Department of the Treasury

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0047

Internal Revenue Service

# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except 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.



АГ		and and and and and and and and and	renaing	_	
B c	Check if applicab	E Name of organization		D Employer identifi	cation number
	Addre	e THE OWASP FOUNDATION, INC.			
	Name Chang	Doing business as		20-0	963503
	Initial return		Room/suite	E Telephone numbe	
	Final return	1200-C AGORA DRIVE	232	781-	876-8914
	termir ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$ 2,338,006		
	Amen	BED AIR, MD 21014	H(a) Is this a group re		
	Applie tion		for subordinates	? 🗌 Yes 🔀 No	
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
		empt status: 🗴 501(c)(3) 🚺 501(c) ( )◀ (insert no.) 🚺 4947(a)(1)	or 527	If "No," attach a	list. (see instructions)
		te: WWW.OWASP.ORG		H(c) Group exemptio	
		forganization: X Corporation Trust Association Other	L Year	of formation: 2004	State of legal domicile: MD
Pa	art I	Summary			
ě	1	Briefly describe the organization's mission or most significant activities: OWAS	P'S MI	SSION IS TO	MAKE
Activities & Governance		SOFTWARE SECURITY VISIBLE, SO THAT INDIV			
ern		Check this box 🕨 🛄 if the organization discontinued its operations or dispo			ssets.
Š	3	Number of voting members of the governing body (Part VI, line 1a)			/
<u>ه</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)			/
ies		Total number of individuals employed in calendar year 2017 (Part V, line 2a)			12000
tivit	6	Total number of volunteers (estimate if necessary)			13000
Act		Total unrelated business revenue from Part VIII, column (C), line 12			1,170. 170.
	b	Net unrelated business taxable income from Form 990-T, line 34	<u></u>		
				Prior Year 1,393,009.	Current Year 572,993.
ne	8	Contributions and grants (Part VIII, line 1h)		1,082,761.	1,759,070.
Revenue	9	Program service revenue (Part VIII, line 2g)		1,002,701.	0.
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,527.	1,170.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,477,297.	2,333,233.
	12 13	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	2,555,255.
	14	Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
	4-		·····	520,455.	616,830.
Ise	162	Professional fundraising fees (Part IX, column ( $\Delta$ ), line 11e)	·····	0.	0.
Expenses	h	Professional fundraising fees (Part IX, column (A), line 5-10) Total fundraising expenses (Part IX, column (D), line 25)	17.		
Ĕ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,504,957.	1,879,156.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,025,412.	2,495,986.
	19	Revenue less expenses. Subtract line 18 from line 12		451,885.	-162,753.
or				ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		1,453,903.	1,490,813.
Ass d Ba	21	Total liabilities (Part X, line 26)		261,995.	461,658.
Fund	22	Net assets or fund balances. Subtract line 21 from line 20		1,191,908.	1,029,155.
		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 MATT KONDA, CHAIRMAN Type or print name and title		D	ate					
Paid	Print/Type preparer's name THOMAS F. MULDOON, CPA	Preparer's signature THOMAS F. MULDOON,	Date C10/17/	Check PTIN 18 self-employed P01561688					
Preparer	Firm's name 🕒 ALEXANDER, ARONS	SON, FINNING & CO.,	P.C. Fi	rm's EIN <b>04-2571780</b>					
Use Only	Firm's address 50 WASHINGTON ST WESTBOROUGH, MA	TREET 01581	Р	hone no.508-366-9100					
May the IRS discuss this return with the preparer shown above? (see instructions)									
732001 11-2	732001 11-28-17       LHA       For Paperwork Reduction Act Notice, see the separate instructions.       Form 990 (2017)								

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	m 990 (2017) THE OWASP FOUNDATION, INC. 20-0	963503	Page <b>2</b>
	art III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	TO BE THE THRIVING GLOBAL COMMUNITY THAT DRIVES VISIBILITY A	ND	
	EVOLUTION IN THE SAFETY AND SECURITY OF THE WORLD'S SOFTWARE	•	
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	XNo
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure	d by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the to	otal expenses, a	nd
	revenue, if any, for each program service reported.		
4a		01/222	)
		OVER	
	100 COUNTRIES GLOBALLY. WITH A COMMUNITY OF 42,000+. WE ARE	THE	
	LARGEST APPLICATION SECURITY COMMUNITY IN THE WORLD. THIS		
	ORGANIZATION IS ENTIRELY FUNDED THROUGH THE GENEROUS DONATIO OUR SUPPORTERS, CORPORATE AND INDIVIDUAL MEMBERS, AND THE PR		
	OF OUR CONFERENCE EVENTS. OVER THE PAST YEAR OWASP HAS GROWN		
		VE REAC	
	NEARLY 4,000 DEVELOPERS AND SECURITY PROFESSIONALS THROUGH O		
	APPLICATION SECURITY CONFERENCES. ADDITIONALLY, WE'VE MADE		
	STRIDES IN OUR OVER 100 OPEN SOURCE PROJECTS AND TECHNICAL M		
	SIRIDES IN OUR OVER TOO OPEN SOURCE PRODECTS AND TECHNICAL M		
	THE OWASP PROJECT WORK INCLUDED THE FOLLOWING PUBLIC RELEASE	·g •	
			<u> </u>
4b	(Code: ) (Expenses 412,170 including grants of ) (Revenue ) (Revenue ) (Revenue ) (Revenue )	ST	)
	YEAR OWASP HAS GROWN AND IS NOW REPRESENTED BY OVER 220 CHAP		100
	DIFFERENT COUNTRIES AROUND THE WORLD. WE'VE REACHED NEARLY 4		
	DEVELOPERS AND SECURITY PROFESSIONALS THROUGH OUR COMMUNITY	•	
	APPLICATION SECURITY CONFERENCES THAT PROVIDE TRAINING AND S		ANT
	HANDS-ON EXPERIENCE WITH OUR OPEN SOURCE PROJECTS.		
4c		1,759,0	)70.)
	ONE OF THE STRENGTHS OF OUR ORGANIZATION IS THE DIVERSITY OF		
	COMMUNITY. THE FOUNDATION STRIVES TO EXPAND THIS DIVERSE KNO		
	PROVIDING OPPORTUNITIES FOR INTERNATIONAL COLLABORATION, EDU		
	PROBLEM SOLVING. GLOBAL APSEC CONFERENCES ARE OUR FLAGSHIP G		GS.
	EACH YEAR. TEAMS OF VOLUNTEERS WORK TO DEVELOP MULTI-DAY EVE		
	DYNAMIC SPEAKERS, WORLD RENOWNED TRAINERS, INDUSTRY LEADERS,	AND	
	RESEARCH PIONEERS GATHER TO SHARE INFORMATION.		
	IN ADDITION TO THE GLOBAL CONFERENCES, OVER 30 DIFFERENT LOC		5
	WORKED TO BRING THE MISSION AND VISION OF OWASP TO THEIR CIT		
	HOLDING FREE TRAININGS. OWASP CONTINUES TO SUPPORT OUTREACH		EN
	LATIN AMERICA. OWASP CONDUCTED TRAINING DAYS AND PRESENTATI	UNS IN	
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$ ■ Total program service expenses ► 1,896,918.	)	
4e	Total program service expenses 1,896,918.		
		Form 95	<b>90</b> (2017)

		of Require	d Schedu	lles
Form 990 (	2017)	THE	OWASP	FO

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		x
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> " <i>Yes</i> ," <i>complete Schedule C, Part II</i>	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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 temporarily restricted endowments, permanent			
	endowments, or 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			v
	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			x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	<u>_</u>	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
12u	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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			v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
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? <i>If</i> " <i>Yes</i> ," <i>complete Schedule F, Parts III and IV</i>	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			х
	complete Schedule G, Part III	19		- 22

