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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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

A For the 2020 calendar year, or tax year beginning 01-01-2020, and ending 12-31-2020

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization CLOUD SECURITY ALLIANCE

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2212 QUEEN ANNE AVE N

City or town, state or province, country, and ZIP or foreign postal code SEATTLE, WA 98109

F Name and address of principal officer: JIM REAVIS 2553 CRESCENT STREET FERNDALE, WA 98248

D Employer identification number

26-4674846

E Telephone number

(360) 820-2545

G Gross receipts \$ 5,541,291

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No

If "No," attach a list. (see instructions)

H(c) Group exemption number

I Tax-exempt status: 501(c)(3) 501(c)(6) 4947(a)(1) or 527

J Website: WWW.CLOUDSECURITYALLIANCE.ORG

K Form of organization: Corporation Trust Association Other

L Year of formation: 2009

M State of legal domicile: NV

Part I Summary

Table with columns for Activities & Governance, Revenue, and Expenses. Rows include mission statement, voting members, revenue breakdown, and expenses.

18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,227,357
5,319,965		
19 Revenue less expenses. Subtract line 18 from line 12		193,009
221,326		
Net Assets or Fund Balances	Beginning of Current Year	
	End of Year	
	20 Total assets (Part X, line 16)	1,038,253
	1,831,129	
	21 Total liabilities (Part X, line 26)	1,630,769
2,202,319		
22 Net assets or fund balances. Subtract line 21 from line 20	-592,516	
-371,190		

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.

Sign Here

Signature of officer: _____ Date: 2021-05-17

JIM REAVIS DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date 2021-05-17	Check <input type="checkbox"/> if self-employed	PTIN P01031081
Firm's name ▶ METCALF HODGES PS	Firm's EIN ▶ 91-1928356			
Firm's address ▶ 2115 BARKLEY BLVD STE 201 BELLINGHAM, WA 98226	Phone no. (360) 733-1010			

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

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Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

CLOUD SECURITY ALLIANCE IS A RESEARCH AND EDUCATIONAL ORGANIZATION, WITH A MISSION TO PROMOTE THE USE OF BEST PRACTICES FOR PROVIDING SECURITY ASSURANCE WITHIN CLOUD COMPUTING, AND PROVIDE EDUCATION ON THE USES OF CLOUD COMPUTING TO HELP SECURE ALL OTHER FORMS OF COMPUTING.

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 No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,233,099 including grants of \$) (Revenue \$ 622,342)
CLOUD SECURITY ALLIANCE ATTENDS AND CONDUCTS NUMEROUS VIRTUAL AND IM-PERSON EVENTS THROUGHOUT THE YEAR TO PROMOTE ITS ORGANIZATION AND RESEARCH RELATED TO CYBERSECURITY, WHICH ARE SPONSORED BY CLOUD SECURITY ALLIANCE MEMBERS.

4b (Code:) (Expenses \$ 701,070 including grants of \$) (Revenue \$ 1,473,253)
CERTIFICATE OF CLOUD SECURITY KNOWLEDGE CSA DEVELOPED A USER CERTIFICATION OF KNOWLEDGE IN KEY CLOUD COMPUTING SECURITY TOPICS.

4c (Code:) (Expenses \$ 1,304,283 including grants of \$) (Revenue \$ 2,471,321)
MEMBERSHIP PROVIDES TOOLS AND GUIDANCE TO HELP YOU REAP FULL BENEFIT FROM YOUR CLOUD INVESTMENT. HELP SHAPE THE FUTURE OF IT AND INSURE YOU ARE PART OF THE IMPORTANT WORK THAT LIES AHEAD IN SECURING THE CLOUD ECOSYSTEM.

(Code:) (Expenses \$ 641,598 including grants of \$) (Revenue \$ 963,839)
RESEARCH PUBLICATIONS AND WHITE PAPERS INCLUDING FOUNDATIONAL BEST PRACTICES, TOOLS, AND GUIDES FOR SECURITNG CLOUD COMPUTING.

4d Other program services (Describe in Schedule O.)
(Expenses \$ 641,598 including grants of \$) (Revenue \$ 963,839)

4e Total program service expenses ▶ 3,880,050

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Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Contains 21 numbered questions regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various IRS requirements like grants, compensation, tax-exempt bonds, and business transactions.

