Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Open to Public Inspection

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990. A For the 2013 calendar year, or tax year beginning , 2013, and ending 20 D Employer identification number C Name of organization B Check if applicable: OWASP FOUNDATION, INC. Doing Business As 20-0963503 Number and street (or P.O. box if mail is not delivered to street address) Е Telephone number Room/suite Name change 1200-C AGORA DRIVE #232 (951) 692 - 7703Initial return City or town, state or province, country, and ZIP or foreign postal code Amended BEL AIR, MD 21014 G Gross receipts \$ 1,703,181. return Application pending F Name and address of principal officer: MICHAEL COATES H(a) Is this a group return for Х Nο Yes subordinates' 1200-C AGORA DRIVE #232 BEL AIR, MD Yes No H(b) Are all subordinates included? X | 501(c)(3) Tax-exempt status: 4947(a)(1) or If "No," attach a list. (see instructions) (insert no.) Website: ► WWW.OWASP.ORG H(c) Group exemption number Form of organization: | X | Corporation Association Other > L Year of formation: 2004 M State of legal domicile: DE Summary 1 Briefly describe the organization's mission or most significant activities: OWASP'S MISSION IS TO MAKE SOFTWARE SECURITY VISIBLE, SO THAT INDIVIDUALS AND ORGANIZATIONS WORLDWIDE CAN Governance MAKE INFORMED DECISIONS ABOUT TRUE SECURITY RISKS. if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Activities & Number of independent voting members of the governing body (Part VI, line 1b) 6. 7. 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 13,000. 6 131,973. 7a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 34 -2,777.**Current Year** Contributions and grants (Part VIII, line 1h) 754,581. 1,116 **COPY FOR** Program service revenue (Part VIII, line 2g) 995,802 929,777. PUBLIC INSPECTION Investment income (Part VIII, column (A), lines 3, 4, and 7d) 210 2,338. 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 3,236. 11 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 997,128. 1,689,932. 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) Λ 13 Benefits paid to or for members (Part IX, column (A), line 4) 14 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 113,654 296,517. 15 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) ▶ _____167,592. 525,354. 1,435,960. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 639,008 1,732,477. 18 358,120. -42,545. Revenue less expenses. Subtract line 18 from line 12 s or **Beginning of Current Year End of Year** 722,914 537,749. 20 Total assets (Part X, line 16) Total liabilities (Part X, line 26) 191,217 21 232,603. 22 531,697. 305,146 Net assets or fund balances. Subtract line 21 from line 20, 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 Signature of officer Date Here Type or print name and title Print/Type preparer's name Date PTIN Preparer's signature Check Paid self-employed VALERIE J BALL 11/17/2014 P00178114 Preparer Firm's name ► KPMG LLP Firm's EIN ▶ 13-5565207 Use Only

For Paperwork Reduction Act Notice, see the separate instructions.

May the IRS discuss this return with the preparer shown above? (see instructions)

Firm's address ▶ 3975 FREEDOM CIRCLE DR, SUITE 100 SANTA CLARA, CA 95054

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No

408-367-5764

X Yes

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Pä	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:	21
	O BE THE THRIVING GLOBAL COMMUNITY THAT DRIVES VISIBILITY AND	
	VOLUTION IN THE SAFETY AND SECURITY OF THE WORLD'S SOFTWARE	
2		No
3	f "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program	
1	ervices?	No No
•	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to che total expenses, and revenue, if any, for each program service reported.	
4a	Code:) (Expenses \$	
4b	Code:) (Expenses \$including grants of \$) (Revenue \$)	
4c	Code:) (Expenses \$	
4d	Other program services (Describe in Schedule O.)	
4e	Expenses \$ including grants of \$) (Revenue \$) Total program service expenses > 1,452,173.	
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4e Total program service expenses ► 1,452,173

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Part	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,			
Ŭ	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			
U	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? <i>If "Yes," complete Schedule D, Part II</i>	7		Х
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"			- 21
8		8		Х
^	complete Schedule D, Part III	-		21
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	9		Х
4.0	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Δ.
10		10		Х
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Λ
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,"	44-	77	
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	446		v
	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			37
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	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 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? If "Yes," complete Schedule F, Parts III and IV	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 (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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Part	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24.0	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			- 21
24 a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	0.4-		37
	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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part L	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If so, complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
-0	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
D	Schedule L. Part IV.	28b		Х
_	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		
С		28c		Х
20	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	29		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		37
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	0.4		3.7
	Part I.	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note . All Form 990 filers are required to complete Schedule O	38	Х	

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Part V Statements Regarding Other IRS Filings and Tax Compliance 6 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable ________1b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 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 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Χ Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? Χ **b** If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 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 X **b** If "Yes," enter the name of the foreign country: \triangleright BELGIUM See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Χ b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Χ b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods Х 7a and services provided to the payor? Χ b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was Χ 7с Х 7e e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Χ f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? **b** Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: b Gross income from other sources (Do not net amounts due or paid to other sources 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a 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 c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? Χ

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Part VI

OWASP FOUNDATION, INC.

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.

Sect	ion A. Governing Body and Management			
	<u> </u>		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	5		
	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	5		
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		X
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	X	-
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
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,	l		37
	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:	0-	Х	
a	The governing body?	8a	X	-
b	Each committee with authority to act on behalf of the governing body?	8b	21	
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
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue		e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Х	
	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	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	_
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?	45-		X
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
104	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
_	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
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)
	available for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	y, and
	financial statements available to the public during the tax year.	ı		
20	State the name, physical address, and telephone number of the person who possesses the books and records of torganization: Palison Shrader 1200-C AGORA DRIVE #232 BEL AIR, MD 21014 951-692-7703	ne		
	U ,			

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Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, **Independent Contractors**

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

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

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	orga	niza	tion	co	mpen	sate	ed any current offic	er, director, or trus	itee.
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos heck ss pe	rson	e than of is both Highest compensated employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
	5.00	X		х				C	0	(
(2)SEBASTIEN DELEERSNYDER VICE CHAIR	5.00	X		X				0		(
(3)TOM BRENNAN DIRECTOR: SPECIAL PROJECTS	5.00	X		Λ				0		(
(4)DAVE_WICHERS TREASURER	5.00	Х		Х				0	0	(
(5)EOIN KEARY SECRETARY	5.00	Х		Х				C	0	_(
	5.00	Х						C	0	(
(7)SARAH BASO EXECUTIVE DIRECTOR	40.00			Х				75,141.	0	(
_(8)										
(10)										
(11)										
(12)										
(13)										
(14)										

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	rt VII Section A. Officers, Directors, Tru	istees Ke	v Fm	nnlo	Vec	29	and F	lia	hest Compensat	ed Employ	vees (c	ontinue		ge 8
	(A) Name and title	(B) Average hours per week (list any hours for	er (do not check more than o box, unless person is both officer and a director/trust					ne an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	able on from d	Est amo	(F) imated ount of other eensation	
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099		orga and	m the nization related nizations	
			-											
1b	Sub-total							▶	75,141.		0			0
С	Total from continuation sheets to Part VII, S	ection A						>	C		0			0
	Total (add lines 1b and 1c)							<u> </u>	75,141.	D 1 0 0 0 0 0	0			0
2	Total number of individuals (including but not reportable compensation from the organization		nose (d al	bove	e) who	o re	eceived more than	\$100,000	Of .			
	reportable compensation from the organization												Yes N	No
3	Did the organization list any former office	er directo	or or	trı	ıcta	ا م	kev e	mn	Novee or highes	t compens	ated		103 1	
Ū	employee on line 1a? If "Yes," complete Schedu											3		Х
4	For any individual listed on line 1a, is the enganization and related organizations greater that the little of the	eater than	\$15	0,0	00?	l If	"Yes	n aı s,"	nd other compens complete Schedu	sation from	the such			X
5	individual	accrue co	mpen	sati	on f	from	n any					4		
Sa	for services rendered to the organization? If "You ction B. Independent Contractors	es, comple	le Sci	ieat	iie J	101	Sucri	per	SOII			5		<u>X</u>
1	Complete this table for your five highest com compensation from the organization. Report c year.													
	(A) Name and business add	lress							(B) Description of se	ervices	С	(C) ompens	ation	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0

