> </u>
Part X	Other Liabilitie	es.				
				on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	
l	<b>(a)</b> D	escription of lial	oility			(b) Book value
	eral income taxes					
(2) <b>OT</b>	HER PAYABL	ES				168,634.
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Colu	mn (b) must equal Fo	orm 990, Part X.	col. (B) line	e 25.)	<b>.</b>	168,634.
					the organization's financial statements	that reports the
0.0001-0	ation's liability for up	aartain tay naait	iana unda	EACD ACC 740 Chook ha	ero if the toyt of the feetnets has been n	revided in Dort VIII

032053 12-01-20

Schedule D (Form 990) 2020

Par	t XI Reconciliation of Revenue per Audited Financial S	statements With Revenue p	er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV	/, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 . 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)			
	Add lines 4a and 4b			
5 Pai	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line  † XII   Reconciliation of Expenses per Audited Financial	12.) Statements With Expenses	5   s ner Beturn	
ı aı		-	per rictum.	
_	Complete if the organization answered "Yes" on Form 990, Part IV			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a		
a h	Donated services and use of facilities  Prior year adjustments			
D	Prior year adjustments Other losses			
ď	Other losses Other (Describe in Part XIII.)			
u e	Add lines 2a through 2d		2e	
3	Subtract line <b>2e</b> from line <b>1</b>			
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		
b	Other (Describe in Part XIII.)			
С	Add lines <b>4a</b> and <b>4b</b>		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin			
Pai	t XIII Supplemental Information.	•		
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	nd 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 provid	e any additional information.		

# SCHEDULE F (Form 990)

Department of the Treasury

# **Statement of Activities Outside the United States**

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

➤ Attach to Form 990.

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

2020
Open to Public Inspection

Internal Revenue Service

Name of the organization

FORUM OF INCIDENT RESPONSE AND SECURITY

TEAMS INC.

**Employer identification number** 

38-3943584

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

	Form 990, Part IV	/, line 14b.									
1											
	the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No										
2	For grantmakers. Desc	ribe in Part V the	organization's ¡	procedures for monitoring the use of its	s grants and other assistance outside	de the					
	United States.										
3	Activities per Region. (Th	ne following Part	I, line 3 table ca	an be duplicated if additional space is n	eeded.)						
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram 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 the region	(f) Total expenditures for and investments in the region					
EUR	DPE	0	1	PROGRAM SERVICES	PROGRAMS AND GENERAL ADMIN MANAGEMENT	190,229.					
EUR	OPE	0	0	PROGRAM SERVICES	REGIONAL SYMPOSIUM	64,631.					
	Subtotal	0	1 0			254,860. 0.					
С	Totals (add lines 3a					254.860					

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Schedule F (Form 990) 2020

38-3943584

recipient who red	ceived more than \$5,0	000. Part II can be duplic	cated if additional space is nee	eded.				
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			recognized as charities by the					
exempt 501(c)(3) orga  3 Enter total number of			or counsel has provided a sec			<b>)</b>		

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any

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

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)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes." the organization may		
_	be required to separately 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; don't file with Form 990)	Yes	X No
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		[T]
	Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
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,		
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing		X No
	Fund (see Instructions for Form 8621)	Yes	A NO
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)	Yes	X No
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 separately file Form 5713, International Boycott Report (see		V.
	Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2020

Schedule F (Form 990) 2020

# SCHEDULE J (Form 990)

Department of the Treasury

**Compensation Information** 

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

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

2020

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

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

FORUM OF INCIDENT RESPONSE AND SECURITY

TEAMS INC.

 $Employer\ identification\ number \\ 38-3943584$ 

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
	Any related organization?	5b		_X_
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		_X_
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		<u>X</u>
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		<u>X</u>
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 (1958-6/c)?	۱۵		

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Schedule J (Form 990) 2020

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 on 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 aren't 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.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Derients	(6)(1/(0)	reported as deferred on prior Form 990
(1) CHRIS GIBSON	(i)	175,713.	0.	0.	5,271.	9,245.	190,229.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							-
	(ii)							
	(i) (ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III   Supplemental Information
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.
PART I, LINE 3:
CHAIR AND CFO DISCUSSED COMPENSATION WITH THE BOARD.
PROTOCOLS RELATED TO CEO/EXECUTIVE DIRECTOR SALARY WAS PUBLISHED TO MEMBERS
OF THE ORGANIZATION.
THIS WAS MOST RECENTLY COMPLETED IN 2019.

#### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

FORUM OF INCIDENT RESPONSE AND SECURITY TEAMS INC.

