

UHY Advisors MO, Inc. 15 Sunnen Drive Suite 100 St. Louis, MO 63143 Phone: 314-615-1200 Fax: 314-647-8304

November 14, 2023

International Association of Computer Investigative Specialists, Inc. P.O. Box 2411 Leesburg, VA 20177

Dear Debbie:

Enclosed are the original and one copy of the 2022 Exempt Organization returns, as follows...

2022 Form 990

2022 California Form 199

We have completed the return(s) in accordance with the scope and terms of the engagement letter. The return(s) were completed from information you furnished to us. We have not audited or otherwise verified the data you submitted, although we may have asked you to clarify some of the information.

All of the information you submitted to us was, to the best of your knowledge, correct and complete and included all income, deductions, and other data necessary for the preparation of your income tax return(s). You are responsible for keeping the necessary records to support the information within your return(s). It is important that you review your records to ensure that you have the documentation for these income and expense items. If you find that the documentation is incomplete or incorrect, please notify our office to discuss the propriety of amending these returns.

Enclosed are any original documents that you may have provided to us for the preparation of your returns. We may have retained copies of some or all of the documents, but you should maintain all of the original documents and records to support your return.

Your return(s), of course, are subject to review by the taxing authorities. Any items resolved against you are subject to certain rights of appeal. In the event of any examination, we will be available to represent you as a separate engagement.

The Internal Revenue Code and states provides for numerous penalties. They include penalty for omitting income, failure to file informational returns (such as 1099's or various reporting requirements related to foreign activities), substantial underpayment of tax liability and numerous others. The taxing authorities have indicated they will assess penalties vigorously. Please contact us if you believe that there are any additional filings required that have not been prepared.

The <u>FILING INSTRUCTIONS</u>, which are included with each return, provide information on how to file your return, the due date of the return, and the amount of your refund or amounts due.

Please review the return(s) prior to filing with the taxing authority. Should you have any questions regarding the return(s), please contact us.

You should retain a copy of the return(s) for your files.

We sincerely appreciate the opportunity to work with you, and we look forward to our continued relationship.

Very truly yours,

William J. Sutton UHY Advisors MO, Inc.

#### TAX RETURN FILING INSTRUCTIONS

**FORM 990** 

#### FOR THE YEAR ENDING

December 31, 2022

Pre	pa	red	ΙF	or:
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International Association of Computer Investigative Specialists, Inc. P.O. Box 2411 Leesburg, VA 20177

#### Prepared By:

UHY Advisors MO, Inc. 15 Sunnen Drive, Suite 100 St. Louis, MO 63143-3819

#### **Amount Due or Refund:**

Not applicable

#### Make Check Payable To:

Not applicable

### Mail Tax Return and Check (if applicable) To:

Not applicable

#### **Return Must be Mailed On or Before:**

Not applicable

#### **Special Instructions:**

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-TE to us by November 15, 2023.

#### E 8879-TE

# IRS e-file Signature Authorization for a Tax Exempt Entity

OMB	No.	1545-0	JU47

For calendar year 2022, or fiscal year beginning

INTERNATIONAL ASSOCIATION OF COMPUTER

, 2022, and ending \_\_\_\_\_ , 20

2022

Department of the Treasury Internal Revenue Service

Name of filer

t of the Treasury

Do not send to the IRS. Keep for your records.

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

INVESTIGATIVE SPECIALISTS, INC

EIN or SSN 93-1038161

Name and title of officer or person subject to tax

ERIN RALEIGH TREASURER

Part I	Type of Return and	Return	Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

i iai i Oi	C III C II I C C C C			
1a	Form 990 check here	X k	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1ь <u>2,444,828</u> .
2a	Form 990-EZ check here		Total revenue, if any (Form 990-EZ, line 9)	2b
3a	Form 1120-POL check here		Total tax (Form 1120-POL, line 22)	3b
4a	Form 990-PF check here		Tax based on investment income (Form 990-PF, Part V, line 5)	4b
5a	Form 8868 check here		Balance due (Form 8868, line 3c)	5b
6a	Form 990-T check here		Total tax (Form 990-T, Part III, line 4)	6b
7a	Form 4720 check here		Total tax (Form 4720, Part III, line 1)	7b
8a	Form 5227 check here		FMV of assets at end of tax year (Form 5227, Item D)	8b
9a	Form 5330 check here		Tax due (Form 5330, Part II, line 19)	9b
10a	Form 8038-CP check here		Amount of credit payment requested (Form 8038-CP, Part III, line	22) <b>10b</b>
Part	II Declaration and S	ignatur	e Authorization of Officer or Person Subject to Tax	
Jnder p	penalties of perjury, I declare that	at 🗓 la	am an officer of the above entity or $  igsqcup                   $	rith respect to (name
of entity	/)		, (EIN) and tha	t I have examined a copy of the
			ules and statements, and, to the best of my knowledge and belief, they	

2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check	one	box	only
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X I authorize	UHY	ADVISORS	MO,	INC.	to enter my PIN	03315
				ERO firm name		Enter five numbers, b

as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the

IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

#### Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

43387066666

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS <sub>e-file</sub> Providers for Business Returns.

ERO's signature WILLIAM J. SUTTON

Date 11/14/23

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

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

Form **8879-TE** (2022)

#### EXTENDED TO NOVEMBER 15, 2023 Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury

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

A For the 2022 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number INTERNATIONAL ASSOCIATION OF COMPUTER Address change INVESTIGATIVE SPECIALISTS, Name change 93-1038161 Initial return Room/suite Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Final return/ termin-ated P.O. BOX 2411 888-884-2247 2,444,828. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return 20177 LEESBURG, VA H(a) Is this a group return Applica-tion pending F Name and address of principal officer: ERIN RALEIGH Yes X No for subordinates? ..... 7101 N AUSTIN ROAD, SPOKANE, WA 99208 \_ Yes 「 **H(b)** Are all subordinates included? Tax-exempt status:  $\mathbf{X}$  501(c)(3) 501(c) ( (insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.IACIS.COM H(c) Group exemption number **K** Form of organization: X Corporation Association Other L Year of formation: 1990 M State of legal domicile: OR Trust Part I Summary Briefly describe the organization's mission or most significant activities: PROFESSIONAL CERTIFICATION **Activities & Governance** CONFERENCE AND TRAINING PROGRAMS IN COMPUTER FORENSICS FOR LAW if the organization discontinued its operations or disposed of more than 25% of its net assets. 2874 3 Number of voting members of the governing body (Part VI, line 1a) 2874 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 558 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 166,275. 171,925. Contributions and grants (Part VIII, line 1h) 8 1,211,550. 2,272,445. Program service revenue (Part VIII, line 2g) -60. 458. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 5,364. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 11 1.383.129. 2.444.828 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 1,408,139. 2,119,385. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,408,139. 2,119,385. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -25,010. 325,443. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 2,098,660. 2,781,831 Total assets (Part X, line 16) 749,115. 1,106,843. 21 Total liabilities (Part X, line 26) 三年 349,545. 1,674,988 Net assets or fund balances. Subtract line 21 from line 20 ..... Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign ERIN RALEIGH, TREASURER Here Type or print name and title Date PTIN Preparer's signature Print/Type preparer's name 11/14/23 self-employed P00625383 WILLIAM J. SUTTON WILLIAM J. SUTTON Paid UHY ADVISORS MO, INC. Firm's EIN 43-1305800 Firm's name Preparer Firm's address 15 SUNNEN DRIVE, SUITE 100 Use Only Phone no. 314-615-1200 ST. LOUIS, MO 63143-3819 X Yes May the IRS discuss this return with the preparer shown above? See instructions No

Par	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:
	PROFESSIONAL CERTIFICATION, CONFERENCE AND TRAINING PROGRAMS IN
	COMPUTER FORENSICS FOR LAW ENFORCEMENT PROFESSIONALS AND THE GENERAL
	PUBLIC.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes X No
_	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No
3	
_	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 \$2,093,829. including grants of \$) (Revenue \$2,272,451. ) PROFESSIONAL CERTIFICATION, CONFERENCE AND TRAINING PROGRAMS IN
	COMPUTER FORENSICS FOR LAW ENFORCEMENT PROFESSIONALS AND THE GENERAL
	PUBLIC.
	POBLIC.
41-	
4b	(Code:) (Expenses \$
40	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
→u	
4e	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses 2,093,829.
-7-0	Form <b>990</b> (2022)

93-1038161

Form 990 (2022) INVESTIGATIVE SPECIALISTS, INC.
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? See instructions	2		Х
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		Х
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 Rev. Proc. 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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	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	77	X
	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			37
	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	١		Х
	Schedule D, Parts XI and XII	12a		
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	401		Х
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		- 22
b	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	110		
	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. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
-	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	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			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form 990 (2022) INVESTIGATIVE SPECTION OF The Section 1990 (2022) INVESTIGATIVE SPECTION OF THE SPECTION OF TH

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
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		
	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%			
	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 the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		х
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 line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
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		Х
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		Х
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
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
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 on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai	t 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			$\Box$
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on 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		