Form **990** (2013)

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nue

Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Related or Unrelated Revenue Total revenue business exempt excluded from tax revenue function under sections 512-514 revenue Contributions, Gifts, Grants and Other Similar Amounts 1a Federated campaigns 1b Membership dues 229,367 С Fundraising events 1d 1e Government grants (contributions) . . All other contributions, gifts, grants, and similar amounts not included above . 1f 525,214 Noncash contributions included in lines 1a-1f: \$ _ Total. Add lines 1a-1f 754,581 Program Service Revenue **Business Code** 900099 501,487 CONFERENCE INCOME 501,487 2a 900099 131,285 131,285 ADVERTISING REVENUE b TRAINING 900099 282,931 282,931 d WASPY AWARDS/LOCAL CHAPTERS 900099 8,956 8,956 WOMEN IN APPSEC 5,118 5,118 All other program service revenue Total. Add lines 2a-2f . 929,777 Investment income (including dividends, interest, and 2,338. Income from investment of tax-exempt bond proceeds . . . > 0 4 0 5 (i) Real (ii) Personal 6a Gross rents **b** Less: rental expenses Rental income or (loss) . . Net rental income or (loss) . . (ii) Other (i) Securities Gross amount from sales of assets other than inventory **b** Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) Other Revenue Gross income from fundraising events (not including \$ _ of contributions reported on line 1c). See Part IV, line 18 Less: direct expenses c Net income or (loss) from fundraising events . 9a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 10a Gross sales of inventory, less returns and allowances 13,937 **b** Less: cost of goods sold . ATCH . 2 13,249 Net income or (loss) from sales of inventory 688 688 Miscellaneous Revenue **Business Code** MISCELLANEOUS INCOME 900099 2,548 2,548 11a b All other revenue e Total. Add lines 11a-11d Total revenue. See instructions 798.492 131,973

Form 990 (2013)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 7b, , 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	0			
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	75,141.	22,394.	52,747.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0	1.50.001		
7	Other salaries and wages	188,594.	162,221.		26,373.
8	Pension plan accruals and contributions (include section	0			
_	401(k) and 403(b) employer contributions)	12,471.	5,671.	5,990.	810.
9		20,311.	14,218.	4,062.	2,031.
10	,	20,311.	14,210.	4,002.	2,031.
	Fees for services (non-employees): a Management	0			
	b Legal	0			
	Accounting	6,286.		6,286.	
	Lobbying	0			
	Professional fundraising services. See Part IV, line 17	0			
	f Investment management fees	0			
	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	24,786.	13,417.	11,369.	
12	Advertising and promotion	37,837.	18,919.	10.000	18,918.
13		12,883.		12,883.	
14	3,	0			
15	Royalties	0			
16	Occupancy	64,009.	42,521.		21,488.
17 18		01,005.	12,321.		21,100.
10	for any federal, state, or local public officials	0			
19		1,056,587.	959,003.		97,584.
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	3,879.	2,715.	776.	388.
23	Insurance	7,739.		7,739.	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	107.006	101 025	F 001	
	ACHAPTER EXPENSES	107,006. 52,829.	101,925.	5,081.	
	MERCHANDISE PROJECT_EXPENSES	22,490.	22,490.		
	REGISTRATIONS	21,363.	21,363.		
	e All other expenses	18,266.	12,487.	5,779.	
	Total functional expenses. Add lines 1 through 24e	1,732,477.	1,452,173.	112,712.	167,592.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if following SOP 98-2 (ASC 958-720)	0			·
JSA					Form 990 (2013)

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Part X Balance Sheet

ПС	IIIA			, , , , , , , =			
		Check if Schedule O contains a response or	note	to any line in this Pa			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			112,056.	1	229,295.
	2	Savings and temporary cash investments			309,870.	2	112,327.
	3	Pledges and grants receivable, net			0	3	0
	4	Accounts receivable, net			194,205.	4	46,896.
	5	Loans and other receivables from current and	forme	r officers, directors,			
		trustees, key employees, and highest co	ompei	nsated employees.			
		Complete Port II of Cohedule I	-		0	5	0
	6	Loans and other receivables from other disqualified personal					
		4958(f)(1)), persons described in section 4958(c)(3)(B)					
		and sponsoring organizations of section 501(c)(9) volu organizations (see instructions). Complete Part II of Sche	miary dule l	employees beneficiary	0	6	0
ets	7	Notes and loans receivable, net	0	7	0		
Assets	8	Inventories for sale or use			0	8	0
⋖	9	Prepaid expenses and deferred charges			104,910.	9	142,504.
	_	Land, buildings, and equipment: cost or			•		·
			10a	54,156.			
	b	Less: accumulated depreciation			1,873.	10c	6,727.
	11					11	0
	12	Investments - other securities. See Part IV, line 11				12	0
	13	Investments - program-related. See Part IV, line 11				13	0
	14	Intangible assets		14	0		
	15	Other assets. See Part IV, line 11		15	0		
	16	Total assets. Add lines 1 through 15 (must equal	line 3	4)	722,914.		537,749.
	17	Accounts payable and accrued expenses			191,217.		67,676.
	18	Grants payable		0	18	0	
	19	Deferred revenue	атсн 3		19	48,564.	
	20	Tax-exempt bond liabilities			20	0	
S	21	Escrow or custodial account liability. Complete Pa	of Schedule D		21	0	
<u>it</u> ie	22	Loans and other payables to current and for					
Liabilities		trustees, key employees, highest compen					
Ï		disqualified persons. Complete Part II of Schedule			0	22	0
	23	Secured mortgages and notes payable to unrelate			0	23	0
	24	Unsecured notes and loans payable to unrelated			0	24	0
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lines	17-2	4). Complete Part X			
		of Schedule D			0	25	116,363.
	26	Total liabilities. Add lines 17 through 25			191,217.	26	232,603.
es		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and	checl 34.	k here ► X and			
JU.	27	Unrestricted net assets			531,697.	27	31,252.
3ali	28	Temporarily restricted net assets			0	28	273,894.
Þ	29	Permanently restricted net assets			0	29	0
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.					
ts	30	Capital stock or trust principal, or current funds			30		
se	31	Paid-in or capital surplus, or land, building, or equ			31		
As	32	Retained earnings, endowment, accumulated income				32	
Net Assets	33	Total net assets or fund balances	•	• • • •	531,697.	33	305,146.
_	34	Total liabilities and net assets/fund balances			722,914.	34	537,749.
_	1				==,===	<u> </u>	Farm QQQ (2012)