Employer identification number 38-3943584

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

EFFECTIVE RESPONSE IS A GLOBAL TASK, MIRRORING THE GLOBAL NATURE OF THE BASED ON A PEER TO PEER NETWORK GOVERNANCE MODEL, INTERNET. COMPUTER SECURITY INCIDENT RESPONSE TEAMS (CSIRTS), PRODUCT SECURITY INCIDENT RESPONSE TEAMS (PSIRTS) AND INDEPENDENT SECURITY RESEARCHERS WORK TOGETHER TO LIMIT THE DAMAGE OF SECURITY INCIDENTS. THIS REQUIRES A HIGH LEVEL OF TRUST; THE FUEL OUR MEMBERS RUN ON. FIRST FOSTERS TRUST BUILDING AMONG MEMBERS THROUGH A VARIETY OF ACTIVITIES. INCIDENTS ARE NOT CONFINED TO ONE CULTURAL OR POLITICAL CORNER OF THE INTERNET, NOR DO THEY RESPECT BORDERS OR BOUNDARIES. FIRST THUS PROMOTES INVITING MEMBERSHIP FROM ALL GEOGRAPHIC AND CULTURAL INCLUSIVENESS, REGIONS

FORM 990, PART VI, SECTION A, LINE 6:

FULL MEMBERS ARE SECURITY INCIDENT RESPONSE TEAMS WHO ASSIST A DEFINED

CONSTITUENCY IN PREVENTING AND HANDLING SECURITY-RELATED INCIDENTS;

LIAISON MEMBERS: INDIVIDUALS THAT HAVE A LEGITIMATE INTEREST IN AND VALUE

TO FIRST

FORM 990, PART VI, SECTION A, LINE 7A:

THE MEMBERS OF THE FORUM OF INCIDENT REPONSES AND SECURITY TEAMS, INC.

ANNUALLY HOLD AN ELECTION WHERE MEMBERS OF THE BOARD OF DIRECTORS ARE

ELECTED TO THE BOARD. MEMBERS VOTE FOR ANY CHANGES TO THE BYLAWS OR OTHER

GOVERNING DOCUMENTS OF THE ORGANIZATION.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization FORUM OF INCIDENT RESPONSE AND SECURITY **Employer identification number** 38-3943584 TEAMS INC. FORM 990, PART VI, SECTION A, LINE 7B: BOARD OF DIRECTORS MEETINGS AS WELL AS THE ANNUAL ALL GROUP MEETING ARE DOCUMENTED IN MEETING MINUTES BY THE SECRETARIAT OF THE ORGANIZATION. FORM 990, PART VI, SECTION A, LINE 8B: THE ORGANIZATION DOES NOT HAVE DESIGNATED COMMITTEES. THE BOARD ACTS ON BEHALF OF THE ORGANIZATION. FORM 990, PART VI, SECTION B, LINE 11B: THE TAX RETURN IS REVIEWED BY THE CFO AND PRESENTED TO THE BOARD OF DIRECTORS FOR REVIEW. FORM 990, PART VI, SECTION B, LINE 12C: EACH DIRECTOR, OFFICER AND MEMBER OF A COMMITTEE WITH BOARD-DELEGATED POWERS SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS THAT THEY: A. HAVE RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICY, B. HAVE READ AND UNDERSTANDS THE POLICY, AND C. HAVE AGREED TO COMPLY WITH THE POLICY. IF A CONFLICT ARISES THE BOARD MEMBER WILL ABSTAIN FROM VOTING. OUTSIDE COUNSEL ATTENDS THE ORIENTATION BOARD MEETING FOR NEW MEMBERS TO REVIEW THE POLICY AND COLLECT SIGNED AGREEMENTS. FORM 990, PART VI, SECTION B, LINE 15A: THE FORMER CHAIR AND PREVIOUS CFO REVIEWED ONLINE DATA REGARDING SALARIES OF OTHER EXECUTIVE DIRECTOR'S AS WELL AS AVERAGE PAYMENT FOR LEADERS IN THE Schedule O (Form 990 or 990-EZ) 2020

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization FORUM OF INCIDENT RESPONSE AND SECURITY TEAMS INC.	Employer identification number 38-3943584
FIELD OF CYBER SECURITY. THE FULL BOARD WAS INVOLVED IN TH	E INPUT. THE
DISCUSSIONS REGARDING THE DELIBERATION AND DECISIONS WERE	PUBLISHED TO ALL
MEMBERS	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES THE GOVERNING DOCUMENTS, CONFLICTS	OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE ON ITS WEBSITE.	