Form **990** (2017)

Form 990 (				FOUNDATI
Part IV	Checklist of	Require	d Schedu	lles (continued)

		Yes	No
Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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		X
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		X
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
Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
Schedule K. If "No", go to line 25a	24a		X
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		
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
Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	25b		X
			37
	26		X
	27		X
			v
			X X
	28b		
			x
			X
	29		
			x
Did the experientian liquidate terminate or discale and essee acceptions?	30		
	24		x
	31		
	32		x
Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	33		x
	34	х	
	35b		x
	36		x
	37		x
	38	х	
	If "Yes" to line 20a, dd the organization statich a copy of its audited financial statements to this return? Dd 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 11 If "Yes," complete Schedule I, Parts I and III Dd the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 21 If "Yes," complete Schedule I, Parts I and III Dd 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 Dd 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 a tare December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a Dd the organization markat an encrow account other than a refunding escrow at any time during the year 1 Dd the organization access an "on behalf of issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction was not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I Dd the organization report any amount on Part X, line 6, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest componetistic employees, or disqualified person? If "Yes," complete Schedule L, Part II Dd the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection, substee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?         20b           Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or         21           Did the organization report more than \$5,000 of grants or other assistance to or for domestic organization and the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on         21           Part X, column (A), line 17 If "Yes," complete Schedule I, Parts I and III         22           Did the organization answer "Yes" to Part VI, Section A, line 3, 4, or 5 about compensation of the organization asset at a weak and the organization invest any proceeds of tax exempt bonds bayed at temporary period exception?         24           Did the organization invest any proceeds of tax exempt bonds buyod a temporary period exception?         24           Did the organization invest any proceeds of tax exempt bonds outstanding at any time during the year?         24           Did the organization and at as 10 bohal of lissue for bonds outstanding at any time during the year?         24           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 in a pior year, and that the transaction with a disqualified person in a pior year, and that the transaction with a disqualified person in a pior year, and that the transaction with a disqualified person in a pior year. Complete Schedule L, Part	Dd the organization operate one or more hospital facilities? If Yes,* complete Schedule H         20a           If Yes* to line 20a, did the organization attach a copy of its audited financial statements to this return?         20b           Did the organization report more than \$5,000 of grants or other assistance to or of domestic organization or domestic government on Part IX, column (A), line 17 If Yes,* complete Schedule I, Parts I and III         21           Did the organization report more than \$5,000 of grants or other assistance to or or domestic individuals on Part IX, column (A), line 27 II Yes,* complete Schedule I, Parts I and III         22           Did the organization answer Yes* to Part VI, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensate employees? If Yes,* complete Schedule A, II Yes,* complete addition to the an extending 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, II Yes * go to line 25a         24a           Did the organization insust an escrew account of the organization engage in an excess benefit transaction with a disqualified person A 1I Yes,* complete Schedule L, Part I         25a           Soction 501(c)(3), 501(c)(4), and 501(c)(22) organizations. Did the organization engage in an excess benefit transaction with a disqualified person A 1I Yes,* complete Schedule L, Part I         25a           Did the organization report soft any amount on Part X, line 5, 6, or 22 for revisables from or payables b any current or formor officers, dinector, trustees, key employees, lighest componisat

Form 990 (2017)

Form	1990 (2017) THE OWASP FOUNDATION, INC. 20-09	53503	F	Page 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	7		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
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 2a	7		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	<b>3b</b>	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>		X
b	If "Yes," enter the name of the foreign country:	_		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	ļ	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		ļ	X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	<u> </u>	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			37
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	<u>6b</u>		
7	Organizations that may receive deductible contributions under section 170(c).		v	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payer		X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<u>^</u>	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			x
	to file Form 8282?	7c		
	,	- 70		x
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			X
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			- 23
y b	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-0			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
0		8		
q	sponsoring organization have excess business holdings at any time during the year?			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		1	
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
11	Section 501(c)(12) organizations. Enter:	-		
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.)			
12a	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 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			

Form 990 (2017)
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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			Χ
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 7			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 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		Х
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	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?	5		Х
6	Did the organization have members or stockholders?	6		Х
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		X
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	Х	
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	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		37	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		37	
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	37
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 by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			v
	The organization's CEO, Executive Director, or top management official	15a	v	X
b	Other officers or key employees of the organization	15b	Х	
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40-		x
	taxable entity during the year?	16a		
a	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	401		
800	exempt status with respect to such arrangements?	16b		
17 19	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ MD Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable) 990, and 990 T (Section 501(c)(3)s only)	wailah		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) for public inspection. Indicate how you made these available. Check all that apply.	avalia0	ie.	
	Image: The public inspection. Indicate now you made these available. Check all that apply.         Image: The public inspection. Indicate now you made these available. Check all that apply.         Image: The public inspection. Indicate now you made these available. Check all that apply.         Image: The public inspection. Indicate now you made these available. Check all that apply.         Image: The public inspection. Indicate now you made these available. Check all that apply.         Image: The public inspection. Indicate now you made these available. Check all that apply.         Image: The public inspection. Indicate now you made these available. Check all that apply.         Image: The public inspection. Indicate now you made these available. Check all that apply.         Image: The public inspection. Indicate now you made these available. Check all that apply.         Image: The public inspection. Indicate now you made these available. Check all that apply.         Image: The public inspection. Image: The public inspection. The public inspectinspecies. The public inspecies. The public inspection. The public			
10		1 finan	cial	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year.	u iirian	ual	
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
20	VIRTUAL, INC 781-876-8914			
	401 EDGEWATER PLACE, SUITE 600, WAKEFIELD, MA 01880			

Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employ	ees, Highest	Compensated
	Employees, and Independe	ent Contra	ctors			

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 (Ď), (E), and (F) if no compensation was paid.

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	l	211120		C)	npo	liout	(D)	(E)	(F)
کی Name and Title	Average		not c	Pos	itior	n		Reportable	(L) Reportable	Estimated
Name and The	hours per	(do box	not c , unle	heck	more rson	than is bot	one h an	compensation	compensation	amount of
	week	offi	cer ar	nd a d	irecto	or/trus	tee)	from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	or dire				ted		organization	(W-2/1099-MISC)	from the
	related	stee o	rustee			oen sa		(W-2/1099-MISC)		organization
	organizations	lal tru	onal t		oloye	co ml				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MICHAEL COATES	2.00	<u> </u>	<u> </u>		×	= 5	E.			
MEMBER AT LARGE		x	-		ľ			0.	0.	0.
(2) TOM BRENNAN	3.00									
SECRETARY		x		х			r	0.	0.	Ο.
(3) MARTIN KNOBLACH	2.00									
MEMBER AT LARGE		х						0.	0.	0.
(4) MATT KONDA	3.00									
CHAIR		X		Х				0.	0.	0.
(5) ANDREW VAN DER STOCK	3.00									
TREASURER		Х		X				0.	0.	0.
(6) JOSH SOKOL	3.00									
VICE CHAIR		Х		Х				0.	0.	0.
(7) TOBIA GONDROM	2.00									_
MEMBER AT LARGE		X						0.	0.	0.
(8) KAREN STALEY	40.00									
EXECUTIVE DIRECTOR				Х				16,583.	0.	149.
							<u> </u>			
		-	$\vdash$	-	-	-	-			

