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

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

and ending

Department of the Treasury Internal Revenue Service

A For the 2020 calendar year, or tax year beginning

| OMB 110. 10 10 00 11         |
|------------------------------|
| 2020                         |
| Open to Public<br>Inspection |

| B                           | Check if applicable      | C Name of organization   |               | D Employer identific   | cation number                 |
|-----------------------------|--------------------------|--|---------------|--|-------------------------------|
|                             | ⊐Addres                  | S MUE ON AD HOUNDAMION INC   |               |  |                               |
|                             | change<br>Name<br>change | Doing business as  |               | **-***35   | 03                            |
| F                           | lnitial<br>return        | Number and street (or P.O. box if mail is not delivered to street address)   | Room/suite    | E Telephone number   |                               |
|                             | Final return/            |  | 232           | 781-876-   |                               |
|                             | termin-<br>ated          | City or town, state or province, country, and ZIP or foreign postal code   |               | G Gross receipts \$  | 2,159,133.                    |
|                             | Amend                    |  |               | H(a) Is this a group re  |                               |
|                             | Applica<br>tion          | •  | CK            | for subordinates   |                               |
|                             | pendin                   | SAME AS C ABOVE  |               | H(b) Are all subordinates in   |                               |
| $\overline{\Gamma}$         | Гах-ехе                  | mpt status: X 501(c)(3) 501(c) ( ) ( (insert no.) 4947(a)(1)   | or 527        |  | list. See instructions        |
|                             |                          | WWW.OWASP.ORG  |               | H(c) Group exemption   |                               |
| K                           | orm of                   | organization: X Corporation Trust Association Other  | L Year        |  | State of legal domicile: MD   |
|                             | art I                    | Summary  |               |  |                               |
| 0                           | 1 8                      | Briefly describe the organization's mission or most significant activities: ${	t OWAS}$  | P'S MI        | SSION IS TO  | MAKE                          |
| Governance                  | 3                        | SOFTWARE SECURITY VISIBLE, SO THAT INDIV   | IDUALS        | S AND ORGANI   | ZATIONS                       |
| ž                           | 2                        | Check this box 🕨 🔲 if the organization discontinued its operations or dispo  | sed of more   | e than 25% of its net as   | sets.                         |
| Š                           | 1 8                      | Number of voting members of the governing body (Part VI, line 1a)  |               | 3  | 7                             |
|                             | 4 1                      | Number of independent voting members of the governing body (Part VI, line 1b)  |               | 4  | 7                             |
| es                          | 5                        | otal number of individuals employed in calendar year 2020 (Part V, line 2a)  |               |  | 0                             |
| Activities &                |                          | otal number of volunteers (estimate if necessary)  |               |  | 13000                         |
| Act                         |                          | otal unrelated business revenue from Part VIII, column (C), line 12  |               |  | 0.                            |
|                             | l d                      | Net unrelated business taxable income from Form 990-T, Part I, line 11   | <del></del>   |  | 0.                            |
|                             |                          |  |               | Prior Year   | Current Year                  |
| ne                          | 1                        | Contributions and grants (Part VIII, line 1h)  |               | 452,510.   | 524,016.                      |
| Revenue                     | 1                        | Program service revenue (Part VIII, line 2g)   |               | 3,057,738.   | 1,623,991.                    |
| Re                          |                          | nvestment income (Part VIII, column (A), lines 3, 4, and 7d)   |               | 39,637.  | 10,500.                       |
|                             | 1                        | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   |               | 3,549,885.   | 2,158,507.                    |
|                             |                          | otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  |               | 0.   | 0.                            |
|                             | 1                        | Grants and similar amounts paid (Part IX, column (A), lines 1-3)  Benefits paid to or for members (Part IX, column (A), line 4)                  |               | 0.   | 0.                            |