Part 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 []

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with 3 columns: Question, Yes, No. Row 2a regarding employee reporting on Form W-3.

1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a	8		
b Enter the number of voting members included in line 1a, above, who are independent	1b	7		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6 Did the organization have members or stockholders?	6			No
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			No
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8a		Yes	
b Each committee with authority to act on behalf of the governing body?	8b		Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9			No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	Yes	
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b Describe in 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? <i>If "No," go to line 13</i>	12a	Yes	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes	
13 Did the organization have a written whistleblower policy?	13	Yes	
14 Did the organization have a written document retention and destruction policy?	14	Yes	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a The organization's CEO, Executive Director, or top management official	15a	Yes	
b Other officers or key employees of the organization	15b		No
<i>If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).</i>			
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed	NV , WA
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.	
20 State the name, address, and telephone number of the person who possesses the organization's books and records: JIM REAVIS EXECUTIVE DIRECTOR 2553 CRESCENT STREET FERNDALE, WA 98248 (360) 820-2545	

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

● List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

● List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAVID CULLINANE CHAIRMAN	10.00	X						0	0	
(2) JERRY ARCHER DIRECTOR	1.00	X						0	0	
(3) ALAN BOEHME DIRECTOR	1.00	X						0	0	
(4) PAUL KURTZ DIRECTOR	1.00	X						0	0	
(5) JIM REAVIS DIRECTOR	50.00	X		X				317,409	0	1,000
(6) ADRIENNE HALL DIRECTOR	1.00	X						0	0	
(7) DR RADU POPESCU-ZELETIN DIRECTOR	1.00	X						0	0	
(8) STEPHEN SCHARF DIRECTOR	1.00	X						0	0	
(9) JEFFERY J WESTCOTT EMPLOYEE	40.00			X				130,371	0	1,000
(10) LUCIANO SANTOS EMPLOYEE	40.00				X			232,080	0	1,000
(11) JOHN YEOH EMPLOYEE	40.00				X			154,836	0	1,000
(12) COURTNEY STIVEN EMPLOYEE	40.00				X			125,826	0	1,000
(13) EILEEN SCIARRA EMPLOYEE	40.00					X		293,268	0	675

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

(A) Name and title	(B) Average	(C) Position (do not check more	(D) Reportable	(E) Reportable	(F) Estimated
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Contributions, Gifts, Grants and Other Similar Amounts	derated campaigns	1a
	Membership dues	1b
	Fundraising events	1c
	Related organizations	1d
	Government grants (contributions)	1e
	All other contributions, gifts, grants, and similar amounts not included above	1f
g Noncash contributions included in lines 1a - 1f:\$	1g	
h Total. Add lines 1a-1f ▶		

		Business Code			
Program Service Revenue	2a MEMBERSHIP	541900	2,471,321	2,471,321	
	CERTIFICATION & TRAINING	541900	1,473,253	1,473,253	
	RESEARCH	541900	952,219	952,219	
	SPONSORSHIP & EVENTS	541900	621,672	621,672	
f All other program service revenue.					
9 Total. Add lines 2a-2f. ▶			5,518,465		

3 Investment income (including dividends, interest, and other similar amounts) ▶		536			536	
4 Income from investment of tax-exempt bond proceeds ▶						
5 Royalties ▶						
6a Gross rents	6a	(i) Real				
		(ii) Personal				
	b Less: rental expenses	6b				
	c Rental income or (loss)	6c				
d Net rental income or (loss) ▶						
7a Gross amount from sales of assets other than inventory	7a	(i) Securities				
		(ii) Other				
	b Less: cost or other basis and sales expenses	7b				
	c Gain or (loss)	7c				
d Net gain or (loss) ▶						
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
		8b				
	c Net income or (loss) from fundraising events ▶					
9a Gross income from gaming activities. See Part IV, line 19	9a					
		9b				
	c Net income or (loss) from gaming activities ▶					
10a Gross sales of inventory, less						

returns and allowances . . .	10a				
b Less: cost of goods sold . . .	10b				
c Net income or (loss) from sales of inventory . . . ▶					
Miscellaneous Revenue	Business Code				
11a EIDL GRANT FORGIVEN	541900	10,000			10,000
b OTHER REVENUE	541900	9,785	9,785		
c CREDIT CARD REWARDS	541900	2,505	2,505		
d All other revenue					
e Total. Add lines 11a-11d ▶		22,290			
12 Total revenue. See instructions ▶		5,541,291	5,530,755	0	10,531