	990 (2017) THE OWAS	P FOUNDA	AT I	101	J,	II	NC .	,		20-09	63	503	Pa	ige <b>8</b>
Part	VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	, and	d Hi	ghe	st C	Compensated Employe	es (continued)				
	(A) Name and title	<b>(B)</b> Average hours per week	Average Pos (do not check box, unless p				than is bot	h an	(D) Reportable compensation from	<b>(E)</b> Reportable compensatior from related	ı	<b>(F)</b> Estimated amount of other		
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		comp fro orga anc	oensal om the anizati I relate nizatio	e on ed
				-										
									16,583.		0.		1	49.
	Sub-total Total from continuation sheets to Part V								10,585.		0.		Τ.	<u>+9.</u> 0.
	Total (add lines 1b and 1c)								16,583.		0.		14	49.
2	Total number of individuals (including but r compensation from the organization					_	_	no r	eceived more than \$100	,000 of reportable	e			1
													Yes	No
	Did the organization list any <b>former</b> officer,						-		-			0		х
	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the si								her compensation from			3		<u>л</u>
	and related organizations greater than \$15											4		Х
	Did any person listed on line 1a receive or rendered to the organization? <i>If "Yes," con</i>					-			-			5		х
	on B. Independent Contractors													
	Complete this table for your five highest co the organization. Report compensation for	-									pens	ation fi	rom	
	(A) Name and business	address	NC	ONE	2				<b>(B)</b> Description of s	ervices	С	(C omper		ו
	Total number of independent contractors (	•	ot li	mite	d to		se lis	stec	d above) who received n	nore than				

Form	n 990 (i	2017) THE OWASP FOU	NDATION,	INC.		20-0963	503 Page <b>9</b>
Pa	rt VII	Statement of Revenue					
		Check if Schedule O contains a response	or note to any lin				
				<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b	479,854.				
ts, ( Am	с	Fundraising events 1c					
ilar		Related organizations 1d					
ns, Sim		Government grants (contributions) 1e					
utio	f	All other contributions, gifts, grants, and	02 120				
Oth		similar amounts not included above 1f	93,139.				
ind.	g	Noncash contributions included in lines 1a-1f: \$	<b>`</b>	572,993.			
a C	n	Total. Add lines 1a-1f					
đ	0.0	CONFERENCE INCOME	Business Code	1,759,070.	1 759 070.		
Program Service Revenue	2 a b		500055	1,135,010.	1,755,070.		
Ser	c b						
Nel S	d						
Be	e						
Pro	f	All other program service revenue					
		Total. Add lines 2a-2f		1,759,070.			
	3	Investment income (including dividends, intere					
		other similar amounts)					
	4	Income from investment of tax-exempt bond p					
	5	Royalties	🕨				
		(i) Real	(ii) Personal				
		Gross rents					
		Less: rental expenses					
		Rental income or (loss)					
		Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
	h	assets other than inventory Less: cost or other basis					
	D	and sales expenses					
	c	Gain or (loss)					
		Net gain or (loss)					
đ		Gross income from fundraising events (not					
Other Revenue		including \$ of					
eve		contributions reported on line 1c). See					
ъ		Part IV, line 18 a					
Gth	b	Less: direct expenses b					
Ŭ	С	Net income or (loss) from fundraising events	►				
	9 a	Gross income from gaming activities. See					
		Part IV, line 19 a					
		Less: direct expenses b					
		Net income or (loss) from gaming activities	<b>&gt;</b>				
	10 a	Gross sales of inventory, less returns	5,943.				
	h	and allowances a Less: cost of goods sold b	4 880				
		5		1,170.		1,170.	
	C	Net income or (loss) from sales of inventory Miscellaneous Revenue	Business Code			1,1/0•	
	11 a						
	n a b						
	c						
	d	All other revenue					
		Total. Add lines 11a-11d	▶				
	12	Total revenue. See instructions.	▶	2,333,233.	1,759,070.	1,170.	0.

Part IX Statement of Functional Expenses

THE OWASP FOUNDATION, INC.

<b>b, 8</b> <b>1</b> ( 2 ( 3 ( iii) 3 ( iii)	of include amounts reported on lines 6b, b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	<b>(A)</b> Total expenses	Program service	Management and	Fundraising
a 2 ( 3 ( 3 ( 1)	· ·		expenses	general expenses	expenses
2 ( ii 3 ( ii ii	and domestic governments. See Part IV, line 21		·		•
ii <b>3</b> ( c ii					
<b>3</b> ( c i	Grants and other assistance to domestic				
c i	ndividuals. See Part IV, line 22				
i	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	ndividuals. See Part IV, lines 15 and 16				
<b>1</b> E	Benefits paid to or for members				
	Compensation of current officers, directors,				
t	rustees, and key employees	16,733.	13,052.	3,263.	418
6 (	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	471,146.	367,492.	91,875.	11,779
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	110 100	0.0.070		0.017
	Other employee benefits	116,499.	90,870.	22,717.	2,912 311
) F	Payroll taxes	12,452.	9,713.	2,428.	311
	Fees for services (non-employees):				
a M	Vanagement			•	
	_egal	01 500	1 000		1 0 1
	Accounting	21,528.	1,076.	19,376.	1,076
	_obbying				
	Professional fundraising services. See Part IV, line 17				
	nvestment management fees				
-	Other. (If line 11g amount exceeds 10% of line 25,	110 400	F 000	100 500	F 0.0/
	column (A) amount, list line 11g expenses on Sch O.)	118,400.	5,920.	106,560.	5,920
	Advertising and promotion	FC 020	4 4 4 0	40 704	
	Office expenses	56,036.	4,440.	48,794.	2,802 3,304
	nformation technology	66,073.	6,111.	56,658.	3,304
	Royalties				
	Dccupancy	<b>FA 044</b>	10 005	22 247	0 710
	Fravel	54,244.	18,285.	33,247.	2,712
	Payments of travel or entertainment expenses				
	or any federal, state, or local public officials	1 102 462			
) (	Conferences, conventions, and meetings	1,183,463.	1,065,117.	59,173.	59,173
	nterest				
	Payments to affiliates				
	Depreciation, depletion, and amortization	E 161	E1 <i>C</i>	1 207	250
	nsurance	5,161.	516.	4,387.	258
	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line				
2	24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	166,242.	149,618.	8,312.	8,312
	PROJECT OUTREACH AND PR	90,179.	81,161.	4,509.	4,509
~ -	COMMUNITY - CHAPTER OUT	48,173.	43,355.	2,409.	2,409
	PROJECT EXPENSE	38,198.	34,378.	1,910.	1,910
		30,190.	5,814.	23,833.	1,910
	All other expenses	2,495,986.	1,896,918.	489,451.	109,617
	Fotal functional expenses. Add lines 1 through 24e	4,490,900.	1,090,910.	409,431.	109,01
	Joint costs. Complete this line only if the organization				
	eported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

34

THE OWASP FOUNDATION, INC.
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Total net assets or fund balances

Total liabilities and net assets/fund balances

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	1,276,962.	1	1,114,459.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	205,780.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under	er		
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contribution	ng		
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ets		employees' beneficiary organizations (see instr). Complete Part II of Sch L $_{\dots}$		6	
Assets	7	Notes and loans receivable, net		7	(1 = 0 =
4	8	Inventories for sale or use		8	61,525.
	9	Prepaid expenses and deferred charges	28,682.	9	38,296.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D10a67,57Less: accumulated depreciation10b61,11			6 166
	b			10c	6,466.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	64 207
	15	Other assets. See Part IV, line 11		15	64,287.
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	1,490,813.
	17	Accounts payable and accrued expenses		17	95,823.
	18	Grants payable		18	239,780.
	19	Deferred revenue		19	239,700.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ties	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons.		00	
Lia	23	Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties		22 23	
	23 24	Unsecured notes and loans payable to unrelated third parties		23	
	24	Other liabilities (including federal income tax, payables to related third		24	
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	0.	25	126,055.
	26	Total liabilities. Add lines 17 through 25	261,995.	26	461,658.
		Organizations that follow SFAS 117 (ASC 958), check here 🕨 🐰 and			,
ŝ		complete lines 27 through 29, and lines 33 and 34.			
nce	27	Unrestricted net assets	1,174,874.	27	1,029,155.
ala	28	Temporarily restricted net assets		28	0.
Net Assets or Fund Balances	29	Permanently restricted net assets		29	
'n		Organizations that do not follow SFAS 117 (ASC 958), check here			
o		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et⊿	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ž	33	Total net assets or fund balances	1,191,908.	33	1,029,155.