Part V

				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	0				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	·····	2b		v	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X	
	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		4-		X	
<b>L</b>	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	·····	4a		^	
D	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).	—				
E.			5a		х	
5a b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	Г	5b		X	
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		1	
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit		30			
Va		- 1	6a		x	
h	any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	·····	- Ou			
			6b			
7	Were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).	·····	OD			
, a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the p	avor?	7a		х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Г	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	·····				
·	to file Form 8282?		7c		X	
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	····				
е	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		Х	
g						
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?					
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.					
a Did the sponsoring organization make any taxable distributions under section 4966?						
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:					
а	Gross income from members or shareholders					
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)					
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	}	12a			
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	$\dashv$				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	ŀ	12-			
а	Is the organization licensed to issue qualified health plans in more than one state?	····· }	13a			
b	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the					
b	organization is licensed to issue qualified health plans					
С	Enter the amount of reserves on hand					
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х	
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	Г	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		x	
	If "Yes," see the 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?	- 1	16		х	
	If "Yes," complete Form 4720, Schedule O.	·····				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	- [				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17			
	If "Yes," complete Form 6069.	·				

Page 6

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

	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 2	2874			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	2874			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship w	ith any other				
	officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under the d	irect supervision				
			L	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990	was filed?	[	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets	s?	[	5		Х
6	Did the organization have members or stockholders?			6		Х
7a						
	more members of the governing body?		L	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stoo					
	persons other than the governing body?		L	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year b	y the following:				
а	The governing body?		L	8a	Х	
b	Each committee with authority to act on behalf of the governing body?		L	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	ed at the				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Reve	nue Code.)				
			_		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		<u>L</u>	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chap	ters, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?		1	I0b		
11a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?					X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		<u>L</u>	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	conflicts?	1	I2b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes	," describe				
	on Schedule O how this was done		L	12c	X	
13	Did the organization have a written whistleblower policy?		·····	13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approval be					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
	The organization's CEO, Executive Director, or top management official			15a		X
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	nt with a				
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization					
<u>C</u>	exempt status with respect to such arrangements?		1	l6b		
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed CA					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	990-T (section 50	)1(c)(3)s o	nly) a	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website X Another's website X Upon request Other (explain o	,				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, confl	ict of interest pol	ıcy, and fi	nanc	ıal	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's books	and records				
	DEBBIE PLAMONDON - 888-884-2247 PO BOX 2411, LEESBURG, VA 20177					
	TO DOM ATIT, DUDODOM, VA AVIII					

INVESTIGATIVE SPECIALISTS

Form 990 (2022) 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	

93-1038161

Page 7

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
- Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

X Check this box if neither the organization no	or any related	orga	niza	tion	con	npen	sate	ed any current officer, d	irector, or trustee.	
(A)	(B)	(C) Position						(D)	(E)	(F)
Name and title	Average	(do				l than c	nne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	s both	an	compensation	compensation	amount of
	week		Jer an	uau	recto	rrus	iee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	eord	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee		1099-NEC)	1000 NEO)	and related
	below	dualt	ution	-	Key employee	st co oyee	er			organizations
	line)	Indiv	Instit	Officer	Key e	Highe empl	Former			
(1) ERIN MITCHELL	10.00									
TRAINING DIRECTOR		X						0.	0.	0.
(2) TROY LAWRENCE	10.00									
STANDARDS DIRECTOR		Х						0.	0.	0.
(3) BRENT WHALE	10.00									
VICE - PRESIDENT		Х		Х				0.	0.	0.
(4) GENE SHANTZ	10.00							_		
PRESIDENT		Х		Х				0.	0.	0.
(5) DARREN FREESTONE	10.00									
BOARD CHAIRMAN		Х		Х				0.	0.	0.
(6) SCOTT PANCOAST	10.00									
E-SERVICES DIRECTOR	1000	Х						0.	0.	0.
(7) TODD BIGNUCOLO	10.00									
CERTIFICATION DIR.	1000	Х						0.	0.	0.
(8) ERIN RALEIGH	10.00									
TREASURER	1000	Х		X				0.	0.	0.
(9) DAVID MELVIN	10.00									•
SECRETARY	10 00	Х		Х				0.	0.	0.
(10) JASON OTTING	10.00								•	•
ETHICS DIRECTOR	10.00	Х						0.	0.	0.
(11) RICH JOHNSON	10.00	3,7							0	0
MARKETING DIRECTOR		Х						0.	0.	0.
		-								
		-								
		1								
		1								

Form 990 (2022) 232007 12-13-22

(B)

Average

hours per

week

(list any

hours for

(F)

Estimated

amount of

other

compensation

93-1038161

(E)

Reportable

compensation

from related

organizations

(A)

Name and title

INVESTIGATIVE SPECIALISTS, INC. Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(C)

Position

(do not check more than one box, unless person is both an officer and a director/trustee)

(D)

Reportable

compensation

from

the

		hours for related organizations below line)	Individual trustee or dire	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MIS 1099-NEC)	C/	org and	om the anizat d relat anizati	tion ted
											$\dashv$			
											$\dashv$			
											$\dashv$			
											$\dashv$			
											$\neg$			
											$\frac{1}{2}$			
1b	Subtotal								0.		0.			0.
c d	Total from continuation sheets to Part VI Total (add lines 1b and 1c)								0.		0.			0.
2	Total number of individuals (including but n									000 of reportable				
	compensation from the organization													0
•	Did the constitution link and form	alling along the call			1			1. 1			ſ		Yes	No
3	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i> .										- 1	3		Х
4	For any individual listed on line 1a, is the su										····			
	and related organizations greater than \$150	0,000? If "Yes,	" co	mpl	ete S	Sche	edule	J fo	or such individual		[	4		Х
5	Did any person listed on line 1a receive or a											_		v
Sec	rendered to the organization? If "Yes." com tion B. Independent Contractors	plete Schedule	e J f	or si	ıch į	oers	on .				<u></u>	5		X
1	Complete this table for your five highest con	mpensated ind	lepe	nde	nt co	ontra	acto	rs th	at received more than \$	100,000 of comp	ensat	ion fro		
	the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin		ear.				
	<b>(A)</b> Name and business	address	NT/	ONI	7				<b>(B)</b> Description of s	envices	C	(C	<b>))</b> nsatio	'n
	Name and business	addicss	11/	ו אוכ	<u>.                                    </u>			+	Description of s	CIVICCS		Jilipei	ISatio	
								T						
								_						
	Total number of independent contractors (in	acluding but a	at lim	nita	1 +0	ther	ما م	tod	ahove) who roccived ma	ore than				
2	Total number of independent contractors (in \$100,000 of compensation from the organization)		טנ ווו	ı ıı te(		(105		ıeu	above, who received mo	ne ulali				
	<u>-</u>									•		Form	990 (	(2022)
232008	3 12-13-22													

			Check if Schedule O c	ontair	ns a respor	ise (	or note to any lin	e in this Part VIII			
								(A)	(B)	(C)	(D)
								Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
									lunction revenue	business revenue	sections 512 - 514
SΩ	1	a Fe	ederated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts			lembership dues				171,925.				
င်္ခ ဗြ			undraising events								
fts,			elated organizations								
ية إق											
Sir			overnment grants (contri								
utio			l other contributions, gifts, (								
章된			milar amounts not included								
out		-	oncash contributions included in li	ines 1a-	-1f <b>1g</b> \$			171 025			
<u>0</u> <u>8</u>		h To	otal. Add lines 1a-1f					171,925.			
		~	A1100000000000000000000000000000000000				Business Code	1 701 010	1 701 010		
Se	2		ONFERENCE FE			_	611420	1,791,210.	1,791,210.		
Program Service Revenue			NLINE TRAINI			_	611420	400,985.	400,985.		
Score		с <u>С</u>	ERTIFICATION	FE	ES	_	611420	80,250.	80,250.		
ev		d _				_					
Б		e _				_					
ᇫ		f Al	ll other program service r	evenu	ле						
		g To	otal. Add lines 2a-2f					2,272,445.			
	3	In	vestment income (includ	ing di	vidends, in	tere	st, and				
		ot	ther similar amounts)					452.			452.
	4	In	come from investment of								
	5	Ro	oyalties								
			•		(i) Real		(ii) Personal				
	6	a Gi	ross rents	6a							
			ess: rental expenses	6b							
			ental income or (loss)	6c							
		d Net rental income or (loss)									
			ross amount from sales of		(i) Securiti	es	(ii) Other				
	•		sets other than inventory	7a	()		6.				
			ess: cost or other basis	14							
ø				7h			0.				
ž			nd sales expensesain or (loss)				6.				
ther Revenue								6.	6.		
ت ح			et gain or (loss)			·····		0.	0.		
Ę.	8		ross income from fundraisin cluding \$	-	•						
0					•						
			ontributions reported on		•						
			art IV, line 18			8a					
			ess: direct expenses			8b					
			et income or (loss) from f		-	rs 					
	9		ross income from gaming			_					
			art IV, line 19			<u>9a</u>					
			ess: direct expenses			9b					
			et income or (loss) from (								
	10		ross sales of inventory, le								
		ar	nd allowances			10a					
		<b>b</b> Le	ess: cost of goods sold			10b					
		c Ne	et income or (loss) from s	sales o	of inventor	/	 T				
<sub>ω</sub>							Business Code				
Miscellaneous Revenue	11	a _				_					
ane		b _				_					
e še		c _									
/lisc B		d Al	Il other revenue								
_			otal. Add lines 11a-11d								
	12	To	otal revenue. See instructio	ns				2,444,828.	$2,272,\overline{451}$	0.	452.