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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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,484,724	1,739,307	745,417	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	20,105	14,074	6,031	
9 Other employee benefits	234,083	163,858	70,225	
10 Payroll taxes	215,060	150,542	64,518	
11 Fees for services (non-employees):				
a Management	607,074	426,873	180,201	
b Legal	134,081	33,520	100,561	
c Accounting				

d Lobbying			
e Professional fundraising services. See Part IV, line 17			
f Investment management fees			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)			
12 Advertising and promotion	138,651	138,651	
13 Office expenses	14,700	12,664	2,036
14 Information technology			
15 Royalties			
16 Occupancy	128,003	55,530	72,473
17 Travel	60,294	41,283	19,011
18 Payments of travel or entertainment expenses for any federal, state, or local public officials			
19 Conferences, conventions, and meetings	461,800	452,048	9,752
20 Interest	7,528	52	7,476
21 Payments to affiliates	189,842	189,842	
22 Depreciation, depletion, and amortization	15,878	1,862	14,016
23 Insurance	13,594		13,594
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)			
a DUES AND SUBSCRIPTIONS	366,448	274,836	91,612
b RESEARCH & DEVELOPMENT	122,815	109,814	13,001
c BANK FEES	77,360	63,316	14,044
d LEASE EXPENSE	12,653	1,692	10,961
e All other expenses	15,272	10,286	4,986
25 Total functional expenses. Add lines 1 through 24e	5,319,965	3,880,050	1,439,915
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.			

Check here if following SOP 98-2 (ASC 958-720).

Part X Balance Sheet

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

Table with columns (A) Beginning of year, (B) End of year. Rows include Assets (1-16) and Liabilities (17-18). Total assets: 1,831,129; Total liabilities: 250,605.

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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization CLOUD SECURITY ALLIANCE

Employer identification number 26-4674846

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with columns (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for total number and aggregate value.

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation

easement on the last day of the tax year.

Held at the End of the Year	
2a	
2b	
2c	
2d	

- a** Total number of conservation easements
- b** Total acreage restricted by conservation easements
- c** Number of conservation easements on a certified historic structure included in (a)
- d** Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register
- 3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4** Number of states where property subject to conservation easement is located ▶ _____
- 5** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- 6** Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____
- 7** Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____
- 8** Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- 9** In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- 1a** If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- b** If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
 - (i)** Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____
 - (ii)** Assets included in Form 990, Part X ▶ \$ _____
- 2** If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:
 - a** Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____
 - b** Assets included in Form 990, Part X ▶ \$ _____

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

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Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
 - a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
 - b** If "Yes," explain the arrangement in Part XIII and complete the following table:
 - c** Beginning balance
 - d** Additions during the year
 - e** Distributions during the year
 - f** Ending balance
- | Amount | |
|-----------|--|
| 1c | |
| 1d | |
| 1e | |
| 1f | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No
 - b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					

c Net investment earnings, gains, and losses				
d Grants or scholarships				
e Other expenditures for facilities and programs				
f Administrative expenses				
g End of year balance				

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations
- (ii) Related organizations

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation
	(d) Book value		
1a Land			
b Buildings			
c Leasehold improvements			
d Equipment		67,003	30,783
36,220			
e Other		60,935	15,959
44,976			
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶			
81,196			

Schedule D (Form 990) 2020

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Part VII Investments Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(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 _____		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (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

(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

	(a) Description	(b) Book value
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)		

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1
	5,541,291	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains (losses) on investments	2a

b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
	0		
3	Subtract line 2e from line 1		3
	5,541,291		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
	0		
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5
	5,541,291		

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
 Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1
	5,319,965		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	

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efile Public Visual Render	ObjectID: 202101379349307395 - Submission: 2021-05-17	TIN: 26-4674846
SCHEDULE F (Form 990) Department of the Treasury Internal Revenue Service	Statement of Activities Outside the United States ► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.	OMB No. 1545-0047 2020 Open to Public Inspection
	Name of the organization CLOUD SECURITY ALLIANCE	