Form 990 (2017)
Part X | Balance Sheet

1,029,155. 1,490,813.

34

1,191,908. 1,453,903.

Form 990 (2017)

732012	11-28-17		

				<u> </u>			
2	Total expenses (must equal Part IX, column (A), line 25)	2,49					
3	Revenue less expenses. Subtract line 2 from line 1	-16					
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	1,19	1,9	08.			
5	Net unrealized gains (losses) on investments 5						
6	Donated services and use of facilities 6						
7	Investment expenses 7						
8	Prior period adjustments 8						
9	Other changes in net assets or fund balances (explain in Schedule O) 9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
		1,02	9,1	55.			
Pa	rt XII Financial Statements and Reporting			_			
	Check if Schedule O contains a response or note to any line in this Part XII						
			Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			x			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a						
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?	2b		Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,						
	consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,						
	review, or compilation of its financial statements and selection of an independent accountant?	2c					
	If the organization changed either its oversight process or selection process during the tax year, explain in 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 Single Audit						
	Act and OMB Circular A-133?	3a		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b					
		<b>F</b>	000				

Form 990 (	2017	)	THE	OWASP	FOUNDATION,	INC.
Part XI	Re	conciliation	of Ne	t Assets		

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

Total revenue (must equal Part VIII, column (A), line 12)

1

2,333,233.

Form **990** (2017)

1

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form	990	or	990-EZ)
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# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1	) nonex	empt c	harita	able 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
2017
Open to Public Inspection

Name	of the	organization
------	--------	--------------

Employer	identification	number
2	0-096350	าว

		THE	OWASP FOUL	NDATION, INC.				20-0963503
Pa	rt I	Reason for Public	Charity Status	(All organizations must c	omplete th	is part.) Se	ee instructions.	
The	organ	ization is not a private found	dation because it is:	: (For lines 1 through 12,	check only	one box.)		
1		A church, convention of ch	urches, or associat	tion of churches describe	d in sectio	n 170(b)( <sup>.</sup>	1)(A)(i).	
2		A school described in sect	ion 170(b)(1)(A)(ii).	(Attach Schedule E (For	n 990 or 9	90-EZ).)		
3		A hospital or a cooperative	hospital service or	ganization described in <b>s</b>	ection 170	(b)(1)(A)(i	ii).	
4		A medical research organiz	ation operated in c	onjunction with a hospita	l described	d in <b>sectio</b>	n 170(b)(1)(A)(iii). Er	nter the hospital's name,
		city, and state:						
5		An organization operated for	or the benefit of a c	ollege or university owne	d or opera	ted by a g	overnmental unit des	scribed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local go	vernment or govern	nmental unit described in	section 17	70(b)(1)(A)	(v).	
7		An organization that norma	ally receives a subst	tantial part of its support	from a gov	ernmental	unit or from the gen	eral public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)					
8	X	A community trust describe	ed in section 170(b	)(1)(A)(vi). (Complete Par	t II.)			
9		An agricultural research org	ganization describe	d in section 170(b)(1)(A)	(ix) operate	ed in conju	unction with a land-g	rant college
		or university or a non-land-g	grant college of agri	iculture (see instructions)	. Enter the	name, city	y, and state of the co	ollege or
		university:						
10		An organization that norma	ally receives: (1) mor	re than 33 1/3% of its su	oport from	contributi	ons, membership fee	es, and gross receipts from
		activities related to its exen	npt functions - subj	ect to certain exceptions	, and (2) no	o more tha	n 33 1/3% of its sup	port from gross investment
		income and unrelated busin	ness taxable incom	e (less section 511 tax) fi	om busine	sses acqu	ired by the organiza	tion after June 30, 1975.
		See section 509(a)(2). (Con	mplete Part III.)					
11		An organization organized a	and operated exclu	sively to test for public s	afety. See	section 50	09(a)(4).	
12		An organization organized a	-				-	
		more publicly supported or	rganizations describ	oed in <b>section 509(a)(1)</b> o	or section	509(a)(2).	See section 509(a)(	<ol><li>Check the box in</li></ol>
	_	lines 12a through 12d that	• •			-	· · · · ·	
а		<b>Type I.</b> A supporting orga			•	-		
		the supported organization			a majority	of the dire	ctors or trustees of t	he supporting
		organization. You must o						
b		<b>Type II.</b> A supporting org					•	
		control or management o		-	same perso	ons that co	ontrol or manage the	supported
		organization(s). You mus						
С		☐ Type III functionally interest.	-					grated with,
		its supported organizatio						
d		J Type III non-functionally						
		that is not functionally int			-		-	tentiveness
_		requirement (see instruct	-	-				o III
е		Check this box if the orgation functionally integrated, or					а турет, турет, тур	em
f	Ente	er the number of supported				Lation.		
g		vide the following information	•	ted organization(s)				
9		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of moneta	ary (vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructio	ons) support (see instructions)
Tota	al							

### Schedule A (Form 990 or 990-EZ) 2017 THE OWASP FOUNDATION, INC. Part II Support Schedule for Organizations Described in Sections 1

20-0963503 Page 2

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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	754,581.	1,026,028.	1,004,171.	1,393,009.	572,993.	4,750,782.
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						
Ũ	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	754,581.	1,026,028.	1,004,171.	1,393,009.	572,993.	4,750,782.
	The portion of total contributions	/31/3011	1,010,010.	1,001,1,11	1,000,000	57275550	1,100,102.
5	by each person (other than a						
	governmental unit or publicly				4		
	•						
	supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11,						
_	column (f)						
	Public support. Subtract line 5 from line 4.						4,750,782.
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017 572,993.	(f) Total
	Amounts from line 4	754,581.	1,026,028.	1,004,171.	1,393,009.	512,993.	4,750,782.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on					170.	170.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	16,622.	24,232.	70,696.			111,550.
11	Total support. Add lines 7 through 10						4,862,502.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 5	,701,503.
13	First five years. If the Form 990 is for	the organization's	first, second, thin	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stor	here			-		
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
-	Public support percentage for 2017 (			olumn (f))		14	97.70 %
	Public support percentage from 2016		-			15	97.53 %
	33 1/3% support test - 2017. If the o					nore. check this bo	
	stop here. The organization qualifies					,	► X
b	<b>33 1/3% support test - 2016.</b> If the c		-				nis box
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			-	-	-	. —
F		-	-	• • • •			
D.	10% -facts-and-circumstances tes						
	more, and if the organization meets the						
40	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	ind see instruction	s 🕨 📖