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**) Fundraising expenses (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. 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, 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 2,056. 2,056. Legal 56,765. 42,574. 14,191. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 480. 480. Advertising and promotion 12 14,233. 12,947. 1,286. Office expenses 13 19,241. 19,241. Information technology 14 15 Royalties Occupancy 16 671,515. 671,515. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 855,474. 855,474. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 74,397. 74,397. Depreciation, depletion, and amortization ..... 22 5,043. 803. 4,240. 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.) 282,890. 282,890. TUITION COMPED WEBSITE MAINTENANCE 79,232. 71,309. 7,923. 55,007. 1,015. 53,992. CREDIT CARD FEES 11,836. 11,836. BACKGROUND CHECKS SEE SCH O -8,784.8,207. -16,991. All other expenses 2,119,385. 2,093,829. 25,556. 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 (2022)
Part X Balance Sheet

		Check if Schedule O contains a response or no	te to an	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			777,030.	1	1,194,583.
	2	Savings and temporary cash investments			1,127,459.	2	1,133,698.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			36,045.	4	238,585.
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs	tantial c	ntributor, or 35%			
		controlled entity or family member of any of the	se perso	ns		5	
	6	Loans and other receivables from other disqual	ified per	ons (as defined			
		under section 4958(f)(1)), and persons describe	d in sec	on 4958(c)(3)(B)		6	
छ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
₹	9	B			58,322.	9	69,924.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	915,547.			
	b	1		770,648.	99,608.	10c	144,899.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line			13	1.12	
	14	Intangible assets			196.	14	142.
	15	Other assets. See Part IV, line 11				15	0.704.004
$\longrightarrow$	16	Total assets. Add lines 1 through 15 (must equ		2,098,660.	16	2,781,831.	
	17	Accounts payable and accrued expenses		24,738.	17	28,594.	
	18	Grants payable			707 005	18	1 050 165
	19	Deferred revenue			707,025.	19	1,052,165.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or form					
≣		trustee, key employee, creator or founder, subs					
Liabilities		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unrel				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, parties, and other liabilities not included an line					
		parties, and other liabilities not included on line of Schedule D	S 17-24)	Complete Part X	17,352.	25	26,084.
	26				749,115.	26	1,106,843.
	20	Organizations that follow FASB ASC 958, ch			745,115.	20	1,100,045.
န္မ		and complete lines 27, 28, 32, and 33.	eck ner				
š	27					27	
3ala	28	Net assets with donor restrictions				28	
힐		Organizations that do not follow FASB ASC 9					
ᆵ		and complete lines 29 through 33.	,				
þ	29	Capital stock or trust principal, or current funds	<b>;</b>		0.	29	0.
ets	30	Paid-in or capital surplus, or land, building, or e			0.	30	0.
Ass	31	Retained earnings, endowment, accumulated in			1,349,545.	31	1,674,988.
Net Assets or Fund Balances	32	Total net assets or fund balances			1,349,545.	32	1,674,988.
_	33	Total liabilities and net assets/fund balances			2,098,660.	33	2,781,831.

Form **990** (2022)

Form 990 (2022)

INVESTIGATIVE SPECIALISTS, INC.

93-1038161 Page 12 Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 2,444,828. Total revenue (must equal Part VIII, column (A), line 12) 1 2,119,385. Total expenses (must equal Part IX, column (A), line 25) 2 2 325,443. Revenue less expenses. Subtract line 2 from line 1 3 3 1,349,545. Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 4 Net unrealized gains (losses) on investments 5 5 Donated services and use of facilities 6 6 7 7 Investment expenses 8 8 Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O) 0. 9 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 10 1,674,988. 10 column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No X Accrual Accounting method used to prepare the Form 990: Cash Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. Х 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a 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: Both consolidated and separate basis Separate basis Consolidated basis Х **b** Were the organization's financial statements audited by an independent accountant? 2b 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 c 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? **2**c If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Х

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form 990 (2022)

За

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

### **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.

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** Name of the organization INTERNATIONAL ASSOCIATION OF COMPUTER INVESTIGATIVE SPECIALISTS 93-1038161 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).) 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving 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). (iv) Is the organization listed n your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Schedule A (Form 990) 2022

INVESTIGATIVE SPECIALISTS, INC.

93-1038161 Page 2

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.)

Sec	tion A. Public Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(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										
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total				
7	Amounts from line 4										
8	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										
12	Gross receipts from related activities,	etc. (see instruction	ons)			12					
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3)					
	organization, check this box and stop	here									
	tion C. Computation of Publi										
	Public support percentage for 2022 (I					14	%				
	Public support percentage from 2021					15	<u>%</u>				
16a	33 1/3% support test - 2022. If the o										
_	<b>stop here.</b> The organization qualifies		-								
b	33 1/3% support test - 2021. If the d										
	and <b>stop here.</b> The organization qual										
17a	17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,										
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization										
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization  b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or										
b		-				•	10% or				
	more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the										
40	organization meets the facts-and-circu										
ΙŎ	Private foundation. If the organization	n dia not check a	box on line 13, 16	a, 100, 1/a, 011/1	o, check this box a	nu see instructions	<u> </u>				

Schedule A (Form 990) 2022

INVESTIGATIVE SPECIALISTS, INC.

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									
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
1	Gifts, grants, contributions, and membership fees received. (Do not									
	include any "unusual grants.")	182,050.	159,275.	159,575.	166,275.	171,925.	839,100.			
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1886807.	1693062.	164,500.	1216914.	2272445.	7233728.			
3	Gross receipts from activities that									
J	are not an unrelated trade or bus- iness under section 513									
4	Tax revenues levied for the organization'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	2068857.	1852337.	324,075.	1383189.	2444370.	8072828.			
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.			
t	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						0.			
	Add lines 7a and 7b						0.			
	Public support. (Subtract line 7c from line 6.)			8072828.						
Sec	ction B. Total Support						0072020			
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
	Amounts from line 6	2068857.	1852337.	324,075.	1383189.	2444370.	8072828.			
	Gross income from interest, dividends, payments received on securities loans, rents, royalties,									
	and income from similar sources	527.	621.	729.	532.	452.	2,861.			
k	Unrelated business taxable income									
	(less section 511 taxes) from businesses acquired after June 30, 1975									
	Add lines 10a and 10b	527.	621.	729.	532.	452.	2,861.			
	activities not included on 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 assets (Explain in Part VI.)									
13	Total support. (Add lines 9, 10c, 11, and 12.)	2069384.	1852958.	324,804.	1383721.	2444822.	8075689.			
14	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3) organizatio	n,			
_	check this box and stop here						<u></u>			
	ction C. Computation of Publi									
15	Public support percentage for 2022 (I	ine 8, column (f), di	vided by line 13, c	olumn (f))		15	99.96 %			
	Public support percentage from 2021					16	99.96 %			
Se	ction D. Computation of Inves	tment Income	Percentage							
17	Investment income percentage for 20	122 (line 10c, colum	nn (f), divided by lir	ne 13, column (f))		17	.04 %			
18	Investment income percentage from					18	.04 %			
19a	33 1/3% support tests - 2022. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 33	3 1/3%, and line 17				
t	more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization									
_										
20	line 18 is not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization  Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions									

93-1038161 Page 3

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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 on 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 on 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
	1		
	2		
	3a		
	٥L		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	<b>-</b> 1.		
	5b 5c		
	30		
	6		
	7		
	7		
	8		
	9a		
	0.		
	9b		
	9c		
	10a		
	10b	000	
ule	A (Forn	n 990)	<b>2022</b>

# INTERNATIONAL ASSOCIATION OF COMPUTER INVESTIGATIVE SPECIALISTS, INC.

93-1038161 Page 5

Pai	rt IV	Supporting Organizations (continued)			
		•		Yes	No
11	Has th	he organization accepted a gift or contribution from any of the following persons?			
а		son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
		elow, the governing body of a supported organization?	11a		
b		illy member of a person described on line 11a above?	11b		
		6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
_		in Part VI.	11c		
Sec	tion E	3. Type I Supporting Organizations			
		71 77 6 6		Yes	No
1	Did th	ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or		100	110
•		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		
2		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  The organization operate for the benefit of any supported organization other than the supported			
2		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		• •			
		how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sec	super tion (	vised, or controlled the supporting organization.  C. Type II Supporting Organizations			
				Yes	No
4	Moro	a majority of the organization's directors or trustees during the tax year also a majority of the directors		162	NO
1		. ,			
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed	4		
Sec	the su	upported organization(s).  D. All Type III Supporting Organizations	1		
		777 Type III capper and creations		Yes	Na
	D: 4 41-			Yes	No
1		ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
	-	ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	•	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	_		
•	-	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	_		
_		ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	•	ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	•	icant voice in the organization's investment policies and in directing the use of the organization's			
		ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	_		
Sec	suppo tion F	orted organizations played in this regard.  E. Type III Functionally Integrated Supporting Organizations	3		
1		k 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 instance Test. Annual lines 20 and 26 halour	struction	l ' I	Na
2		ties Test. Answer lines 2a and 2b below.		Yes	No
а		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		e supported organizations and explain how these activities directly furthered their exempt purposes,			
		he organization was responsive to those supported organizations, and how the organization determined	0-		
<b>L</b>		hese activities constituted substantially all of its activities.	2a		
b		ne activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		If the reasons for the organization's position that its supported organization(s) would have engaged in	OL.		
^		activities but for the organization's involvement.	2b		
3		t of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
а		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each	C.		
	ot its:	supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990) 2022

INVESTIGATIVE SPECIALISTS,

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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 e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 3 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, column A) 1 Enter 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Enter greater of line 2 or line 3. 4 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990) 2022

93-1038161 Page 6

instructions).