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Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,6	89,9	32.
2	Total expenses (must equal Part IX, column (A), line 25)					<u>177.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3 -42,5				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))					
5	Net unrealized gains (losses) on investments	5				0
6	Donated services and use of facilities	6				0
7	Investment expenses	7				0
8	Prior period adjustments	8		-1	84,0	
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, column (B))	10		3	05,1	46.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
	According with a local transverse the Francisco Could V Accord College				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," ex Schedule O.	xpıaın	ıın			
20						Х
Za	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 com	ا مانما	0.5	2a		
	reviewed on a separate basis, consolidated basis, or both:	ipiieu	OI			
	<u> </u>			2b	Х	
b	Were the organization's financial statements audited by an independent accountant?			20	21	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit separate basis, consolidated basis, or both:	.ea o	n a			
	Separate basis					
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs	ا مامان				
C	of the audit, review, or compilation of its financial statements and selection of an independent accour	_	ı	2c		Х
	If the organization changed either its oversight process or selection process during the tax year, e					
	Schedule O.	λριαιι				
32	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	n in			
Ja	the Single Audit Act and OMB Circular A-133?	. 10111		3a		Х
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	erao	the			
~	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audit or audits, explain why in Schedule O and describe any steps taken to undergo such audit or audits, explain why in Schedule O and describe any steps taken to undergo such audit or audits, explain why in Schedule O and describe any steps taken to undergo such audit or audits.	•		3b		
	required dadit of addite; explain why in concedic of and accombo any cope taken to undergo out add	u		0.0		

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SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ. ►Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

OWASP FOUNDATION, INC.

Employer identification number
20-0963503

D	irt I	Reason for Pub	lic Charity Statu	s (All organizations mu	ıst con	nnlete	this na	art) Se	e instr	uctions		3303		
				cause it is: (For lines 1 th						40110110	•			
1		•		association of churches	_		-		•					
2	\vdash			(1)(A)(ii). (Attach Schedul		eu iii s	ection	170(0)('')(^)(')	•				
3	\vdash			service organization descri		cootio	n 170/k	.\/1\/ ^\	/:::\					
4	\vdash	•	•	erated in conjunction wi			•			n 170/k	.\/4\//		Ento	· +ho
4			•	refated in conjunction wi	ılıı a ı	юѕрна	ii uesci	ibed III	Sectio	11 170(1)(٠)(۱۱۱).	LIILEI	lile
_		hospital's name, cit		nefit of a college or univ										
5					ersity	owned	i or ope	erateu t	by a go	vernine	illai u	mit des	SCHDE	eu III
_		section 170(b)(1)(A			اء ۽ جائين		4 7 0	VI- \/4\/	A \ /\					
6	\vdash		_	or governmental unit des						:	41-			ماليان
7		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)												
•				, ,		.								
8				on 170(b)(1)(A)(vi). (Com	-							,		
9	X	-	=	es: (1) more than 331/3%							-		_	
		•		exempt functions - subj			-							
				ome and unrelated busi						n 511	tax) i	rom b	usine	sses
40				ne 30, 1975. See section			-		-					
10	\vdash	-	-	ited exclusively to test for	•	-				-	4			41
11		_	-	rated exclusively for the			-							
				upported organizations de					-				e sec	tion
	509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a Type I b Type II c Type III-Functionally integrated d Type III-Non-functionally integrated													
		a Type I		e organization is not con	-	-						•	•	
,	•	•	-	other than one or more			-	-	-			-	-	
		or section 509(a)(2	-	other than one or more	publici	y supp	orteu o	ryaniza	itions d	escribe	u III S	ection	509(a)(1)
1				en determination from th	o IDS	that it	ic a T	vno I T	woo II	or Typ	م ااا ه	unnor	ina	
		_								от тур	C III 3	ирроп	iiig	
	,	Since August 17 2	1006 has the orga	nization accepted any gift	t or cou	otributi	ion from	any of	tho					
,	9	following persons?	.000, rias trie orga	inzation accepted any gin	t Oi COi	itiibuti	1011 11011	i arry or	uic					
			directly or indirec	ctly controls, either alone	or tog	other v	with ne	renne di	escribe	d in (ii)	and		Yes	No
				f the supported organization								11g(i)		-
				" ' ' ' '								11g(ii)		
				son described in (i) or (ii) a								11g(iii)	_	
	า			out the supported organization								3()		
		ame of supported	(ii) EIN	(iii) Type of organization	1	ls the	(v) Did v	ou notify	(vi)	s the	(vii) A	Amount o	of mon	etan/
		organization	(11) = 11	(described on lines 1-9	organi	zation in		anization		zation in	(*, /	supp		ctary
				above or IRC section (see instructions))	your go	listed in overning) of your port?		rganized U.S.?				
				(coo mondonoj)	Yes	No	Yes	No	Yes	No				
_														
(A)														
(D)														
(B)														
(C)														
(D)														
(E)														
.	-1													
Tot	di										1			

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

Schedule A (Form 990 or 990-EZ) 2013

Schedule A (Form 990 or 990-F7) 2013 Page 2

Conc	dule A (1 01111 330 01 330 EZ) 2013						rage =
Pai	(Complete only if you checke	d the box on	line 5, 7, or 8	of Part I or iḟ t	he organization	on failed to qua	
500	Part III. If the organization faition A. Public Support	is to quality u	nder the tests	iisted below, p	please comple	ete Part III.)	
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
Cale	indar year (or inscar year beginning in)	(a) 2003	(b) 2010	(6) 2011	(u) 2012	(6) 2013	(i) rotai
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6	Public support. Subtract line 5 from line 4.						
	tion B. Total Support	(=) 2000	(b) 2010	(-) 2011	(4) 2012	(=) 2012	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (,				12	
13	First five years. If the Form 990 is forganization, check this box and stop here						
	tion C. Computation of Public Sup	•	_	4.4 1 (5)			
14	Public support percentage for 2013 (li					14	<u>%</u>
15	Public support percentage from 2012						<u>%</u>
16a	331/3% support test - 2013. If the c						
	this box and stop here. The organizati						
D	331/3% support test - 2012. If the constant have the base this have and star have. The area						
170	check this box and stop here. The org 10%-facts-and-circumstances test - 3						
17a	10% or more, and if the organization		_				
	Part IV how the organization meets					•	•
	<u> </u>			•	•		
L	organization 10%-facts-and-circumstances test -						
Ŋ	15 is 10% or more, and if the organization		_				
	Explain in Part IV how the organizati						-
	supported organization				c.gamzan	quaoo do .	>

Schedule A (Form 990 or 990-EZ) 2013

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Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2013