Schedule A (Form 990 or 990-EZ) 2017

# Schedule A (Form 990 or 990-EZ) 2017 THE OWASP FOUNDATION, 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) 🕨	<b>(a)</b> 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disgualified persons						
b	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						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	rd, fourth, or fifth	tax year as a section	on 501(c)(3) orga	anization,
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
-	Public support percentage for 2017 (I			column (f))		15	%
	Public support percentage from 2016					16	%
	ction D. Computation of Invest					1 1	, - , - , - , - , - , - , - , - , - , -
-	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2017. If the				ne 15 is more than		
199							
	more than 33 1/3%, check this box at						
b	<b>33 1/3% support tests - 2016.</b> If the	•					·
•••	line 18 is not more than 33 1/3%, che		· •	-		-	
	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check			
73202	23 10-06-17				Sch	edule A (Form 9	990 or 990-EZ) 2017

Vee N-

## Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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* (*b*) *and* (*c*) *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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 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		
1		
2		
0-		
3a		
3b		
0-		
3c		
4a		
41		
4b		
4c		
5a		
5b		
5c		
6		
7		
1		
8		
9a		
Ju		
9b		
0-		
9c		
10a		
401		
10b		

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

# Schedule A (Form 990 or 990-EZ) 2017 THE OWASP FOUNDATION, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 🔟 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.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for pro	duction or		
collection of gross income or for management, conse	vation, or		
maintenance of property held for production of incom	e (see instructions) 6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from	line 4) 8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use ass	ets (see		
instructions for short tax year or assets held for part of	f year):		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	10		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-u	se assets 2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of lin	e 3 (for greater amount,		
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 fr	om line 3) 5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, lin	e 8, Column A) 1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B,	line 8, Column A) 3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, un	ess subject to		
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organizatio	's first as a non-functionally integr	rated Type III supporting or	appization (soo

instructions).

Schedule A (Form 990 or 990-EZ) 2017

Par	I v I ype III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
с	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
b	Excess from 2014			
С	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Schedule A	(Form 990 or 990-EZ) 2017 TH	E OWASP FOUNDATION,	INC.	20-0963503 Page 8
Part VI	Supplemental Informatic Part IV, Section A, lines 1, 2, 3b line 1; Part IV, Section D, lines 2	<b>D1.</b> Provide the explanations required 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b and 3; Part IV, Section E, lines 1c, 2a Part V, Section E, lines 2, 5, and 6. Al	l by Part II, line 10; Part II, line 17a oi b, and 11c; Part IV, Section B, lines 1 , 2b, 3a, and 3b; Part V, line 1; Part \	17b; Part III, line 12; and 2; Part IV, Section C, /, Section B, line 1e; Part V,

SCHEDULE D

(Form 990)

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.



Employer identification number

20-0963503

Department of the Treasury Internal Revenue Service Name of the organization

THE	OWASP	FOUNDATION,	INC.

1       Total number at end of year       (a) Donor advised funds       (b) Funds and other account         2       Aggregate value of contributions to (during year)	1	organization answered "Yes" on Form 990, Part IV, line	е ю.			
2 Aggregate value of contributions to (during year) 3 Aggregate value of contributions to (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantese, donors, and donor advisor, in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor advisor, or for any other purpose conferring impermissible private benefit?  Part II Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.  Purpose(5) of conservation easements held by the organization answered 'Yes' on Form 990, Part IV, line 7.  Purpose(5) of conservation easements held by the organization (check all that apply).  Protection of natural habitat Protection of natural habitat Protection of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements to a variant experiments  D Total ancegar restricted by conservation easements  D Total ancegar restricted by conservation easements  D Total ancegar restricted by conservation easements  Aumber of conservation easements included in (a) acquired after 7/25/06, and not an historic structure  Aumber of conservation easements modified, transferred, released, extinguished; or terminated by the organization during the tax year  Aumber of conservation easements modified, transferred, released, extinguished; or terminated by the organization during the year  Aumber of conservation easements included in labor conservation easements is holds?  Aumber of conservation easements reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(i)?  Aumotr of conservation easements in the dis?  Aumotr of conservation easements in the dis?  Aumotr of conservation easements reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(i)?	1		<b>(a)</b> Do	onor advised funds	<b>(b)</b> Fu	nds and other accounts
<ul> <li>3 Aggregate value of grants from (during year)</li> <li>4 Aggregate value at end of year</li> <li>5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are 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?</li> <li>Yes</li> <li>Part II Conservation Easements. Complete if the organization answered "Ves" on Form 990, Part IV, line 7.</li> <li>1 Purpose(s) of conservation easements held by the organization (check all that apply).</li> <li>Preservation of land for public use (e.g., recreation or education)</li> <li>Preservation of a historically important land area</li> <li>Preservation of land for public use (e.g., recreation or education)</li> <li>Preservation of a conservation easements</li> <li>Preservation of a conservation easements</li> <li>Preservation of a conservation easements</li> <li>Total acreage restricted by conservation easements included in (a)</li> <li>Aumber of conservation easements included in (a) eacuired after 7/25:06, and not on a historic structure</li> <li>Aumber of conservation easements modified, transferred, released, extinguished; or terminated by the organization during the tax year</li> <li>Aumber of states where property subject to conservation easements in bodard</li> <li>So es the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforci</li></ul>						
Aggregate value at end of year	2		ļ			
<ul> <li>5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advisod funds are the organization is property, subject to the organization's exclusive legal control?</li> <li>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?</li> <li>Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.</li> <li>1 Purpose(s) of conservation easements held by the organization (check all that apply).</li> <li>Preservation of and for public use (e.g., recreation or education)</li> <li>Preservation of a historically important land area</li> <li>Preservation of pon space</li> <li>2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the day of the ax year.</li> <li>a Total number of conservation easements</li> <li>b Total acreage restricted by conservation easements</li> <li>b Total acreage restricted by conservation easements</li> <li>complete lines 2a through 2d if the organization theid a file for the priority in portanization during the tax year.</li> <li>a Number of conservation easements modified, transferred, released, extinguished; or terminated by the organization during the tax year &gt;</li> <li>0 Does the organization heave a written policy regarding the periodic motiforing, inspection, handling of violations, and enforcement of the conservation easements is located &gt;</li> <li>conservation easements and the periodic motiforing, inspection, handling of violations, and enforcement of the conservation easements in todas?</li> <li>7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easement is thods?</li> <li>6 Staff and volunteer hours devoted to monitoring, inspecting, handling of vio</li></ul>	3	Aggregate value of grants from (during year)	ļ			
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<ul> <li>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?</li> <li>Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.</li> <li>1 Purpose(s) of conservation easements held by the organization (check all that apply).</li> <li>Preservation of a historically important land area</li> <li>Protection of natural habitat</li> <li>Preservation of a certified historic structure</li> <li>Preservation of a conservation easements</li> <li>2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements</li> <li>a Total number of conservation easements on a certified historic structure included in (a)</li> <li>2 A through 2d if the organization easements</li> <li>2 A bit acreage restricted by conservation easements</li> <li>a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year</li> <li>A Number of states where property subject to conservation easements is located &gt;</li> <li>2 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements tholds?</li> <li>A mount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>\$</li> <li>S Does the organization easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(0) and section 170(h)(4)(B)(0) and section 170(h)(4)(B)(0) and section 170(h)(4)(B)(0)?</li> <li>Yes</li> <li>9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, at include, if applicable, the text of the foorhop to conservation</li></ul>	5	-	-			
for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring						Yes
impermissible private benefit?       Yes         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 (e.g., recreation or education)       Preservation of a historically important land area         Protection of natural habitat       Preservation of a certified historic structure         Preservation of open space       Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements on the day of the tax year.         a       Total number of conservation easements       2a         b       Total acreage restricted by conservation easements       2a         c       Number of conservation easements on a certified historic structure included in (a)       2c         d       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 easements is located b         5       Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year         6       Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year         6	6			• •		
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 (e.g., recreation or education)       Preservation of a historically important land area         Protection of natural habitat       Preservation of a certified historic structure         Preservation of open space       Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on th day of the tax year.         a       Total acreage restricted by conservation easements       2a         b       Total acreage restricted by conservation easements       2a         c       Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register       2d         3       Number of states where property subject to conservation easements is located ▶       2d         4       Number of states where property subject to conservation easements in located ▶       Yes         6       Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easement surfliced all holds?       Yes         6       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) and section 170(h)(4)(B)(iii) and section 170(h)(4)(B)(ii) and section 170(h)(4)(			or donor advis	or, or for any other purpo	ose conferring	
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<ul> <li>Protection of natural habitat</li> <li>Preservation of a certified historic structure</li> <li>Preservation of open space</li> <li>Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the day of the tax year.</li> <li>Total acreage restricted by conservation easements</li> <li>Number of conservation easements on a certified historic structure included in (a)</li> <li>Qa</li> <li>Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure</li> <li>Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year b</li> <li>Qa</li> <li>Number of states where property subject to conservation easements is located b</li> <li>Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements in holds?</li> <li>Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)</li> <li>Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year b</li> <li>\$</li> <li>Soes each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)</li> <li>Yes</li> <li>In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, an include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.</li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 8.</li> <li>If the organization elected, as permitted under SFAS 116 (ASC 958), not or opent in its revenue statement and balance sheet works of a historical treas</li></ul>	1					
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<ul> <li>3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶</li></ul>	d					
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<ul> <li>violations, and enforcement of the conservation easements it holds?</li> <li>Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>mount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>\$</li> <li>Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)</li> <li>and section 170(h)(4)(B)(ii)?</li> <li>Yes</li> <li>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.</li> <li>Part III</li> <li>Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.</li> <li>If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of a historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in F the text of the footnote to its financial statements that describes these items.</li> <li>If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of at historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in F the text of the footnote to its financial statements that describes these items.</li> <li>If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, I</li> </ul>						
<ul> <li>6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  <ul> <li>▲</li> <li>▲</li> </ul> </li> <li>7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  <ul> <li>▲</li> <li>\$</li> </ul> </li> <li>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)?</li> <li>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.</li> <li>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.</li> <li>1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of a historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Futher text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of at, the text of the footnote to its financial statements that describes these items.</li> </ul>	5					Yes
<ul> <li>Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>\$</li> <li>Boes 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)?</li> <li>Yes</li> <li>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.</li> <li>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.</li> <li>In Fithe organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of a historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Fithe text of the footnote to its financial statements that describes these items.</li> <li>If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, the text of the footnote to its financial statements that describes these items.</li> </ul>	~					
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<ul> <li>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)?</li> <li>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.</li> <li>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.</li> <li>1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of at historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Fit text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, I</li> </ul>	'		and g of violatio	ons, and enforcing conse	ervation easem	ents duning the year
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<ul> <li>Conservation easements.</li> <li>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.</li> <li>If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of a historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in F the text of the footnote to its financial statements that describes these items.</li> <li>If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, I</li> </ul>	5					
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<ul> <li>1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of a historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in F the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, I</li> </ul>						
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					ent and baland	ce sheet works of art, histor
treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following	b	-				
	b	a cacaroo, or other ormal accoro herd for public oxinibition, or	udoution, or n			provide the following diffet
-	b	relating to these items:				
	b	relating to these items: (i) Revenue included on Form 990, Part VIII, line 1			▶	\$
	b	(i) Revenue included on Form 990, Part VIII, line 1				\$\$
the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:		<ul><li>(i) Revenue included on Form 990, Part VIII, line 1</li></ul>			►	\$
	b 2	<ul> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>(ii) Assets included in Form 990, Part X</li> <li>If the organization received or held works of art, historical treat</li> </ul>	asures, or oth	ner similar assets for finar	►	\$
b Assets included in Form 990, Part X		<ul> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>(ii) Assets included in Form 990, Part X</li> <li>If the organization received or held works of art, historical treat the following amounts required to be reported under SFAS 1</li> </ul>	asures, or oth 16 (ASC 958)	ner similar assets for finar relating to these items:	ncial gain, prov	\$ de