INVESTIGATIVE SPECIALISTS, INC.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported 2 organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 6 Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. 7 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2022 from Section C, line 6 10 Line 8 amount divided by line 9 amount 10

Section I	E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Dis	stributable amount for 2022 from Section C, line 6			
<b>2</b> Un	nderdistributions, if any, for years prior to 2022 (reason-			
abl	le cause required - explain in Part VI). See instructions.			
<b>3</b> Exc	cess distributions carryover, if any, to 2022			
<b>a</b> Fro	om 2017			
<b>b</b> Fro	om 2018			
<b>c</b> Fro	om 2019			
<b>d</b> Fro	om 2020			
<b>e</b> Fro	om 2021			
_ f To	otal of lines 3a through 3e			
<b>g</b> Ap	pplied to underdistributions of prior years			
<b>h</b> Ap	pplied to 2022 distributable amount			
_ i Ca	arryover from 2017 not applied (see instructions)			
<b>j</b> Rei	emainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Dis	stributions for 2022 from Section D,			
line	e 7: \$			
<b>a</b> Ap	plied to underdistributions of prior years			
<b>b</b> Ap	pplied to 2022 distributable amount			
<b>c</b> Rei	emainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Rei	emaining underdistributions for years prior to 2022, if			
any	y. Subtract lines 3g and 4a from line 2. For result greater			
tha	an zero, explain in <b>Part VI.</b> See instructions.			
6 Rei	emaining underdistributions for 2022. Subtract lines 3h			
and	d 4b from line 1. For result greater than zero, explain in			
Pai	rt VI. See instructions.			
7 Ex	cess distributions carryover to 2023. Add lines 3j			
and	d 4c.			
8 Bre	eakdown of line 7:			
a Exc	cess from 2018			
<b>b</b> Exc	cess from 2019			
<b>c</b> Exc	cess from 2020			
<b>d</b> Exc	cess from 2021			
	cess from 2022			

Schedule A (Form 990) 2022

93-1038161 Page 7

93-103<u>8161 Page 8</u> INVESTIGATIVE SPECIALISTS, INC. Schedule A (Form 990) 2022 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. Part VI (See instructions.)

Schedule A (Form 990) 2022

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

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

INTERNATIONAL ASSOCIATION OF COMPUTER INVESTIGATIVE SPECIALISTS,

**Employer identification number** 93-1038161

Pa	organizations maintaining bonor Advised organization answered "Yes" on Form 990, Part IV, line		rulius of AC	Complete if the
	Signification anovered 100 off officer, filled	(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		nor advised fun	ds
_	are the organization's property, subject to the organization's			
6	Did the organization inform all grantees, donors, and donor ad			
_	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?	•		
Pa	rt II Conservation Easements. Complete if the org			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (for example, recreat	_	rvation of a histo	orically important land area
	Protection of natural habitat	·		ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in	the form of a co	nservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic stru	cture included in (a)		2c
d	Number of conservation easements included in (c) acquired a	fter July 25,2006, and not on a		
	historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminat	ed by the organ	ization during the tax
	year			
4	Number of states where property subject to conservation eas	ement is located		
5	Does the organization have a written policy regarding the peri	iodic monitoring, inspection, har	ndling of	
	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enfor	cing conservation	on easements during the year
	<del></del>			
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enforcing	conservation ea	sements during the year
_	2		470(1)(4)(5)	(0)
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 footne	ote to the organization's linancia	ai statements tri	at describes the
Pa	organization's accounting for conservation easements.  rt III   Organizations Maintaining Collections of	Art. Historical Treasure	s. or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form		-,	
	If the organization elected, as permitted under FASB ASC 958		tement and hal	ance sheet 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			
b	If the organization elected, as permitted under FASB ASC 958			e sheet works of
	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:	, , , , , , , , , , , , , , , , , , , ,		1
	(i) Revenue included on Form 990, Part VIII, line 1			\$
2	If the organization received or held works of art, historical trea			
	the following amounts required to be reported under FASB AS		5 ,	
а	Revenue included on Form 990, Part VIII, line 1	_		\$
h	Assets included in Form 000, Part V			<u> </u>

INVESTIGATIVE SPECIALISTS, INC. Schedule D (Form 990) 2022

93-1038161 Page 2

Pai	rt III   Organization	s Maintaining Co	llections of Ar	t, Histo	orical Tre	asures, or	Other	Similar	Assets	(contir	nued)	
3	Using the organization's	acquisition, accessio	n, and other record	s, check	any of the f	ollowing that	make sigi	nificant u	se of its			
	collection items (check a	all that apply):										
а	Public exhibition		c	: L	Loan or exc	hange progra	ım					
b	Scholarly research	1	e		Other							
С	Preservation for fu	ture generations										
4	Provide a description of	the organization's col	lections and explain	n how th	ey further th	ne organizatio	n's exemp	t purpos	e in Part	XIII.		
5	During the year, did the	organization solicit or	receive donations	of art, his	storical treas	sures, or othe	r similar a	ssets				
	to be sold to raise funds	rather than to be mai	ntained as part of t	he organ	ization's co	llection?				Yes		No
Pai		<b>Custodial Arrang</b>								line 9, or		
		unt on Form 990, Part										
1a	Is the organization an ag	jent, trustee, custodia	n or other intermed	liary for o	contributions	s or other ass	ets not in	cluded				
	on Form 990, Part X?									Yes		No
b	If "Yes," explain the arra											
										Amoun	t	
С	Beginning balance							1c				
d	d Additions during the year 1d											
е	e Distributions during the year 1e											
f												
2a	Did the organization incl							?		Yes		No
b	If "Yes," explain the arra											
Pai	rt V Endowment	Funds. Complete if	the organization ar	swered	"Yes" on Fo	rm 990, Part	IV, line 10					
			(a) Current year	<b>(b)</b> P	rior year	(c) Two year	s back (d	<b>d)</b> Three y	ears back	(e) Four	years	back
1a	a Beginning of year balance											
b	Contributions											
С	Net investment earnings											
d	Grants or scholarships											
е	Other expenditures for fa											
	and programs											
f	Administrative expenses											
g												
2	Provide the estimated pe	ercentage of the curre	ent year end balanc	e (line 1g	j, column (a)	) held as:						
а	Board designated or qua	asi-endowment		%								
b	Permanent endowment		%									
С	Term endowment	9	6									
	The percentages on line	s 2a, 2b, and 2c shou	ld equal 100%.									
За	Are there endowment fu	nds not in the posses	sion of the organiza	ation that	t are held ar	nd administer	ed for the					
	organization by:										Yes	No
	(i) Unrelated organizati	ons								3a(i)		
	(ii) Related organization									3a(ii)		
b	If "Yes" on line 3a(ii), are	the related organizat	ions listed as requir	red on So	chedule R?					3b		
4	Describe in Part XIII the	intended uses of the o	organization's endo	wment f	unds.							
Pai	rt VI Land, Buildin	gs, and Equipme	ent.									
	Complete if the o	rganization answered	"Yes" on Form 990	), Part IV	, line 11a. S	ee Form 990	Part X, lir	ne 10.				
	Description of	property	(a) Cost or o	other	(b) Cost	or other	(c) Acc	cumulate	d	(d) Boo	k value	Э
			basis (investr	ment)	basis	(other)	depr	eciation				
1a	Land											
b	Buildings											
С	Leasehold improvement											
d					91	5,547.	7	70,64	18.	14	4,89	99.
e	Other											
Tota	Add lines 1a through 1e	(Column (d) must so	ual Form 000 David	V och	n (D) line 1	00.)				14	4.89	99.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022

INVESTIGATIVE SPECIALISTS, INC.

9	3 –	10	03	81	61	Page	3

Part VII Investments - Other Securities.		, =====	TOOUTOT Tage
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(F)		<u> </u>	
(G) (H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)  Part VIII 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-	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.)  Part IX Other Assets.			
Part IX Other Assets.  Complete if the organization answered "Yes"	on Form 000 Dort IV line	11d Coo Form 000 Port V line 15	
	Description	Tru. See Form 990, Fart X, line 15.	(b) Book value
	Description		(b) Book value
(1)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.	: 15.)		
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
(1) Federal income taxes			
(2) F.A.C.T. SCHOLARSHIP			8,209.
(3) LEA SCHOLARSHIP			7,875.
(4) MSAB SCHOLARSHIP			10,000.
(5)			
(6)			
(7)			
(8)			
(9)			0.5.00:
Total. (Column (b) must equal Form 990, Part X, col. (B) line			26,084.
2. Liability for uncertain tax positions. In Part XIII, provide		_	
organization's liability for uncertain tax positions under	FASB ASC 740. Check h	ere if the text of the footnote has been prov	/ided in Part XIII L

Schedule D (Form 990) 2022

INVESTIGATIVE SPECIALISTS, INC.

93-1038161 Page 4

Pai	t XI Reconciliation of Revenue per Audited Financial Sta	rements with vevenin	e per riciarii.
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 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		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12		
Pa	t XII Reconciliation of Expenses per Audited Financial St		
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.	
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:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
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.)	4b	
С	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)	5
Pa	t XIII Supplemental Information.		
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b; F	Part V, line 4; Part X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	ny additional information.	