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

(Complete only if you checked the box on line 9 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	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	131,664.	194,374.	226,417.	226,885.	754,581.	1,533,921.
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose	457,751.	682,493.	628,139.	770,033.	784,418.	3,322,834.
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						0
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5	589,415.	876,867.	854,556.	996,918.	1,538,999.	4,856,755.
	Amounts included on lines 1, 2, and 3	303,113.	070,007.	031,330.	220,210.	1,550,555.	1,030,733.
	received from disqualified persons						ſ
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						
_	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
Ŭ	line 6.)						A 056 755
Sec	tion B. Total Support						4,856,755.
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
_	Amounts from line 6				` ,		.,
9 10 a	Gross income from interest, dividends,	589,415.	876,867.	854,556.	996,918.	1,538,999.	4,856,755.
	payments received on securities loans,						
	rents, royalties and income from similar	0.00	0.55		0.1.0		4 005
L	Sources Unrelated business taxable income (less	983.	266.	228.	210.	2,338.	4,025.
ь	,						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
	Add lines 10a and 10b	983.	266.	228.	210.	2,338.	4,025.
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is regularly						
	carried on						0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)		1,865.			16,622.	18,487.
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	590,398.	878,998.		997,128.	1,557,959.	4,879,267.
14	First five years. If the Form 990 is for	•			•	•	
	organization, check this box and stop here						▶ 🔼
	tion C. Computation of Public Sup			(4)			00 545
15	Public support percentage for 2013 (line 8					15	99.54%
16	Public support percentage from 2012 Sche					16	%
	tion D. Computation of Investmen						
17	Investment income percentage for 2013 (li					17	.08%
18	Investment income percentage from 2012					18	%
19 a	331/3% support tests - 2013. If the or	ganization did no	ot check the box	on line 14, and	l line 15 is more	e than 331/3 %, a	
	17 is not more than 331/3 %, check th	is box and stop	here. The orga	anization qualifies	as a publicly	supported organiz	ation > X
b	331/3% support tests - 2012. If the orga	anization did not	check a box on	line 14 or line 19	a, and line 16 is	more than 331/3	%, and
	line 18 is not more than 331/3 %, check	this box and st	op here. The or	ganization qualifie	es as a publicly	supported organiz	ation ►
20	Private foundation. If the organization	did not check a	a box on line	14. 19a. or 19b	check this bo	x and see instru	ictions ►

JSA 3E1221 1.000 Schedule A (Form 990 or 990-EZ) 2013 Page **4**

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

PART III, SECTION B, LINE 12

OTHER INCOME:

2010

MISCELLANEOUS INCOME \$ 1,865

2013

WASPY AWARDS \$ 8,956

WOMEN IN APPSEC \$ 5,118

MISCELLANEOUS INCOME \$ 2,548

\$16,622

Schedule A (Form 990 or 990-EZ) 2013

Schedule B

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

Schedule of Contributors

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Employer identification number Name of the organization OWASP FOUNDATION, INC.

	20-0963503
Organization type (check or	ne):
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
	s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See
General Rule	
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or y one contributor. Complete Parts I and II.
Special Rules	
under sections 50	(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations 9(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. and II.
during the year, to	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, otal contributions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, poses, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
during the year, control to tall to more to tall to more to year for an exclusion applies to this org	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, ontributions for use <i>exclusively</i> for religious, charitable, etc., purposes, but these contributions did than \$1,000. If this box is checked, enter here the total contributions that were received during the <i>ively</i> religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule anization because it received <i>nonexclusively</i> religious, charitable, etc., contributions of \$5,000 or ear
Caution. An organization tha	at is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990,

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Employer identification number 20-0963503

Part I Contributors	(see instructions).	Use duplicate copies o	of Part I if additional space is needed	
Continuators	(See manuchons).	Ose auplicate copies o	n i art i ii addilional space is needed	•

(2)	(b)	(c)	(d)
(a) No.	Name, address, and ZIP + 4	(c) Total contributions	Type of contribution
1_		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2 _		\$6,375.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3 _		\$20,470.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$11,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$15,945.	Person Payroll Noncash (Complete Part II for noncash contributions.)

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Employer identification number 20-0963503

Part I	Contributors (see instructions). Use duplicate copies of Pa	rt I if additional space is nee	ded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7 -		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8 _		\$7,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9_		\$8,750.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 10 _			Person X

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
12 _		\$14,945.	Person Payroll Noncash (Complete Part II for noncash contributions.)

(b)

Name, address, and ZIP + 4

Payroll

Person Payroll

Noncash
(Complete Part II for noncash contributions.)

Noncash

(Complete Part II for noncash contributions.)

(d)

Type of contribution

Χ

14,945.

15,470.

(c)

Total contributions

(a)

No.

_ 11

Part I	Contributors	(see	instructions).	Use	duplicate	copies c	of Part I if	additional	space is neede	∍d.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 13 _		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 14 _		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 15 _		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
_ 16 _		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 17 _		\$21,807.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 18 _		\$6,375.	Person Payroll Noncash (Complete Part II for noncash contributions.)

, , , , , , , , , , , , , , , , , , , ,	Part I	Contributors	(see	instructions).	Use	duplicate	copies	of Part I if	additional	space is n	eeded.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 19 _		\$7,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 20 _		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 21 _		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 22 _		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 23 _		\$11,375.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 24		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors ((see instructions).	Use duplicate cop	pies of Part I if addition	nal space is needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 25 _		\$ <u>8,875</u> .	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 26 _		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 27 _		\$14,945.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 28 _		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
28 _ _ (a) No.	(b) Name, address, and ZIP + 4	\$5,000. (c) Total contributions	Payroll Noncash (Complete Part II for
(a)	(b) Name, address, and ZIP + 4	(c)	Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4 (b) Name, address, and ZIP + 4	(c) Total contributions	Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for

Part I	Contributors ((see instructions).	Use duplicate cop	pies of Part I if addition	nal space is needed.
--------	----------------	---------------------	-------------------	----------------------------	----------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 31 _		\$11,700.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 32 _		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 33 _		\$11,375.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(a)	(-I)
No.	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.		Total contributions	Person X Payroll Noncash (Complete Part II for
No34 (a)	Name, address, and ZIP + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
No. 34 (a) No.	Name, address, and ZIP + 4	\$8,350. (c) Total contributions	Person X

Employer identification number 20-0963503

Part I	Contributors ((see instructions).	Use duplicate cop	pies of Part I if addition	nal space is needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 37 _		\$7,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 38 _		\$11,375.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 39 _		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
Νο.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
No.		Total contributions	Person X Payroll Noncash (Complete Part II for
No40	Name, address, and ZIP + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
No40 (a) No.	Name, address, and ZIP + 4	\$	Person X

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Part I Co	ontributors (s	see instructions).	Use duplicate	copies of Part I if	additional spa	ce is needed.
Part I Co	ontributors (S	see instructions).	Use duplicate	copies of Part I if	additional spa	ce is neede

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 43 _		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 44 _		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 45 _		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 46 _		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 47 _		\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 48 _		\$16,445.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number 20-0963503

Part I	Contributors	(see	instructions).	Use	duplicate	copies c	of Part I if	additional	space is neede	∍d.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 49 _		\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 50 _		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 51 _		\$15,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 52 _		\$7,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 53 _		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 54 _		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

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Part I Co	ontributors (s	see instructions).	Use duplicate	copies of Part I if	additional spa	ce is needed.
Part I Co	ontributors (S	see instructions).	Use duplicate	copies of Part I if	additional spa	ce is neede

(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
_ 55 _		\$29,905.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 56 _		\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 57 _		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 58 _		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 59 _		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
60_		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors	(see	instructions).	Use	duplicate	copies c	of Part I if	additional	space is neede	∍d.