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

Schedule D (Form 990) 2017

		SP FOUNDAT						Page <b>2</b>
Par	t III   Organizations Maintaining C	Collections of A	rt, Historical 1	reasures, o	or Other S	Similar Asse	ts(continu	ued)
3	Using the organization's acquisition, access	ion, and other record	ls, check any of th	e following that	t are a signif	ficant use of its	collection	items
	(check all that apply):							
а	Public exhibition	d		change progra				
b	Scholarly research	e	Other					
С	Preservation for future generations							
4	Provide a description of the organization's c	ollections and explai	n how they further	the organization	on's exempt	purpose in Par	t XIII.	
5	During the year, did the organization solicit of						-	
	to be sold to raise funds rather than to be m						Yes	No
Par	<b>t IV</b> Escrow and Custodial Arran	-	ete if the organizat	ion answered "	Yes" on For	rm 990, Part IV,	line 9, or	
	reported an amount on Form 990, Pa							
1a	Is the organization an agent, trustee, custod						٦	<u> </u>
	on Form 990, Part X?					L	Yes	└── No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:		г			
					ŀ		Amount	
	Beginning balance					1c		
	Additions during the year					1d		
e	Distributions during the year					1e		
T O-	Ending balance					1f	N <sub>2</sub>	
	Did the organization include an amount on F						Yes	No
Par	If "Yes," explain the arrangement in Part XIII <b>t V</b> Endowment Funds. Complete							
1 0		-				Three years back		voare back
10	Paginning of year balance	(a) Current year	(b) Prior year		S DACK (U)	The years back	(e) 1001	years Dack
	Beginning of year balance							
	Contributions							
	Net investment earnings, gains, and losses							
	Grants or scholarships Other expenditures for facilities							
e								
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1 a. column	(a)) held as:				
	Board designated or quasi-endowment	Terre year end balance	%	(a)) noid as:				
	Permanent endowment	%						
	Temporarily restricted endowment	%						
•	The percentages on lines 2a, 2b, and 2c sho							
3a	Are there endowment funds not in the posse		ation that are held	and administer	red for the c	organization		
	by:						Ŀ	Yes No
	(i) unrelated organizations						3a(i)	
	(ii) related organizations						· /	
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on Schedule F	1?			3b	
4	Describe in Part XIII the intended uses of the						·	
Par	t VI Land, Buildings, and Equipn							
	Complete if the organization answere	d "Yes" on Form 990	), Part IV, line 11a	See Form 990	, Part X, line	e 10.		
	Description of property	(a) Cost or o		st or other	(c) Accur		(d) Book	value
		basis (investr		s (other)	deprec			
1a	Land							
	Buildings							
	Leasehold improvements							
	Equipment			37,577.		1,111.	6	,466.
	Other			30,000.	30	0,000.		0.
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, column (B), line	10c.)			6	,466.