#### SCHEDULE F (Form 990)

### 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.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization **Employer identification number** INTERNATIONAL ASSOCIATION OF COMPUTER INVESTIGATIVE SPECIALISTS 93-1038161 INC. General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (b) Number of (e) If activity listed in (d) (c) Number of (d) Activities conducted in the region (f) Total (a) Region employees, agents, and expenditures offices (by type) (such as, fundraising, prois a program service, for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region EUROPE (INCLUDING ICELAND & GREENLAND) 0 PROGRAM SERVICES TRAINING 164,165. 4,810. NORTH AMERICA 0 0 PROGRAM SERVICES TRAINING 0 0 168,975. 3 a Subtotal **b** Total from continuation 0 0 sheets to Part I ...... Totals (add lines 3a 168,975. and 3b)

Schedule F (Form 990) 2022

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 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)
			ecognized as charities by the f					
			or counsel has provided a sect					
3 Enter total number of	other organizations o	r entities						

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.

Page 3

Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash noncash assistance assistance

Schedule F (Form 990) 2022

Schedule F (Form 990) 2022

Part IV Foreign Forms INVESTIGATIVE SPECIALISTS, INC.

93-1038161 Page 4

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "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) 2022

# INTERNATIONAL ASSOCIATION OF COMPUTER INVESTIGATIVE SPECIALISTS, INC.

93-1038161 Schedule F (Form 990) 2022 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.

232075 10-17-22 Schedule F (Form 990) 2022

### **SCHEDULE 0** (Form 990)

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 Form 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

INTERNATIONAL ASSOCIATION OF COMPUTER INVESTIGATIVE SPECIALISTS, INC.

**Employer identification number** 93-1038161

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ENFORCEMENT PROFESSIONALS AND THE GENERAL PUBLIC.
FORM 990, PART VI, SECTION A, LINE 7A:
ELECTION OF MEMBERS AND THEIR RIGHTS:
THE MEMBERSHIP VOTES ANNUALLY TO ELECT OFFICERS TO LEAD THE AFFAIRS OF THE
ORGANIZATION.
FORM 990, PART VI, SECTION B, LINE 11B:
ORGANIZATION'S PROCESS TO REVIEW FORM 990:
THE TREASURER REVIEWS FORM 990 PRIOR TO FILING. THE BOARD REVIEWS THE 990
AFTER THE FILING OF THE RETURN.
FORM 990, PART VI, SECTION B, LINE 12C:
ENFORCEMENT OF CONFLICTS POLICY:
THE ORGANIZATION MONITORS THE CONFLICT OF INTEREST POLICY ON AN ANNUAL
BASIS.
FORM 990, PART VI, SECTION C, LINE 19:
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION:
THE ORGANIZATIONAL DOCUMENTS AND POLICIES ARE AVAILABLE TO THE PUBLIC UPON
REQUEST AND POSTED ON THE FTP SITE FOR ITS MEMBERS. THE FORM 990 IS ALSO
AVAILABLE ON THE GUIDESTAR WEBSITE.
FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:

STAFF UNIFORMS:

Name of the organization INTERNATIONAL ASSOCIATION OF COMPUTER INVESTIGATIVE SPECIALISTS, INC.	Employer identification number 93-1038161
PROGRAM SERVICE EXPENSES	8,207.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	8,207.
ALL OTHER EXPENSES:	
PROGRAM SERVICE EXPENSES	
MANAGEMENT AND GENERAL EXPENSES	-16,991.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	-16,991.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL	A -8,784.
	-

### **Depreciation and Amortization**

(Including Information on Listed Property)

Attach to your tax return.

Business or activity to which this form relates

990

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service Name(s) shown on return

INTERNATIONAL ASSOCIATION OF COMPUTER

Go to www.irs.gov/Form4562 for instructions and the latest information.

Sequence No. 179 Identifying number

INVESTIGATIVE SPECIALISTS, FORM 990 PAGE 10 93-1038161 Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1,080,000. **1** Maximum amount (see instructions) 2 Total cost of section 179 property placed in service (see instructions) 3 2,700,000. Threshold cost of section 179 property before reduction in limitation 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 (a) Description of property 6 7 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2021 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 ... 12 13 Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12 13 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during 14 **15** Property subject to section 168(f)(1) election 15 74,344 16 Other depreciation (including ACRS) MACRS Depreciation (Don't include listed property. See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2022 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2022 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery (business/investment use only - see instructions) (a) Classification of property (e) Convention (f) Method (g) Depreciation deduction 3-year property 19a 5-year property b 7-year property C 10-year property d 15-year property 20-year property S/L 25 yrs. 25-year property g S/L 27.5 yrs MM Residential rental property h 27.5 yrs MM S/L S/L MM 39 vrs. i Nonresidential real property MM S/L Section C - Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System 20a Class life 12 yrs S/L 12-year b 30-year 30 yrs MM S/L С 40-vear 40 yrs MM S/L d Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. 74,344. 22 Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

Form 4562 (2022)

#### INTERNATIONAL ASSOCIATION OF COMPUTER INVESTIGATIVE SPECIALISTS

93-1038161 Page 2

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? 24b If "Yes," is the evidence written? No Yes Nο Yes (b) (c) (e) (i) (f) (g) (h) (a) Type of property Date Business/ Basis for depreciation Elected Cost or Recovery Method/ Depreciation placed in investment (business/investment section 179 (list vehicles first) Convention deduction other basis period use only) service use percentage cost 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use Property used more than 50% in a qualified business use: % % % 27 Property used 50% or less in a qualified business use % S/L · % S/L % S/L 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (a) (b) (c) (d) (e) (f) 30 Total business/investment miles driven during the Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle year (don't include commuting miles) Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 Yes Yes Yes Yes Yes 34 Was the vehicle available for personal use No No No Yes No No No during off-duty hours? Was the vehicle used primarily by a more than 5% owner or related person? Is another vehicle available for personal Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners **39** Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles Part VI | Amortization (b) (f) (a) (c) (d) (e) Amortization Description of costs Date amortization Amortizable Amortization for this year Code section begins amount period or percentage 42 Amortization of costs that begins during your 2022 tax year 43 43 Amortization of costs that began before your 2022 tax year 53 44 Total. Add amounts in column (f). See the instructions for where to report

## TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

### FOR THE YEAR ENDING

December 31, 2022

Prepared For:	
International Association of Convestigative Specialists, Inc. P.O. Box 2411 Leesburg, VA 20177	omputer
Prepared By:	
UHY Advisors MO, Inc. 15 Sunnen Drive, Suite 100 St. Louis, MO 63143-3819	
To be Signed and Dated By:	
Not applicable	
Amount of Tax:	
Total Tax Less: payments and credits Plus: other amount Plus: interest and penalties No payment is required	\$ 0 \$ 0 \$ 0 \$ 0 \$
Overpayment:	
Credited to your estimated tax Other amount Refunded to you	\$ 0 \$ 0 \$ 0
Make Check Payable To:	
Not applicable	
Mail Tax Return and Check (if applicable) T	o:
electronically to the FTB, plea	d for electronic filing. If you wish to have it transmitted ase contact our office. We will then submit the electronic il the paper copy of the return to the FTB.
Return Must be Mailed On or Before:	
Not applicable	
Special Instructions:	