(a)	(b)	(c)	(d) Type of contribution
No.	Name, address, and ZIP + 4	Total contributions	
_ 61 _		\$15,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 62 _		\$12,625.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 63 _		\$18,850.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 64 _		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 65 _		\$13,875.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 66 _		\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors	(see instructions).	Use duplicate	copies of Part I if	additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 67 _		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 68 _		\$9,475.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 69 _		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(h)	(2)	(-1)
No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$33,685.	
No.	Name, address, and ZIP + 4	Total contributions	Person X Payroll Noncash (Complete Part II for
No70	Name, address, and ZIP + 4	\$33,685.	Person Payroll Noncash (Complete Part II for noncash contributions.)
No70 (a) No.	Name, address, and ZIP + 4	\$33,685.	Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for

Employer identification number

20-0963503

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is nee	ded.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	

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7.01	U 9	n s	つし	רו

		20-0903303
Part III	Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations
	that total more than \$1,000 for the year. Complete columns (a) through (e) and	the following line entry.
	For organizations completing Part III, enter the total of <i>exclusively</i> religious, charit contributions of \$1,000 or less for the year. (Enter this information once. See instance)	
	Use duplicate copies of Part III if additional space is needed.	

(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift	
Transferee's name, address, and 2	ZIP + 4	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(a) Transfer of gift	
	(e) Transier of gift	
Transferee's name, address, and 2	ZIP + 4	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift	
Transferee's name, address, and 2	ZIP + 4	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift	
Transferrate serve address 1.		Deletionable of transferred to transferre
ransteree's name, address, and 2	LIP + 4	Relationship of transferor to transferee
	(b) Purpose of gift Transferee's name, address, and a (b) Purpose of gift Transferee's name, address, and a (b) Purpose of gift	(b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (c) Use of gift Transferee's name, address, and ZIP + 4

SCHEDULE D (Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

0777	an an analysis and	20 0062502
	ASP FOUNDATION, INC.	20-0963503
Pa	Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accomplete if the organization answered "Yes" to Form 990, Part IV, line 6.	counts.
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (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 do	onor advised
•	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds	
Ū	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any of	
	conferring impermissible private benefit?	
Dа	rt II Conservation Easements. Complete if the organization answered "Yes" to Form	
1 1	Purpose(s) of conservation easements held by the organization (check all that apply).	330, 1 art 17, mic 7.
•		an historically important land area
		a certified historic structure
		d certified historic structure
_	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the	ne form of a conservation
	easement on the last day of the tax year.	Held at the End of the Tax Year
а		2a
b		26
С	(·, · · · · · · · · · · · · · · · · · ·	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
	9	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminate	ed by the organization during the
	tax year ▶	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, hand	_
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easen	nents during the year
	>	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements	during the year
	▶ \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	ion 170(h)(4)(B)
	(i) and section 170(h)(4)(B)(ii)?	∐ Yes
9	In Part XIII, describe how the organization reports conservation easements in its revenue and e	
	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.	
Pa	Organizations Maintaining Collections of Art, Historical Treasures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its reviews of art, historical treasures, or other similar assets held for public exhibition, educations and the second	venue statement and balance sheet
	public service, provide, in Part XIII, the text of the footnote to its financial statements that descri	ilon, or research in furtherance or ibes these items.
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revo	
~	works of art, historical treasures, or other similar assets held for public exhibition, educa public service, provide the following amounts relating to these items:	
	(i) Revenues included in Form 990, Part VIII, line 1	> \$
	(ii) Assets included in Form 990, Part X	▶ \$
2	If the organization received or held works of art, historical treasures, or other similar ass	sets for financial gain, provide the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	- · ·
а	Revenues included in Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013 Page **2**

Par	t III Organizations Maintaining Colle	ections of Ar	t, His	torical T	reasur	es, e	or Oth	er Similar As	sets (co	ntinu	ed)
3	Using the organization's acquisition, access collection items (check all that apply):	ssion, and othe	r recoi	rds, checl	k any o	of the	follow	ing that are a s	ignificant	use	of its
а	Public exhibition		d	Loan	or excha	ange	prograr	ns			
b	Scholarly research		e $\overline{}$								
С	Preservation for future generations										
4	Provide a description of the organization's	collections an	d expla	ain how t	hey fur	ther	the org	ganization's exen	npt purpo	se in	Part
	XIII.										
5	During the year, did the organization solicit	or receive dona	itions c	of art, histo	orical tr	easur	es, or	other similar			
	assets to be sold to raise funds rather than t	o be maintaine	d as pa	art of the o	organiza	ation's	s collec	tion?	Yes		No
Par	t IV Escrow and Custodial Arrangem or reported an amount on Form S			ne organ	ization	ansv	wered	"Yes" to Form 9	990, Part	IV, li	ne 9,
1a	Is the organization an agent, trustee, custod										٦.,
	included on Form 990, Part X?	and complete	tha fall						Yes		_ No
D	If "Yes," explain the arrangement in Part XIII	and complete	the foil	owing tac	ne:			Λ ma α m t			
_	Paginning halance					4 -		Amount			
	Beginning balance										
	Distributions during the year					-					
	Ending balance										
	Did the organization include an amount on I								Yes		No
2a h	If "Yes," explain the arrangement in Part XIII	Check here if	the ev	zı: nlanation	has ha	en nr	ovided	in Part XIII	res		No
Par											
ıaı		rrent year	(b) Pric		(c) Tw			(d) Three years bac		r vears	back
1a	Beginning of year balance		(,	,	(0)	- ,		(-)	(0,100	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Contributions										
	Net investment earnings, gains,										
	and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end b	alance	e (line 1g,	column	n (a)) l	held as				
а	Board designated or quasi-endowment	%									
b	Permanent endowment ▶ %										
С	Temporarily restricted endowment ▶	%									
	The percentages in lines 2a, 2b, and $\overline{2c}$ sho	uld equal 100%).								
3a	Are there endowment funds not in the poss	ession of the o	rganiza	ation that	are hel	d and	l admir	istered for the			
	organization by:									Yes	No
	(i) unrelated organizations								. 3a(i)		
	(ii) related organizations								. 3a(ii)		
b	If "Yes" to 3a(ii), are the related organization	•			-				. 3b		
4	Describe in Part XIII the intended uses of the	e organization's	endo	wment fur	nds.						
Par	t VI Land, Buildings, and Equipment. Complete if the organization ans	worod "Voe" t	o Eorn	n 000 D	art I\/ I	ina 1	12 80	oo Form 000 P	art Y line	10	
	Description of property	(a) Cost or other		(b) Cost of				umulated	(d) Book va		
	 	(investment	t)	(0	ther)	_		eciation			
	Land					_					
	Buildings			-							
	Leasehold improvements					\perp					
	Equipment		,156.			\perp		17,429.		6,	727.
	Other		,000.	<u> </u>	/F) ::			30,000.			
rota	I. Add lines 1a through 1e. (Column (d) musi	t equal Form 99	υ, Part	x, columi	า (B), lin	ne 10(c).)	▶		6,	727.