Part I 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? Yes No

2 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.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EAST ASIA AND THE PACIFIC -	0	0	PROGRAM SERVICES	CERTIFICATION	53,73
EUROPE (INCLUDING ICELAND & GREENLAND) -	0	0	PROGRAM SERVICES	CERTIFICATION	194,80

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

- 5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
 - a** The organization?
 - b** Any related organization?
If "Yes," on line 5a or 5b, describe in Part III.
- 6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:
 - a** The organization?
 - b** Any related organization?
If "Yes," on line 6a or 6b, describe in Part III.
- 7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.
- 8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.
- 9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

5a		
5b		
6a		
6b		
7		
8		
9		

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50053T **Schedule J (Form 990) 2021**

Schedule J (Form 990) 2020

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if applicable.

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retiree and other deferred compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	
1 JIM REAVIS DIRECTOR	(i)	298,800	0	18,609	1,000
	(ii)	----- 0	----- 0	----- 0	----- 0
2 EILEEN SCIARRA EMPLOYEE	(i)	282,776	0	10,492	675
	(ii)	----- 0	----- 0	----- 0	----- 0
3 LUCIANO SANTOS EMPLOYEE	(i)	213,672	0	18,408	1,000
	(ii)	----- 0	----- 0	----- 0	----- 0
4 JOHN YEOH EMPLOYEE	(i)	145,744	0	9,092	1,000
	(ii)	----- 0	----- 0	----- 0	----- 0
5 JEFFERY J WESTCOTT EMPLOYEE	(i)	121,800	0	8,571	1,000
	(ii)	----- 0	----- 0	----- 0	----- 0
6 COURTNEY STIVEN EMPLOYEE	(i)	125,826	0	0	1,000
	(ii)	----- 0	----- 0	----- 0	----- 0

Schedule J (Form 990) 2020

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also con

Table with 2 columns: Return Reference, Explanation. Row 1: PART I, LINE 3; COMPENSATION IS REVIEWED AND APPROVED ANNUALLY BY THE BOARD OF DIRECTORS. THE BOARD IS CC IN PRIVATE INDUSTRY WITH THE KNOWLEDGE OF MARKET COMPENSATION.

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efile Public Visual Render | ObjectID: 202101379349307395 - Submission: 2021-05-17 | TIN: 26-4674846
Schedule L (Form 990 or 990-EZ)
Transactions with Interested Persons
2020 Open to Public Inspection

Table with 2 columns: Name of the organization (CLOUD SECURITY ALLIANCE), Employer identification number (26-4674846)

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958.
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

Table with 5 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of transaction, (d) Description of transaction, (e) Sharing of organization's revenues? (Yes/No). Row 1: (1) JAM CYBER INC DBA CSA LABS, RELATED BUSINESS, 79,725, REVOLVING LOAN, No.

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

Table with 2 columns: Return Reference, Explanation.

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization CLOUD SECURITY ALLIANCE

Employer identification number

26-4674846

Table with 2 columns: Return Reference, Explanation. Rows include: FORM 990, PART VI, SECTION B, LINE 11B; FORM 990, PART VI, SECTION B, LINE 12C; FORM 990, PART VI, SECTION B, LINE 15A; FORM 990, PART VI, SECTION C, LINE 19.

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**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 3**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
CLOUD SECURITY ALLIANCE

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, P related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section
(1) CLOUD SECURITY ALLIANCE EUROPE 272 BATH STREET GLASGOW G2 4JR UK	RESEARCH AND EDUCATIONAL ORGANIZATION	UK	
(2) CLOUD SECURITY ALLIANCE ASIA PACIFIC LTD 354 TANGLIN ROAD TANGLIN INTERNATIONAL CEN SN	RESEARCH AND EDUCATIONAL ORGANIZATION	SN	

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

Cat. No. 50135Y

Schedule R (Form 990) 2020

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of total income

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share inc

Schedule R (Form 990) 2020

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 3

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount inv
(1) CLOUD SECURITY ALLIANCE ASIA PACIFIC LTD	D	53,73
(2) CLOUD SECURITY ALLIANCE EUROPE	D	194,80

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