TAXABLE YEAR **2022** 

## California Exempt Organization Annual Information Return

228941 01-10-23 FORM

199

Λ.	l l \/	0000 - Feed and include (world)	/dd/\nn	\				_
		2022 or fiscal year beginning (mm/dd/yyyy) , and ending (mm		y) ornia corpo		m. umala au		—
	-	AMITONIA A GGOGT AMITONI OEL GOMPHIMED	Calli	ornia corpo	oration	number		
		ATIONAL ASSOCIATION OF COMPUTER		01 5 2	210	1		
_		IGATIVE SPECIALISTS, INC.	FEI	8153	3 T O	<u>'</u>		—
Add	ditional inform	ation. See instructions.	- 1		^ 2 0	11.61		
_				93-1 PMB no.	038	101		_
	eet address (s			PIVIB NO.				
		OX 2411		710 1				_
Cit	•	Stat		ZIP code	-			
_	EESBU		A	2017				—
For	eign country r	ame Foreign province/state/county		Foreign po	ostal co	ode		
A	First retu	n Yes X No I Did the organization have an	y chang	es to its	guidel	lines		_
В	Amended	T77					X No	o C
C	IRC Secti	on 4947(a)(1) trust Yes X No J If exempt under R&TC Section						
D		mation return? engaged in political activities					X No	o C
	•	Dissolved Surrendered (Withdrawn) Merged/Reorganized K Is the organization exempt u					X No	3
	Enter date:	(mm/dd/yyyy) • If "Yes," enter the gross recei	pts fror	m nonme	mber	sources \$		
Ε	Check acc	counting method: (1) Cash (2) X Accrual (3) Other L Is the organization a limited					X No	O
F		turn filed? (1) • 990T (2) • 990PF (3) • Sch H (990) M Did the organization file Form	-					
		Other 990 series report taxable income?				• Yes	X No	2
G	Is this a g	roup filing? See instructions $ullet$ Yes $oxed{X}$ No $oldsymbol{N}$ Is the organization under au						
Н		panization in a group exemption Yes X No IRS audited in a prior year?					X No	2
	If "Yes," w	hat is the parent's name? O Is federal Form 1023/1024 p				Yes [	X No	C
		Date filed with IRS						
<u>F</u>	Part I C	omplete Part I unless not required to file this form. See General Information B and C.						
		1 Gross sales or receipts from other sources. From Side 2, Part II, line 8			1	2,272,9	<u>03 o</u>	)0
		2 Gross dues and assessments from members and affiliates		•	2	171,9	<u>25 o</u>	)0
		3 Gross contributions, gifts, grants, and similar amounts received			3	l .	0	)0
	Receipts	4 Total gross receipts for filing requirement test. Add line 1 through line 3.						
	and	This line must be completed. If the result is less than \$50,000, see General Information B		•	4	2,444,83	<u>28 o</u>	)0
	Revenues	5 Cost of goods sold 5		00				
-	reveilues	6 Cost or other basis, and sales expenses of assets sold 6		00				
		7 Total costs. Add line 5 and line 6			7	<u> </u>		00
_		8 Total gross income. Subtract line 7 from line 4			8	2,444,83		
		9 Total expenses and disbursements. From Side 2, Part II, line 18		•	9	2,119,3	<u>85 o</u>	)0
	xpenses	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8		•	10	325,4	<u>43 o</u>	)0
		11 Total payments		•	11	<u> </u>	0	00
		12 Use tax. See General Information K			12		0	)0
		13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11		•	13		0	)0
F	iling Fee	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12			14		0	)0
		15 Penalties and interest. See General Information J			15	<u> </u>	0	)0
_		16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result		💿	16	ladae and ballet	0	)0
Sig	<sub>an</sub>	16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, a it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer	has any l	knowledge.	y KIIOWI	euge and belief,		
He		Title	Date			Telephone		ļ
_		Signature of officer TREASURER						
		Date	Check	if		PTIN		ļ
		Preparer's ► WILLIAM J. SUTTON 11/14/23	self-em	ployed		₽00625383		
Рa	id	Firm's name				Firm's FEIN		
Pr	eparer's	(or yours, if self-				43-1305800		
Us	e Only	employed) 15 SUNNEN DRIVE, SUITE 100				Telephone		
_		ST. LOUIS, MO 63143-3819				314-615-12	00	_
_		May the FTB discuss this return with the preparer shown above? See instructions	<u></u>	• X	Yes	No		

# INTERNATIONAL ASSOCIATION OF COMPUTER INVESTIGATIVE SPECIALISTS, INC.

amount of gross receipts - complete Part II or furnish substitute information.

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of

93-1038161

228951 01-10-23

	1 Gross sales or recei	pts from all business ac	ctivities. See instructio	ns	•	1		00
	2 Interest				•	2	4	452 oo
						3		00
Receipts	1					4		00
from						5		00
Other	6 Gross amount receiv	ved from sale of assets	(See instructions)	STA	ATEMENT 1 •	6		6 00
Sources	7 Other income		(000011 4040)	SEE STA	TEMENT 2 •	7	2,272,4	
	8 Total gross sales or	receipts from other so	urces. Add line 1 throu	ugh line 7. Enter here and c	on Side 1, Part I, line 1	8	2,272,9	
	9 Contributions, gifts,	grants, and similar am	ounts paid		•	9		00
	10 Disbursements to or	r for members			•	10		00
	11 Compensation of of	ficers, directors, and tru	ıstees	SEE STA	TEMENT 3 •	11		0 00
	12 Other salaries and w	vages			•	12		00
Expense						13		00
and						14		00
Disburs						15		00
ments	16 Depreciation and de	pletion (See instruction	s)		•	16	74,3	397 00
	17 Other expenses and	disbursements	,	SEE STA	TEMENT 4 •	17	2,044,9	988 00
	18 Total expenses and	disbursements. Add lin	e 9 through line 17. Ei	nter here and on Side 1, Pa	rt I. line 9	18	2,119,3	
Sched	dule L Balance Sheet		Beginning of tax			of tax	able year	
Assets			(a)	(b)	(c)		(d)	
	h		( )	1,904,489				8,281
	accounts receivable			36,045				8,585
	notes receivable			30,013			•	,,,,,,
	entories						•	
	eral and state government obli						•	
	estments in other bonds	•					•	
	estments in stock						•	
							•	
	rtgage Ioans er investments						•	
	Depreciable assets		803,980		915,5	47		
IU a D	ess accumulated depreciation		704,372)	99,608			144	4,899
			104,312	33,000	170,04	<del>-</del>	•	<u> </u>
19 Oth	d er assets <b>S'</b>	тит 5		58,518				0,066
	al assets			2,098,660				1,831
	es and net worth			2,030,000			2,,0	- 7031
	ounts payable			24,738			• 28	8,594
	tributions, gifts, or grants pay						•	,,,,,
	ids and notes payable						•	
	rtgages payable						•	
<b>18</b> Oth	er liabilities S'	TMT 6		724,377			1,078	8,249
	ital stock or principal fund						•	
	l-in or capital surplus. Attach reconc						•	
	ained earnings or income fund			1,349,545			• 1,674	4,988
	al liabilities and net worth			2,098,660				1,831
Sche		n of income per books vete this schedule if the a		<b>n</b> , line 13, column (d), is les	s than \$50.000.			
<b>1</b> Net	income per books		325,44					
	eral income tax		, <b>-</b> -		nis return. Attach schedul	е	•	
	ess of capital losses over capit			8 Deductions in thi		•••		
	ome not recorded on books thi			against book inco				
	nch schedule						•	
	enses recorded on books this				and line 8			
	ucted in this return. Attach sch	_		10 Net income per r				
	al. Add line 1 through line 5		325,44		om line 6		32!	5,443
			- , -	1 222.201 1110 0 11				

CA 199 GROSS AN	MOUNT FROM SAI	LE OF ASSETS	S	STATEMENT 1
DESCRIPTION				THOD UIRED
SALE OF FIXED ASSETS				CHASED
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	8,068.	8,068.	0.	6.
TOTAL TO FORM 199, PAGE 2, LN 6	8,068.	8,068.	0.	6.
CA 199	OTHER INCOM	 1E	S	TATEMENT 2
DESCRIPTION				AMOUNT
DISCOUNTS EARNED CERTIFICATION FEES ONLINE TRAINING CONFERENCE FEES				0. 80,250. 400,985. 1,791,210.
TOTAL TO FORM 199, PART II, LINE	<b>5</b> 7		=	2,272,445.
CA 199 COMPENSATION OF OFF	FICERS, DIRECT	CORS AND TRU	STEES S	TATEMENT 3
NAME AND ADDRESS	AVERAC	TITLE AND SE HRS WORKE	D/WK	COMPENSATION
ERIN MITCHELL P.O. BOX 2411 LEESBURG, VA 20177	TRAINI	NG DIRECTOR		0.
TROY LAWRENCE P.O. BOX 2411 LEESBURG, VA 20177	STANDA	ARDS DIRECTO	R	0.
BRENT WHALE P.O. BOX 2411 LEESBURG, VA 20177	VICE -	PRESIDENT		0.
GENE SHANTZ P.O. BOX 2411 LEESBURG, VA 20177	PRESII	DENT 10.00		0.

INTERNATIONAL ASSOCIATION OF COMPUTER	IN	93-1038161
DARREN FREESTONE P.O. BOX 2411 LEESBURG, VA 20177	BOARD CHAIRMAN 10.00	0.
SCOTT PANCOAST P.O. BOX 2411 LEESBURG, VA 20177	E-SERVICES DIRECTOR 10.00	0.
TODD BIGNUCOLO P.O. BOX 2411 LEESBURG, VA 20177	CERTIFICATION DIR. 10.00	0.
ERIN RALEIGH P.O. BOX 2411 LEESBURG, VA 20177	TREASURER 10.00	0.
DAVID MELVIN P.O. BOX 2411 LEESBURG, VA 20177	SECRETARY 10.00	0.
JASON OTTING P.O. BOX 2411 LEESBURG, VA 20177	ETHICS DIRECTOR 10.00	0.
RICH JOHNSON P.O. BOX 2411 LEESBURG, VA 20177	MARKETING DIRECTOR 10.00	0.
TOTAL TO FORM 199, PART II, LINE 11		0.