Schedule D (Form 990) 2013 Page 3

Part VII	Investments - Other Securities. Complete if the organization answered	I "Yes" to Form 990), Part IV, line 11b. See Form 990, Part X, line 12.	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1) Financia	Il derivatives			
	held equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
<u>(G)</u>				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII				
r are viii		l "Yes" to Form 990), Part IV, line 11c. See Form 990, Part X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1)				
(2)				
(3)				
_(4)				
(5)				
(6)				
(7)				
(8)				
(9)	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
raitix		l "Yes" to Form 990), Part IV, line 11d. See Form 990, Part X, line 15.	
		Description	(b) Book value	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
	ımn (b) must equal Form 990, Part X, col. (B) l	ine 15)	N	
Part X	Other Liabilities.	<i></i>		
		d "Yes" to Form 990), Part IV, line 11e or 11f. See Form 990, Part X,	
1.	(a) Description of liability	(b) Book valu	ue	
	al income taxes			
_(2) DUE 7	O OWASP EU	116,	,363.	
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	nn (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 116,	363	
			he organization's financial statements that reports the	
		(400 = 40) 01 1 1		

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII 🔯

JSA 3E1270 1.000

Schedule D (Form 990) 2013 Page **4**

Part 2	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	•	
– a	Net unrealized gains on investments 2a		
b	Donated services and use of facilities 2b	-	
C	Recoveries of prior year grants 2c	-	
d		-	
	· · · · · · · · · · · · · · · · · · ·	2e	
3	Add lines 2a through 2d Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b.		
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part		irn.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
С	Other losses 2c		
d	Other (Describe in Part XIII.) Add lines 32 through 3d		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
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		
	'		
	Add lines 4a and 4b	4c	
с 5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	4c	
c 5 Part	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
5 Part	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1	5 art V, lin	ne 4; Part X, line
5 Part Provide 2; Part	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, lin	ne 4; Part X, line
5 Part Provide 2; Part	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1	5 art V, lin	ne 4; Part X, line
5 Part Provide 2; Part	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, lin	ne 4; Part X, line
5 Part Provide 2; Part	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, lin	ne 4; Part X, line
5 Part Provide 2; Part	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, lin	ne 4; Part X, line
5 Part Provide 2; Part	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, lin	ne 4; Part X, line
5 Part Provide 2; Part	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, lin	ne 4; Part X, line
5 Part Provide 2; Part	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, lin	ne 4; Part X, line
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5 Part Provide 2; Part	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, lin	ne 4; Part X, line
5 Part Provide 2; Part	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, lin	ne 4; Part X, line
5 Part Provide 2; Part	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, lin	ne 4; Part X, line
5 Part Provide 2; Part	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, lin	ne 4; Part X, line
5 Part Provide 2; Part	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, lin	ne 4; Part X, line
5 Part Provide 2; Part	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, lin	ne 4; Part X, line
5 Part Provide 2; Part	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, lin	ne 4; Part X, line
5 Part Provide 2; Part	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, lin	ne 4; Part X, line
5 Part Provide 2; Part	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, lin	ne 4; Part X, line
5 Part Provide 2; Part	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, lin	ne 4; Part X, line
5 Part Provide 2; Part	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, lin	ne 4; Part X, line
5 Part Provide 2; Part	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, lin	ne 4; Part X, line
5 Part Provide 2; Part	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, lin	ne 4; Part X, line
5 Part Provide 2; Part	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, lin	ne 4; Part X, line

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PART X, LINE 2

FINANCIAL STATEMENT FOOTNOTE FOR UNCERTAIN TAX POSITIONS UNDER FIN 48 (ASC 740):

THE FOUNDATION ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES IN ACCORDANCE WITH ASC TOPIC INCOME TAXES. THIS STANDARD CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS AND PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE COMBINED FINANCIAL STATEMENT REGARDING A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE FOUNDATION HAS DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS WHICH QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE COMBINED FINANCIAL STATEMENTS AT DECEMBER 31, 2013.

Schedule D (Form 990) 2013

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047 **Open to Public**

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990. Inspection Employer identification number

OWASP FOUNDATION, INC. 20-0963503 General Information on Activities Outside the United States, Complete if the organization answered "Yes" on

rail	Form 990, Part IV, line 14		outside the t	Jilled States. Complete	ii tile organization answe	red res on
1	For grantmakers. Does the orga	nization mainta	in records to s	substantiate the amount of	fits grants and other	
	assistance, the grantees' eligibili					
	grants or assistance?					Yes No
2	For grantmakers. Describe in	Part V the org	ganization's pi	ocedures for monitoring	the use of its grants a	and other
	assistance outside the United Sta	ates.				
3	Activities per Region. (The follow	ving Part I, line	3 table can be	e duplicated if additional sp	pace is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
				i control in the region,		
(1)	EUROPE			PROGRAM SERVICES	CONFERENCES	83,235.
(2)	EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	CONFERENCES	72,137.
(3)	SOUTH AMERICA			PROGRAM SERVICES	CONFERENCES	17,186.
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
10)						
11)						
12)						
13)						
14)						
15)						
16)						
17)						
3a	Sub-total					172,558.
b	Total from continuation					,
	sheets to Part I					
С	Totals (add lines 3a and 3b)					172,558.

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

Schedule F (Form 990) 2013

OWASP FOUNDATION, INC.

Schedule F (Form 990) 2013

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
1)									
2)									
3)									
4)									
5)									
6)									
7)									
B)									
9)									
10)									
11)									
12)									
13)									
14)									
15)									
16)									
	er total number of recipien	t organizations listed above t	hat are recognized	as charities by the t	foreign country, re	ecognized as tax	-evemnt		

Schedule F (Form 990) 2013

OWASP FOUNDATION, INC.

Schedule F (Form 990) 2013

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
_(1)							
(2)							
(3)							
(4)							
_(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Schedule F (Form 990) 2013

Schedule F (Form 990) 2013

Part IV Foreign Forms Page 4

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	Yes	X	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Yes	X	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	Yes	X	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	Yes	X	No

Schedule F (Form 990) 2013

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Part V Supplemental Information

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

PART I, LINE 3, COLUMN (F)

THE ACCRUAL METHOD OF ACCOUNTING WAS USED.

JSA Schedule F (Form 990) 2013

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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.

Name of the organization

OWASP FOUNDATION, INC

Employer identification number 20-0963503

PART VI, LINE 4

SIGNIFICANT CHANGES TO GOVERNING DOCUMENTS

THE BYLAWS WERE AMENDED TO REFLECT THE ADOPTION OF A WHISTLE BLOWER AND ANTI-RETALIATION POLICY AND ALSO THE ADOPTION OF AN ANTI-HARASSMENT POLICY.

PART VI, LINE 11B

THE ORGANIZATION'S ACCOUNTING DEPARTMENT WORKED CLOSELY WITH THE OUTSIDE ACCOUNTING FIRM IT ENGAGED TO PREPARE THE FORM 990. THE FINAL DRAFT OF THE FORM 990 WAS REVIEWED BY THE INTERIM EXECUTIVE DIRECTOR. THE OUTSIDE CPA FIRM PROVIDED AN OVERVIEW DOCUMENT FOR THE BOARD'S REVIEW OF THE FORM 990. THE INTERIM EXECUTIVE DIRECTOR REVIEWED THE FORM 990 WITH THE OWASP BOARD OF DIRECTORS PRIOR TO THE FILING THE RETURN WITH THE INTERNAL REVENUE SERVICE. THE FORM 990 HAS BEEN PUBLISHED TO THE OWASP WEBSITE.

PART VI, 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.

PART VI, 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.

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

THE OWASP FOUNDATION IS A NONPROFIT ORGANIZATION THAT SPANS 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 DONATIONS OF

OUR SUPPORTERS, CORPORATE AND INDIVIDUAL MEMBERS, AND THE PROCEEDS

OF OUR CONFERENCE EVENTS.

ATTACHMENT 1 (CONT'D)

OVER THE PAST YEAR OWASP HAS GROWN TO 200+ ACTIVE CHAPTERS

WORLDWIDE. WE'VE REACHED NEARLY 4,000 DEVELOPERS AND SECURITY

PROFESSIONALS THROUGH OUR GLOBAL APPLICATION SECURITY CONFERENCES.