Schedule D (Form 990) 2017

(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(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 I		
(a) Description of investment (b) Book value	e (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.		
Complete if the organization answered "Yes" on Form 990, Part I	V line 11d See Form 990 Part V line 15	
(a) Description	v, line Tru. See Form 350, Part A, line To	. (b) Book value
(1)		
(2)		
(3)		
(3)		
(4)		
(4)		
(4) (5)		
(4) (5) (6)		
(4) (5) (6) (7)		
(4) (5) (6) (7) (8) (9)		
(4) (5) (6) (7) (8) (9)		
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities.	V, line 11e or 11f. See Form 990, Part X,	▶
(4) (5) (6) (7) (8) (9) 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 I	V, line 11e or 11f. See Form 990, Part X, ( <b>b)</b> Book value	▶
(4) (5) (6) (7) (8) (9) 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 I 1. (a) Description of liability		line 25.
(4) (5) (6) (7) (8) (9) 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 I 1. (a) Description of liability (1) Federal income taxes	(b) Book value	line 25.
(4) (5) (6) (7) (8) (9) 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 I 1. (a) Description of liability (1) Federal income taxes (2) DUE TO AFFILIATE		line 25.
(4) (5) (6) (7) (8) (9) 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 I 1. (a) Description of liability (1) Federal income taxes (2) DUE TO AFFILIATE (3)	(b) Book value	line 25.
(4) (5) (6) (7) (8) (9) 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 I 1. (a) Description of liability (1) Federal income taxes (2) DUE TO AFFILIATE (3) (4)	(b) Book value	line 25.
(4)         (5)         (6)         (7)         (8)         (9)         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 I         1.       (a) Description of liability         (1) Federal income taxes         (2) DUE TO AFFILIATE         (3)         (4)         (5)	(b) Book value	line 25.
(4)         (5)         (6)         (7)         (8)         (9)         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 I         1.       (a) Description of liability         (1) Federal income taxes         (2) DUE TO AFFILIATE         (3)         (4)         (5)         (6)	(b) Book value	line 25.
(4)         (5)         (6)         (7)         (8)         (9)         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 I         1.       (a) Description of liability         (1) Federal income taxes         (2) DUE TO AFFILIATE         (3)         (4)         (5)         (6)         (7)	(b) Book value	▶
(4)         (5)         (6)         (7)         (8)         (9)         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 I         1.       (a) Description of liability         (1) Federal income taxes         (2) DUE TO AFFILIATE         (3)         (4)         (5)         (6)         (7)         (8)	(b) Book value	line 25.
(4)         (5)         (6)         (7)         (8)         (9)         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 I         1.       (a) Description of liability         (1) Federal income taxes         (2) DUE TO AFFILIATE         (3)         (4)         (5)         (6)         (7)         (8)         (9)	(b) Book value 126,055.	line 25.
(4)         (5)         (6)         (7)         (8)         (9)         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 I         1.       (a) Description of liability         (1)       Federal income taxes         (2)       DUE         (3)       (4)         (5)       (6)         (7)       (8)         (9)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	(b) Book value 126,055. 126,055. 126,055.	
(4)         (5)         (6)         (7)         (8)         (9)         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 I         1.       (a) Description of liability         (1) Federal income taxes         (2) DUE TO AFFILIATE         (3)         (4)         (5)         (6)         (7)         (8)         (9)	(b) Book value 126,055. 126,055. 126,055. 126,055. note to the organization's financial states	nents that reports the

THE OWASP FOUNDATION,

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

(b) Book value

Schedule D (Form 990) 2017

Part VII Investments - Other Securities.

(a) Description of security or category (including name of security)

INC.

# Schedule D (Form 990) 2017

(c) Method of valuation: Cost or end-of-year market value

20-	096350	3 Page 4

Schedule D (Form 990) 2017	THE	OWASP	FOUNDATION,	INC.
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Pa	t XI Reconciliation of Revenue per Audited Financial S	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			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
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.)	4b		
с	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			
Pa	rt XII Reconciliation of Expenses per Audited Financial	-	es per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV	, line 12a.		
1	Total expenses and losses per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities			
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
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			
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	

# Part XIII Supplemental Information.

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

SCHEDU (Form 990 d Department of ti Internal Revenue	or 990-EZ)	Supplemental Information to Form 990 or 990- 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.	EZ OMB No. 1545-0047 2017 Open to Public Inspection
Name of the	e organization	THE OWASP FOUNDATION, INC.	Employer identification number $20-0963503$
FORM 9	90, PAR	T I, LINE 1, DESCRIPTION OF ORGANIZATION MISS	SION:
WORLDW	IDE CAN	MAKE INFORMED DECISIONS ABOUT TRUE SECURITY	RISKS.
FORM 9 OWASP		T III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMEN	ITS:
OWASP	OWTF		
OWASP	DEPENDE	NCY CHECK	
OWASP	CRS		
OWASP	APPSENS	OR	
OWASP	ASVS		
OWASP	0-SAFT		
OWASP	DEPENDE	NCY TRACK	
	MOBILE		
OWASP	_		
	PASSFAU	LT	
OWASP	WEBGOAT		
OWASP	XENOTIX		
OWASP	OPERATE	S THROUGH THE VOLUNTEER DONATION OF TIME, RES	SOURCES AND

MATERIAL FROM SECURITY EXPERTS AROUND THE WORLD. THROUGH THIS COMMUNITY

WE WILL CONTINUE TO PROVIDE TOOLS, RESOURCES AND EDUCATION THAT ARE

FREE AND OPEN IN SUPPORT OF OUR MISSION OF IMPROVING APPLICATION

SECURITY FOR EVERYONE.

FORM 99	0, PART	III,	LINE	4C,	PROGRAM	SERVICE	ACCOMPLISHMENTS:
---------	---------	------	------	-----	---------	---------	------------------

CONJUNCTION WITH MANY LOCAL TEAMS THAT WERE HELD IN 26 DIFFERENT

Name of the organization

THE OWASP FOUNDATION, INC.

Employer identification number 20-0963503

COUNTRIES WITH WELL OVER 2,000 PEOPLE IN ATTENDANCE OVERALL.

FORM 990, PART VI, SECTION A, LINE 3:

MANAGEMENT CONTROL WAS TRANSFERED TO VIRTUAL, INC. IN AUGUST OF 2014.

FORM 990, PART VI, SECTION B, LINE 11B:

THE TREASURER RECEIVED A COPY OF THE 990 TO APPROVE BEFORE IT WAS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

THE OWASP BOARD OF DIRECTORS IS CHARGED WITH MONITORING PROPOSED OR ONGOING TRANSACTIONS FOR CONFLICTS OF INTEREST AND ADDRESSING ANY POTENTIAL OR ACTUAL CONFLICTS. PURSUANT TO OWASP'S CONFLICT OF INTEREST POLICY, EACH DIRECTOR, PRINCIPAL OFFICER, MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS, AND EMPLOYEE, SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS SUCH PERSON: 1) HAS RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICY; 2) HAS READ AND UNDERSTANDS THE POLICY; AND 3) HAS AGREED TO COMPLY WITH THE POLICY. PRIOR TO ANY VOTE OF THE BOARD OF DIRECTORS, A CONFLICT OF INTEREST STATEMENT IS REQUIRED BY ANY BOARD MEMBER WHO IS AWARE OF ANY POTENTIAL CONFLICTS OF INTEREST TO ENSURE THAT ALL PARTIES ARE AWARE OF ANY SUCH CONFLICTS. ANY CONFLICT SHALL BE DISCLOSED TO THE BOARD OF DIRECTORS BY THE PERSON CONCERNED. WHEN ANY CONFLICT OF INTEREST IS RELEVANT TO A MATTER REQUIRING ACTION BY THE BOARD OF DIRECTORS, THE INTERESTED PERSON SHALL CALL IT TO THE ATTENTION OF THE BOARD OF DIRECTORS OR ITS APPROPRIATE COMMITTEE AND SUCH PERSON SHALL NOT VOTE ON THE MATTER; PROVIDED HOWEVER, ANY DIRECTOR DISCLOSING A POSSIBLE CONFLICT OF INTEREST MAY BE COUNTED IN DETERMINING THE PRESENCE OF A QUORUM AT A MEETING OF THE BOARD OF DIRECTORS OR A COMMITTEE THEREOF. THE PERSON HAVING THE CONFLICT SHALL NOT

PARTICIPATE IN THE DECISION REGARDING THE MATTER UNDER CONSIDERATION.