DESCRIPTION  PREPAID EXPENSES AND DEFERRED CHARGES INTANGIBLE ASSETS  TOTAL TO FORM 199, SCHEDULE L, LINE 12  CA 199  OTHER LIABILITIES  S	STATEMENT 4		OTHER EXPENSES	CA 199
WEBSITE MAINTENANCE CREDIT CARD FEES BACKGROUND CHECKS STAFF UNIFORMS ALL OTHER EXPENSES LLEGAL FEES ACCOUNTING FEES ACCOUNTING FEES ACCOUNTING FEES ADVERTISING AND PROMOTION OFFICE EXPENSES INFORMATION TECHNOLOGY TRAVEL CONFERENCES AND CONVENTIONS INSURANCE  TOTAL TO FORM 199, PART II, LINE 17  CA 199 OTHER ASSETS  DESCRIPTION BEG. OF YEAR PREPAID EXPENSES AND DEFERRED CHARGES TOTAL TO FORM 199, SCHEDULE L, LINE 12  CA 199 OTHER LIABILITIES  S DESCRIPTION BEG. OF YEAR  TOTAL TO FORM 199, SCHEDULE L, LINE 12  CA 199 OTHER LIABILITIES  S DESCRIPTION BEG. OF YEAR  F.A.C.T. SCHOLARSHIP 10,852. LEA SCHOLARSHIP 6,500. MSAB SCHOLARSHIP 0. DEFERRED REVENUE 707,025.	AMOUNT			DESCRIPTION
CREDIT CARD FEES BACKGROUND CHECKS STAFF UNIFORMS ALL OTHER EXPENSES LEGAL FEES ACCOUNTING FEES ADVERTISING AND PROMOTION OFFICE EXPENSES INFORMATION TECHNOLOGY TRAVEL CONFERENCES AND CONVENTIONS INSURANCE TOTAL TO FORM 199, PART II, LINE 17  CA 199 OTHER ASSETS DESCRIPTION BEG. OF YEAR PREPAID EXPENSES AND DEFERRED CHARGES TOTAL TO FORM 199, SCHEDULE L, LINE 12  CA 199 OTHER LIABILITIES S DESCRIPTION BEG. OF YEAR  CA 199 OTHER LIABILITIES S DESCRIPTION BEG. OF YEAR  F.A.C.T. SCHOLARSHIP 10,852. LEA SCHOLARSHIP 6,500. MSAB SCHOLARSHIP 0. DEFERRED REVENUE 7077,025.	282,890.	-		TUITION COMPED
BACKGROUND CHECKS STAFF UNIFORMS ALL OTHER EXPENSES LEGAL FEES ACCOUNTING FEES AND CONVENTIONS INFORMATION TO FORM 199, PART II, LINE 17  CA 199 OTHER ASSETS TOTAL TO FORM 199, SCHEDULE L, LINE 12 TOTAL TO FORM 199, SCHEDULE L, LINE 17 TOTAL TO FORM 199, SCHED	79,232.			
STAFF UNIFORMS ALL OTHER EXPENSES LEGAL FEES ACCOUNTING FEES ACCOUNTING FEES ACCOUNTING FEES ACCOUNTING FEES ADVERTISING AND PROMOTION OFFICE EXPENSES INFORMATION TECHNOLOGY TRAVEL CONFERENCES AND CONVENTIONS INSURANCE  TOTAL TO FORM 199, PART II, LINE 17  CA 199 OTHER ASSETS S DESCRIPTION BEG. OF YEAR INTANGIBLE ASSETS 196. TOTAL TO FORM 199, SCHEDULE L, LINE 12 S8,518.  CA 199 OTHER LIABILITIES S DESCRIPTION BEG. OF YEAR INTANGIBLE ASSETS 196. TOTAL TO FORM 199, SCHEDULE L, LINE 12 S8,518.  DESCRIPTION BEG. OF YEAR INTANGIBLE ASSETS 10,000  TOTHER LIABILITIES S DESCRIPTION BEG. OF YEAR INTANGIBLE ASSETS INTANGIBLE	55,007			
ALL OTHER EXPENSES LEGAL FEES ACCOUNTING FEES ADVERTISING AND PROMOTION OFFICE EXPENSES INFORMATION TECHNOLOGY TRAVEL CONFERENCES AND CONVENTIONS INSURANCE  TOTAL TO FORM 199, PART II, LINE 17  CA 199 OTHER ASSETS DESCRIPTION BEG. OF YEAR PREPAID EXPENSES AND DEFERRED CHARGES TOTAL TO FORM 199, SCHEDULE L, LINE 12  CA 199 OTHER LIABILITIES S DESCRIPTION BEG. OF YEAR TOTAL TO FORM 199, SCHEDULE L, LINE 12  CA 199 OTHER LIABILITIES S DESCRIPTION BEG. OF YEAR TOTAL TO FORM 199, SCHEDULE L, LINE 12  CA 199 OTHER LIABILITIES S DESCRIPTION BEG. OF YEAR TOTAL TO FORM 199, SCHEDULE L, LINE 12  CA 199 OTHER LIABILITIES S DESCRIPTION BEG. OF YEAR TOTAL TO FORM 199, SCHEDULE L, LINE 12  CA 199 OTHER LIABILITIES S DESCRIPTION BEG. OF YEAR TOTAL TO FORM 199, SCHEDULE L, LINE 12  CA 199 OTHER LIABILITIES S DESCRIPTION BEG. OF YEAR TOTAL TO FORM 199, SCHEDULE L, LINE 12  CA 199 OTHER LIABILITIES S DESCRIPTION BEG. OF YEAR TOTAL TO FORM 199, SCHEDULE L, LINE 12  TOTAL TO FORM 199, SCHEDULE L, LINE 19  TOTAL	11,836.			
LEGAL FEES ACCOUNTING FEES ACCOUNTING FEES ADVERTISING AND PROMOTION OFFICE EXPENSES INFORMATION TECHNOLOGY TRAVEL CONFERENCES AND CONVENTIONS INSURANCE  TOTAL TO FORM 199, PART II, LINE 17  CA 199  OTHER ASSETS  DESCRIPTION  PREPAID EXPENSES AND DEFERRED CHARGES INTANGIBLE ASSETS  TOTAL TO FORM 199, SCHEDULE L, LINE 12  CA 199  OTHER LIABILITIES  S  DESCRIPTION  BEG. OF YEAR  TOTAL TO FORM 199, SCHEDULE L, LINE 12  S  DESCRIPTION  BEG. OF YEAR  TOTAL TO FORM 199, SCHEDULE L, LINE 12  TOTAL TO FORM 199, SCHEDULE L, LINE 12  DESCRIPTION  BEG. OF YEAR  TOTAL TO FORM 199, SCHEDULE L, LINE 12  DESCRIPTION  BEG. OF YEAR  TOTAL TO FORM 199, SCHEDULE L, LINE 12  DESCRIPTION  BEG. OF YEAR  TOTAL TO FORM 199, SCHEDULE L, LINE 12  DESCRIPTION  DESCRIPTION  BEG. OF YEAR  TOTAL TO FORM 199, SCHEDULE L, LINE 12  TOTAL TO FORM 199, SCHEDULE L, LINE 12  DESCRIPTION  BEG. OF YEAR  TOTAL TO FORM 199, SCHEDULE L, LINE 12  TOTAL TO FORM 199, SCHEDULE L, LINE 17  TOTAL TO	8,207			
ACCOUNTING FEES ADVERTISING AND PROMOTION OFFICE EXPENSES INFORMATION TECHNOLOGY TRAVEL CONFERENCES AND CONVENTIONS INSURANCE  TOTAL TO FORM 199, PART II, LINE 17  CA 199  OTHER ASSETS  DESCRIPTION  BEG. OF YEAR PREPAID EXPENSES AND DEFERRED CHARGES INTANGIBLE ASSETS  TOTAL TO FORM 199, SCHEDULE L, LINE 12  CA 199  OTHER LIABILITIES  S  DESCRIPTION  BEG. OF YEAR  TOTAL TO FORM 199, SCHEDULE L, LINE 12  SECRIPTION  CA 199  OTHER LIABILITIES  S  DESCRIPTION  BEG. OF YEAR  T.A.C.T. SCHOLARSHIP  F.A.C.T. SCHOLARSHIP  G, 500. MSAB SCHOLARSHIP  OLEFERRED REVENUE  TOTAL TO FORM 199.	-16,991. 2,056.			
ADVERTISING AND PROMOTION OFFICE EXPENSES INFORMATION TECHNOLOGY TRAVEL CONFERENCES AND CONVENTIONS INSURANCE  TOTAL TO FORM 199, PART II, LINE 17  CA 199 OTHER ASSETS  DESCRIPTION BEG. OF YEAR PREPAID EXPENSES AND DEFERRED CHARGES INTANGIBLE ASSETS 196.  TOTAL TO FORM 199, SCHEDULE L, LINE 12  CA 199 OTHER LIABILITIES S  DESCRIPTION BEG. OF YEAR  TOTAL TO FORM 199, SCHEDULE L, LINE 12  S DESCRIPTION BEG. OF YEAR  TOTAL TO FORM 199, SCHEDULE L, LINE 12  CA 199 OTHER LIABILITIES  S DESCRIPTION BEG. OF YEAR  F.A.C.T. SCHOLARSHIP 10,852. LEA SCHOLARSHIP 6,500. MSAB SCHOLARSHIP 0. DEFERRED REVENUE 707,025.	56,765			
OFFICE EXPENSES INFORMATION TECHNOLOGY TRAVEL CONFERENCES AND CONVENTIONS INSURANCE  TOTAL TO FORM 199, PART II, LINE 17  CA 199 OTHER ASSETS S  DESCRIPTION BEG. OF YEAR PREPAID EXPENSES AND DEFERRED CHARGES INTANGIBLE ASSETS 196.  TOTAL TO FORM 199, SCHEDULE L, LINE 12  CA 199 OTHER LIABILITIES S  DESCRIPTION BEG. OF YEAR  TOTAL TO FORM 199, SCHEDULE L, LINE 12  S 8,518.  CA 199 OTHER LIABILITIES S  DESCRIPTION BEG. OF YEAR  F.A.C.T. SCHOLARSHIP 10,852. LEA SCHOLARSHIP 6,500. MSAB SCHOLARSHIP 0. DEFERRED REVENUE 707,025.	480			
INFORMATION TECHNOLOGY TRAVEL CONFERENCES AND CONVENTIONS INSURANCE  TOTAL TO FORM 199, PART II, LINE 17  CA 199  OTHER ASSETS  DESCRIPTION  PREPAID EXPENSES AND DEFERRED CHARGES INTANGIBLE ASSETS  TOTAL TO FORM 199, SCHEDULE L, LINE 12  CA 199  OTHER LIABILITIES  S  DESCRIPTION  BEG. OF YEAR  TOTAL TO FORM 199, SCHEDULE L, LINE 12  S8,518.  CA 199  OTHER LIABILITIES  S  DESCRIPTION  BEG. OF YEAR  T.A.C.T. SCHOLARSHIP  LEA SCHOLARSHIP  LOAD, 852. LEA SCHOLARSHIP  ODEFERRED REVENUE  707,025.	14,233			
TRAVEL CONFERENCES AND CONVENTIONS INSURANCE  TOTAL TO FORM 199, PART II, LINE 17  CA 199  OTHER ASSETS  DESCRIPTION  PREPAID EXPENSES AND DEFERRED CHARGES INTANGIBLE ASSETS  TOTAL TO FORM 199, SCHEDULE L, LINE 12  CA 199  OTHER LIABILITIES  S  DESCRIPTION  BEG. OF YEAR  TOTAL TO FORM 199, SCHEDULE L, LINE 12  S  DESCRIPTION  BEG. OF YEAR  T.A.C.T. SCHOLARSHIP  LEA SCHOLARSHIP  LEA SCHOLARSHIP  ODEFERRED REVENUE  TOTAL TO FORM 199, SCHEDULE L, LINE 12  TOTAL TO FORM 199, SCHEDULE L	19,241			
INSURANCE  TOTAL TO FORM 199, PART II, LINE 17  CA 199  OTHER ASSETS  DESCRIPTION  PREPAID EXPENSES AND DEFERRED CHARGES INTANGIBLE ASSETS  TOTAL TO FORM 199, SCHEDULE L, LINE 12  CA 199  OTHER LIABILITIES  S  DESCRIPTION  BEG. OF YEAR  TOTAL TO FORM 199, SCHEDULE L, LINE 12  S  DESCRIPTION  BEG. OF YEAR  TOTAL TO FORM 199, SCHEDULE L, LINE 12  TOTAL TO FORM 199,	671,515			
TOTAL TO FORM 199, PART II, LINE 17  CA 199  OTHER ASSETS  DESCRIPTION  PREPAID EXPENSES AND DEFERRED CHARGES 196.  TOTAL TO FORM 199, SCHEDULE L, LINE 12  CA 199  OTHER LIABILITIES  S  DESCRIPTION  BEG. OF YEAR  TOTAL TO FORM 199, SCHEDULE L, LINE 12  S8,518.  CA 199  OTHER LIABILITIES  S  DESCRIPTION  BEG. OF YEAR  F.A.C.T. SCHOLARSHIP  10,852. LEA SCHOLARSHIP 6,500. MSAB SCHOLARSHIP 0. DEFERRED REVENUE 707,025.	855,474		NS	CONFERENCES AND CONVENTIONS
CA 199 OTHER ASSETS  DESCRIPTION BEG. OF YEAR PREPAID EXPENSES AND DEFERRED CHARGES INTANGIBLE ASSETS TOTAL TO FORM 199, SCHEDULE L, LINE 12  CA 199 OTHER LIABILITIES S  DESCRIPTION BEG. OF YEAR  TOTAL TO FORM 199, SCHEDULE L, LINE 12  TOTAL TO FORM 199, SCHEDULE L, LINE 12  DESCRIPTION BEG. OF YEAR  10,852. 6,500. MSAB SCHOLARSHIP 0. DEFERRED REVENUE 707,025.	5,043.			INSURANCE
DESCRIPTION  PREPAID EXPENSES AND DEFERRED CHARGES INTANGIBLE ASSETS  TOTAL TO FORM 199, SCHEDULE L, LINE 12  CA 199  OTHER LIABILITIES  S  DESCRIPTION  BEG. OF YEAR  TOTAL TO FORM 199, SCHEDULE L, LINE 12  SS  DESCRIPTION  BEG. OF YEAR  10,852. LEA SCHOLARSHIP  LEA SCHOLARSHIP  MSAB SCHOLARSHIP  MSAB SCHOLARSHIP  OLD DEFERRED REVENUE  TOTAL TO FORM 199, SCHEDULE L, LINE 12  TOTAL TO FORM 199, SCHEDULE	2,044,988	- -	I, LINE 17	TOTAL TO FORM 199, PART II,
PREPAID EXPENSES AND DEFERRED CHARGES 196.  TOTAL TO FORM 199, SCHEDULE L, LINE 12 58,518.  CA 199 OTHER LIABILITIES S  DESCRIPTION BEG. OF YEAR  F.A.C.T. SCHOLARSHIP 10,852. LEA SCHOLARSHIP 6,500. MSAB SCHOLARSHIP 0. DEFERRED REVENUE 707,025.	STATEMENT 5		OTHER ASSETS	CA 199
TOTAL TO FORM 199, SCHEDULE L, LINE 12  CA 199  OTHER LIABILITIES  S  DESCRIPTION  BEG. OF YEAR  F.A.C.T. SCHOLARSHIP  LEA SCHOLARSHIP  MSAB SCHOLARSHIP  DEFERRED REVENUE  10,852. 6,500. 707,025.	END OF YEAR	BEG. OF YEAR		DESCRIPTION
CA 199  OTHER LIABILITIES  S  DESCRIPTION  F.A.C.T. SCHOLARSHIP  LEA SCHOLARSHIP  MSAB SCHOLARSHIP  DEFERRED REVENUE  OTHER LIABILITIES  S  10,852. 6,500. 0. 707,025.	69,924. 142.		RRED CHARGES	
DESCRIPTION  F.A.C.T. SCHOLARSHIP  LEA SCHOLARSHIP  MSAB SCHOLARSHIP  DEFERRED REVENUE  BEG. OF YEAR  10,852.  6,500.  707,025.	70,066	58,518.	LE L, LINE 12	TOTAL TO FORM 199, SCHEDULE
F.A.C.T. SCHOLARSHIP LEA SCHOLARSHIP 6,500. MSAB SCHOLARSHIP 0. DEFERRED REVENUE 707,025.	STATEMENT 6		OTHER LIABILITIES	CA 199
LEA SCHOLARSHIP 6,500.  MSAB SCHOLARSHIP 0.  DEFERRED REVENUE 707,025.	END OF YEAR	BEG. OF YEAR		DESCRIPTION
LEA SCHOLARSHIP 6,500.  MSAB SCHOLARSHIP 0.  DEFERRED REVENUE 707,025.	8,209	10 050	-	E A C M COUOTABOUTA
MSAB SCHOLARSHIP  DEFERRED REVENUE  707,025.	7,875	-		
DEFERRED REVENUE 707,025.	10,000			
TOTAL TO FORM 199, SCHEDULE L, LINE 18 724,377.	1,052,165			
	1,078,249	724.377.	LE L. LINE 18	TOTAL TO FORM 199. SCHEDIILE
<del></del>			=	TOTAL TO TOTAL TOO, DOINDOUB