ADDITIONALLY, WE'VE MADE TREMENDOUS STRIDES IN OUR OVER 150 OPEN

SOURCE PROJECTS AND TECHNICAL MATERIALS.

PROMINENT OWASP PROJECTS THAT GREW IN 2013 INCLUDE THE SECURITY

CHEAT SHEETS, ZED ATTACK PROXY (ZAP), CISO SECURITY GUIDE,

APPSENSOR, XENOTIX XSS EXPLOITATION FRAMEWORK, OWASP SECURITY

PRINCIPLES, THE OWASP TOP TEN 2013 EDITION, OWASP TOP TEN SECURITY

CONTROLS, AND MANY MORE.

OWASP OPERATES THROUGH THE DONATION OF TIME, RESOURCES AND MATERIAL FROM SECURITY EXPERTS AROUND THE WORLD.

THE CHALLENGES AND IMPORTANCE OF APPLICATION SECURITY HAVE NEVER BEEN GREATER. AS THE LINES BETWEEN THE PHYSICAL WORLD AND THE ONLINE WORLD CONTINUE TO MERGE WE ARE INCREASINGLY LIVING MORE OF OUR LIVES THROUGH THE CAPABILITIES AND POWER OF APPLICATIONS. THE VERY SYSTEMS THAT CAN EMPOWER AN AMAZING WORLD ARE ALSO A SOURCE FOR FRAUD, MALICIOUS ACTIVITY, THEFT OF PERSONAL DATA AND MORE. THE EFFORTS PUT FORTH BY OWASP AND OUR CONTRIBUTORS REPRESENT THE PATH FORWARD TO AN INTERNET WHERE APPLICATIONS ARE SECURE, TRUSTED AND RESILIENT TO ATTACKS.

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.

COMMUNITY OUTREACH AND INTERNATIONAL EDUCATION - OVER THE PAST

Employer identification number 20-0963503

ATTACHMENT 1 (CONT'D)

YEAR OWASP HAS GROWN TO 200+ ACTIVE CHAPTERS WORLDWIDE. CHAPTERS INCLUDE 12 IN INDIA, 12 IN AFRICA, 16 IN MIDDLE EAST, 19 IN THE ASIA PACIFIC REGION, 22 IN LATIN AMERICA, 49 IN EUROPE AND 72 CHAPTERS IN THE UNITED STATES. WE'VE REACHED NEARLY 4,000 DEVELOPERS AND SECURITY PROFESSIONALS THROUGH OUR COMMUNITY GLOBAL APPLICATION SECURITY CONFERENCES THAT PROVIDE TRAINING AND SIGNIFICANT HANDS-ON EXPERIENCE WITH OUR OPEN SOURCE PROJECTS. ONE OF THE STRENGTHS OF OUR ORGANIZATION IS THE DIVERSITY OF OUR COMMUNITY-INDUSTRIES, CULTURES, AND INDIVIDUAL MISSIONS. THE FOUNDATION STRIVES TO CONVENE THIS DIVERSE KNOWLEDGE, PROVIDING OPPORTUNITIES FOR COLLABORATION, EDUCATION, AND PROBLEM SOLVING. GLOBAL APPSEC CONFERENCES ARE OUR FLAGSHIP GATHERINGS. EACH YEAR, TEAMS OF VOLUNTEERS WORK TO DEVELOP MULTI DAY EVENTS. DYNAMIC SPEAKERS, WORLD RENOWNED TRAINERS, INDUSTRY LEADERS, AND RESEARCH PIONEERS GATHER TO SHARE INFORMATION. IN ADDITION TO THE GLOBAL CONFERENCES, 41 DIFFERENT LOCAL TEAMS WORKED TO BRING THE MISSION AND VISION OF OWASP TO THEIR CITIES. LATAM AND EUROPE TOUR - THE TOUR EVENTS ARE COORDINATED LOCALLY WITH HIGH LEVEL LOGISTICAL SUPPORT FROM A SMALL CORE PLANNING TEAM AND OWASP OPERATIONS. THESE EVENTS ARE FUNDED BY LOCAL SPONSORSHIPS, TRAINING REVENUE, AND SUPPORT FROM THE FOUNDATION. THE PURPOSE OF THESE TOURS IS 100% OUTREACH. IN THE SPRING OF 2013, OWASP SUPPORTED A MASSIVE OUTREACH EVENT IN THE LATAM REGION. IN 17 DAYS, TRAINING AND A ONE DAY EVENT WAS

2966050

HELD IN 9 DIFFERENT COUNTRIES. THE EVENT REACHED OVER 1200

Name of the organization

OWASP FOUNDATION, INC.

Employer identification number

20-0963503

ATTACHMENT 1 (CONT'D)

INDIVIDUALS FROM OVER 350 DIFFERENT PROVINCES.

THE SUMMER OF 2013 WAS THE SEASON FOR THE EUROPE TOUR. THE EUROPEAN TOUR FOLLOWED 14 CITIES IN IN 30 DAYS.

OWASP GHANA - OWASP SUPPORTED THE NEWLY CREATED CHAPTER IN GHANA
AS THEY BROUGHT SOFTWARE SECURITY AWARENESS TO AFRICA. THE EVENT
WAS THE FIRST OWASP SUPPORTED EVENT IN THE REGION. THE EVENT WAS
COVERED BY NATIONAL MEDIA WHO BROADCASTED THE CRITICAL NEED FOR
CYBER SECURITY TO A REGION THAT IS WORKING TO CATCH UP TO
TECHNOLOGY. FOLLOWING THIS EVENT IN GHANA, THREE NEW CHAPTERS WERE
CREATED IN AFRICA.

COVERED BY NATIONAL MEDIA WHO BROADCASTED THE CRITICAL NEED FOR

CYBER SECURITY TO A REGION THAT IS WORKING TO CATCH UP TO

TECHNOLOGY. FOLLOWING THIS EVENT IN GHANA, THREE NEW CHAPTERS WERE

CREATED IN AFRICA.

	ATTACHMENT 2
FORM 990, PART VIII - GROSS SALES AND COST OF GOODS SOLD	
GROSS SALES LESS RETURNS AND ALLOWANCES	13,937.
INVENTORY AT BEGINNING OF YEAR	
PURCHASES	
SALARIES AND WAGES	
OTHER COSTS	
OTHER COSTS	
SUBTOTAL	
SUBTOTAL	
MINUS ENDING INVENTORY	
COST OF GOODS SOLD	13,249.

Schedule O (Form 990 or 990-EZ) 2013

Name of the organization

OWASP FOUNDATION, INC.

Employer identification number

20-0963503

ATTACHMENT 3

FORM 990, PART X - DEFERRED REVENUE

ENDING

DESCRIPTION BOOK VALUE

DEFERRED REVENUE 48,564.

TOTALS _____48,564.

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Part I

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.