Schedule O (Form 990 or 990-EZ) (2017)
--

Name of the organization

THE OWASP FOUNDATION, INC.

20-0963503

FORM 990, PART VI, SECTION B, LINE 15B:

THE BOARD OF DIRECTORS OF THE ORGANIZATION OR AN AUTHORIZED COMMITTEE

THEREOF SHALL REVIEW AND APPROVE COMPENSATION OF OFFICERS, DIRECTORS, TOP

MANAGEMENT OFFICIALS, AND KEY EMPLOYEES IN ADVANCE.

FORM 990, PART VI, SECTION C, LINE 19:

WHILE FEDERAL TAX LAWS DO NOT MANDATE THAT THE ORGANIZATION'S GOVERNING

DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS BE MADE

AVAILABLE FOR PUBLIC INSPECTION, OWASP POSTS ALL OF THESE DOCUMENTS TO ITS

WEBSITE AND THEY ARE AVAILABLE FOR PUBLIC ACCESS.

SCH	EDULE R

### (Form 990)

# Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

OMB No. 1545-0047

2017 Open to Public Inspection

Employer identification number

20-0963503

Department of the Treasury Internal Revenue Service

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

Name of the organization

THE OWASP FOUNDATION, INC.

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

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

<b>(a)</b> Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	(f) Direct controlling entity	contr	<b>3)</b> 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
OWASP EUROPE VZW							
LEINSTRAAT 104A B-9660							
, OPBRAKEL, BELGIUM	SUPPORT OWASP	BELGIUM	501(C)(3)	LINE 11	OWASP FDN.	X	
	]						
	1						
	1						

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

Schedule R (Form 990) 2017

# Schedule R (Form 990) 2017 THE OWASP FOUNDATION, INC.

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	n)	(i)	(j)	(k)
lame, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disprop alloca		amount in box	managir partner	
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	o 📃
					4						

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) (g) Share of total income end-of-year assets		<b>(h)</b> Percentage ownership	e Section 512(b)(13) controlled entity?	
		country)				400010			No
									<u> </u>

# Schedule R (Form 990) 2017 THE OWASP FOUNDATION, INC.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No		
1 During the tax year, did the organization engage in any of the following transaction						X		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity								
<b>b</b> Gift, grant, or capital contribution to related organization(s)								
c Gift, grant, or capital contribution from related organization(s)				1c	X	Х		
Loans or loan guarantees to or for related organization(s)								
e Loans or loan guarantees by related organization(s)				1e	X			
f Dividends from related organization(s)				1f		x		
g Sale of assets to related organization(s)				1g		Х		
h Purchase of assets from related organization(s)				1h		X		
i Exchange of assets with related organization(s)				1i		X		
j Lease of facilities, equipment, or other assets to related organization(s)				<b>1</b> j		X		
k Lange of facilities, equipment, or other exacts from related ergenization(a)				1k		x		
k Lease of facilities, equipment, or other assets from related organization(s)								
<ul> <li>Performance of services of membership of fundraising solicitations for felated organization</li> <li>Deformance of services or membership or fundraising solicitations by related organization</li> </ul>	I 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)								
<ul> <li>n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)</li> <li>o Sharing of paid employees with related organization(s)</li> </ul>								
• Shaning of paid employees with related organization(s)				10		X		
p Reimbursement paid to related organization(s) for expenses				1p	X			
<b>q</b> Reimbursement paid by related organization(s) for expenses					X			
r Other transfer of cash or property to related organization(s)				1r		x		
s Other transfer of cash or property from related organization(s)						x		
2 If the answer to any of the above is "Yes," see the instructions for information on w				13				
(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount	involved				
(1) OWASP EUROPE VZW	D	64,287.	CASH					
(2) OWASP EUROPE VZW	E	126,055.	CASH					
(3)								
(4)								
(5)								

(6)

### Schedule R (Form 990) 2017 THE OWASP FOUNDATION, INC.

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e	)	(f)	(g)	(ŀ	1)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e Are a partners 501(c orgs	all s sec.	Share of	Share of	Dispro tion	opor-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General	or Percentage
of entity		(state or foreign	excluded from tax under	501(c orgs	)(3) 5.?	total	end-of-year	allocat	ate ions?	of Schedule K-1	partner	<sup>9</sup> ownership
		country)	sections 512-514)	Yes	No	income	assets	Yes	No	(Form 1065)	Yes N	<b>D</b>
			4									
	4											
	4											
				$\square$							$\vdash$	
			1									

Schedule R (Form 990) 2017

Part VII	Supplemental Information.
	Provide additional information for responses to questions on Schedule R. See instructions.

(Rev. January 2017)

Department of the Treasury

Internal Revenue Service

# Application for Automatic Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

#### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

				Litter inte	s s identi	rying number			
Type or	r Name of exempt organization or other filer, see instructions. Em					tion number (EIN) or			
print									
File by the	THE OWASP FOUNDATION, INC.	41	20-0963503						
due date for filing your return. See	$\gamma^{our}$ 1200-C AGORA DRIVE, NO. 232					nber (SSN)			
instructions.	City, town or post office, state, and ZIP code. For a f BEL AIR, MD 21014								
Enter the Return Code for the return that this application is for (file a separate application for each return)									
Application Return Application						Return			
ls For		Code	Is For		Code				
Form 990	) or Form 990-EZ	01	Form 990-T (corporation)		07				
Form 990	)-BL	02	Form 1041-A		08				
Form 472	20 (individual)	03	Form 4720 (other than individual)		09				
Form 990	)-PF	04	Form 5227		10				
Form 990	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069		1				
Form 990	Form 990-T (trust other than above) 06 Form 8870 VIRTUAL, INC.								
<ul> <li>If the c</li> <li>If this box </li> <li>I reformant for the content of t</li></ul>	hone No. 781-876-8914 brganization does not have an office or place of business is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box quest an automatic 6-month extension of time until the organization named above. The extension is for the Calendar year 2017 or tax year beginning	Group Exe and atta NOVEI organizatio , an	emption Number (GEN) ich a list with the names and EINs o <u>MBER 15, 2018</u> , to file on's return for: d ending	f this is fo f all memb	r the whole ers the ex	e group, check this tension is for.			
2 If th	ne tax year entered in line 1 is for less than 12 months, o	check reas	on: Initial return	Final retur	n				
3a lfth	nis application is for Forms 990-BL, 990-PF, 990-T, 4720	), or 6069,	enter the tentative tax, less any			0.			
nor	nonrefundable credits. See instructions. 3a \$								
b Ifth	b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and								
est	estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b								
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,									
by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$									
Caution: instructio	If you are going to make an electronic funds withdrawa	Il (direct de	bit) with this Form 8868, see Form 8	3453-EO ai	nd Form 8	879-EO for payment			
LHA F	LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 8868 (Rev. 1-2017)								

723841 04-01-17

Entor filor's identifying number

Form 8868 (Rev. 1-2017)