Date Accep	oted		

<u>TAXABLE Y</u>	—		FORM <b>8453-EO</b>
Exempt Organiz	ration name	Identifying numb	per
	ATIONAL ASSOCIATION OF COMPUTER GRATIVE SPECIALISTS, INC.	93-103	8161
Part I E	lectronic Return Information (whole dollars only)		
,	gross receipts (Form 199, line 4)		2,444,828
-	gross income (Form 199, line 8) expenses and disbursements (Form 199, line 9)		2,444,828 2,119,385
Part II S	ettle Your Account Electronically for Taxable Year 2022		
4 E	lectronic funds withdrawal 4a Amount 4b Withdrawal date (mm/dd/	<sup>/</sup> yyyy)	
	anking Information (Have you verified the exempt organization's banking information?)		
5 Routing			·
6 Accoun	t number 7 Type of account: Checkin	ig Sav	ings
	e exempt organization's account to be settled as designated in Part II. If I check Part II, box 4, I authorize an electronic fu	unds withdrawal	for the amount listed
organization statements b	e return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organ will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return at e transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt organization return at the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.  TREASURER	nd accompanyin	ig schedules and
Here	Signature of officer Date Title		
Part V D	eclaration of Electronic Return Originator (ERO) and Paid Preparer.		
am only an ir accurately re provided the 1345, 2022 If the exempt o I declare that	I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and contermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I decilects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requandbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for four years from the due date of the reganization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the pa I have examined the above exempt organization's return and accompanying schedules and statements, and to the best cand complete. I make this declaration based on all information of which I have knowledge.	clare, however, the ng this return to puirements descreturn or four yea aid preparer, und	nat form FTB 8453-EO the FTB; I have ibed in FTB Pub. Irs from the date der penalties of perjury,
ERO sig	Date Check if also paid if self preparer X preparer	f-	0's PTIN 0625383
	n's name (or yours UHY ADVISORS MO, INC.	<u> </u>	3-1305800
	15 SUNNEN DRIVE, SUITE 100 ST. LOUIS, MO		143-3819
	ies of perjury, I declare that I have examined the above organization's return and accompanying schedules and statement ey are true, correct, and complete. I make this declaration based on all information of which I have knowledge.		
Paid Preparer	Paid Date Check if self-	Paid prep	parer's PTIN
Must	Firm's name (or yours	Firm's FEIN	
Sign	if self-employed) and address	51 E.114	

FTB 8453-EO 2022

ZIP code