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

See separate instructions.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization Employer identification number OWASP FOUNDATION, INC. 20-0963503

(a) Name, address, and EIN (if applicable) of disregarded entity		Р	(b) rimary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct co enti	ntrolling
_(1)								
(2)								
<u>(3)</u>								
<u>(4)</u>								
<u>(5)</u>								
<u>(6)</u>								
Part II Identification of Related Tax-Exempt Organizations one or more related tax-exempt organizations during the	Complete if th	e org	anization ansv	vered "Yes" on Fo	orm 990, Part IV,	line 34 because	it had	
(a) Name, address, and EIN of related organization	(b) Primary activi	` '		· ·	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	cont	g) 512(b)(13) rolled ity?
							Yes	No
(1) OWASP EUROPE VZW LEINSTRAAT 104A B-9660 OPBRAKEL, BE	SUPPORT OW	IASP	BE	501(C)(3)	9	OWASP FDN.	Х	
_(2)								
<u>(3)</u>								
<u>(4)</u>	-							
<u>(5)</u>	-							
<u>(6)</u>								

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

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Schedule R (Form 990) 2013

Part III Identifica	tion of Relat t had one or	ed Organizations more related orga	Taxable inization:	e as a Partnersh s treated as a pa	nip Complete if the cartnership during the	organization an e tax year.	swered "Yes" (on Fo	orm	990, Part IV, li	ne 3	34	
(a) Name, address, ai related organi:		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop	h) portionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	i) eral or aging ner?	(k) Percentage ownership
					,			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
				^ 4	T • • • • • • • • •	. C 'C (1		1 111 /		- E 000	D	11 /	

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.

				, ,					
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Secti 512(b) contro entity)(13) olled
								Yes N	
(1)									
(2)									_
(3)									_
(4)									_
(5)									_
(6)									_
(7)									
								->	

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Schedule R (Form 990) 2013

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

Schedule R (Form 990) 2013

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

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

Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		Χ
Gift, grant, or capital contribution to related organization(s)				1b		X
Gift, grant, or capital contribution from related organization(s)				1c		X
Loans or loan guarantees to or for related organization(s)				1d		X
Loans or loan guarantees by related organization(s)				1e		X
Dividends from related organization(s)				1f		X
Sale of assets to related organization(s)				1g		X
Purchase of assets from related organization(s)				1h		X
Exchange of assets with related organization(s)				1i		X
Lease of facilities, equipment, or other assets to related organization(s)				1j		X
Lease of facilities, equipment, or other assets from related organization(s)				1k		X
Performance of services or membership or fundraising solicitations for related organization(s)				11		Χ
Performance of services or membership or fundraising solicitations by related organization(s)				1m		Χ
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		Χ
Sharing of paid employees with related organization(s)				10		Χ
Reimbursement paid to related organization(s) for expenses				1p		X
Reimbursement paid by related organization(s) for expenses				1q	Х	
Other transfer of cash or property to related organization(s)				1r		X
Other transfer of cash or property from related organization(s)				1s		X
If the answer to any of the above is "Yes," see the instructions for information on who must complete the	nis line, including cove	red relationships and transa	ction thres	holds.		
(a) Name of related organization	(b)	(c)	Method	(d)	minina	
Name of related organization	type (a-s)	Amount involved				
						_
	Gift, grant, or capital contribution to related organization(s) Gift, grant, or capital contribution from related organization(s) Loans or loan guarantees to or for related organization(s) Loans or loan guarantees by related organization(s) Dividends from related organization(s) Sale of assets to related organization(s) Purchase of assets from related organization(s) Exchange of assets with related organization(s) Lease of facilities, equipment, or other assets to related organization(s) Performance of services or membership or fundraising solicitations for related organization(s) Performance of services or membership or fundraising solicitations by related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Sharing of paid employees with related organization(s) Reimbursement paid to related organization(s) for expenses Reimbursement paid by related organization(s) for expenses Cher transfer of cash or property to related organization(s) Other transfer of cash or property from related organization(s) If the answer to any of the above is "Yes," see the instructions for information on who must complete the	Gift, grant, or capital contribution to related organization(s) Gift, grant, or capital contribution from related organization(s) Loans or loan guarantees to or for related organization(s) Loans or loan guarantees by related organization(s) Dividends from related organization(s) Sale of assets to related organization(s) Purchase of assets from related organization(s) Exchange of assets with related organization(s) Lease of facilities, equipment, or other assets to related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Performance of services or membership or fundraising solicitations for related organization(s) Performance of services or membership or fundraising solicitations by related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Sharing of paid employees with related organization(s) Reimbursement paid to related organization(s) for expenses Reimbursement paid by related organization(s) for expenses Other transfer of cash or property to related organization(s) If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including cove (a) Name of related organization	Gift, grant, or capital contribution to related organization(s) Gift, grant, or capital contribution from related organization(s) Loans or loan guarantees to or for related organization(s) Loans or loan guarantees by related organization(s) Dividends from related organization(s) Sale of assets to related organization(s) Purchase of assets with related organization(s) Exchange of assets with related organization(s) Lease of facilities, equipment, or other assets to related organization(s) Performance of services or membership or fundraising solicitations for related organization(s) Performance of services or membership or fundraising solicitations for related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Sharing of paid employees with related organization(s) Sharing of paid employees with related organization(s) Reimbursement paid to related organization(s) for expenses Reimbursement paid by related organization(s) for expenses Reimbursement paid by related organization(s) for expenses Reimbursement paid to related organization(s) for expenses Reimbursement paid to related organization(s) for expenses Reimbursement paid by related organiz	(a) (b) (c) Name of related organization Transaction Amount involved Method	Gift, grant, or capital contribution to related organization(s)	Sift, grant, or capital contribution from related organization(s) 1c

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Part V

Schedule R (Form 990) 2013

Yes No

Schedule R (Form 990) 2013

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.

(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded	Are all sec	partners tion (c)(3)	(f) Share of total income	(g) Share of end-of-year assets	Disprop	ortionate	(i) Code V-UBI amount in box 20 of Schedule K-1	(j) General or managing partner?		(k) Percentage ownership
		section 512-514)					Yes	No	(FOIII 1003)	Yes	No	
		Primary activity Legal domicile (state or foreign	Primary activity Legal domicile Predominant income (related, country) unrelated, excluded from tax under	Primary activity Legal domicile (state or foreign country) Legal domicile Predominant income (related, Soft organiz from tax under	Primary activity Legal domicile (state or foreign country) Legal domicile (state or foreign country) unrelated, excluded from tax under from tax under	Primary activity Legal domicile (state or foreign country) Legal domicile (state or foreign country) Legal domicile (state or foreign income (related, unrelated, excluded from tax under from tax under state or foreign income section total income total income section total income	Primary activity Legal domicile (state or foreign country) Legal domicile (state or foreign country) Legal domicile (state or foreign country) Income (related, excluded from tax under from tax under country) Are all partners share of total income end-of-year assets organizations?	Primary activity Legal domicile (state or foreign country) Legal domicile (state or foreign country) Income (related, unrelated, excluded from tax under from tax under country) Predominant Are all partners section total income of total income assets or alloc	Primary activity Legal domicile (state or foreign country) Legal domicile (state or foreign country) Income (related, unrelated, excluded from tax under from tax under state or foreign country) Are all partners share of total income of end-of-year assets or granizations?	Primary activity Legal domicile (state or foreign country) Legal domicile (state or foreign country) Legal domicile (state or foreign country) Income (related, excluded from tax under form tax under from tax unde	Primary activity Legal domicile (state or foreign country) Legal domicile (state or foreign country) Legal domicile (state or foreign income (related, excluded from tax under from tax	Primary activity Legal domicile (state or foreign country) Legal domicile (state or foreign country) Legal domicile (state or foreign country) Income (related, excluded from tax under form tax under from tax unde

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Schedule R (Form 990) 2013

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Supplemental Information Part VII

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