| "                           | 1                        | Benefits paid to or for members (Part IX, column (A), line 4)  Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) |               | 756,896.   | 915,200.                      |
| Expenses                    |                          | Professional fundraising fees (Part IX, column (A), line 11e)  |               | 0.   | 0.                            |
| pen                         |                          | otal fundraising expenses (Part IX, column (D), line 25) 69, 5   | 24.           | <b>J</b> ,   | <u> </u>                      |
| Ж                           | 1                        | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   |               | 2,701,461.   | 1,338,728.                    |
|                             | 1                        | otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   |               | 3,458,357.   | 2,253,928.                    |
|                             | 1                        | Revenue less expenses. Subtract line 18 from line 12   |               | 91,528.  | -95,421.                      |
| or                          |                          | ·  |               | ginning of Current Year  | End of Year                   |
| Net Assets or Fund Balances | 20                       | otal assets (Part X, line 16)  |               | 1,818,320.   | 1,369,843.                    |
| t As                        | 21                       | otal liabilities (Part X, line 26)   |               | 693,838.   | 340,782.                      |
| Fee                         |                          | Net assets or fund balances. Subtract line 21 from line 20   |               | 1,124,482.   | 1,029,061.                    |
|                             |                          | Signature Block  |               |  |                               |
|                             |                          | ties of perjury, I declare that I have examined this return, including accompanying schedule   |               |  | / knowledge and belief, it is |
| true                        | , correct                | , and complete. Declaration of preparer (other than officer) is based on all information of w  | hich preparer | has any knowledge.   |                               |
|                             |                          | Signature of officer   |               | <br>Date   |                               |
| Sig                         | 1                        | •  | IIIOD         | Date   |                               |
| Her                         | ·e                       | ANDREW VAN DER STOCK, EXECUTIVE DIRECT Type or print name and title  | TOR           |  |                               |
|                             |                          |  |               | Date Check   | PTIN                          |
| Paid                        |                          | Print/Type preparer's name  THOMAS F. MULDOON, CPA THOMAS F. MULDO   |               | Check Carry of the Check Carry o |                               |
|                             | - +                      | Firm's name AAFCPAS, INC.  | ,OIN , C I    |  | **-***1780                    |
|                             |                          | Firm's address 50 WASHINGTON STREET  |               | Firm's EIN   | <u> </u>                      |
| 550                         | <b>y</b>                 | WESTBOROUGH, MA 01581  |               | Phone no 50  | 8-366-9100                    |
| May                         | the IR                   | S discuss this return with the preparer shown above? See instructions  |               | I none no. 5 0   | X Yes No                      |
|                             | 01 12-23                 |  | ions.         |  | Form <b>990</b> (2020)        |

| Pai       | t III Statement of Program Service Accomplishments   |
|-----------|--|
|           | Check if Schedule O contains a response or note to any line in this Part III   |
| 1         | Briefly describe the organization's mission:   |
|           | TO BE THE THRIVING GLOBAL COMMUNITY THAT DRIVES VISIBILITY AND   |
|           | EVOLUTION IN THE SAFETY AND SECURITY OF THE WORLD'S SOFTWARE.  |
|           |  |
|           |  |
| 2         | Did the organization undertake any significant program services during the year which were not listed on the   |
|           | prior Form 990 or 990-EZ?  |
|           | If "Yes," describe these new services on Schedule O.   |
| 3         | Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No  |
|           | If "Yes," describe these changes on Schedule O.  |
| 4         | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.   |
|           | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and   |
|           | revenue, if any, for each program service reported.  |
| 4a        | (Code: ) (Expenses \$ 719,556 • including grants of \$ ) (Revenue \$ 1,597,766 • )   |
|           | THE OWASP FOUNDATION IS A NONPROFIT ORGANIZATION THAT SPANS OVER   |
|           | 130 COUNTRIES GLOBALLY. WITH A COMMUNITY OF 90,000+ PARTICIPANTS   |
|           | AND 4500 DUES PAYING MEMBERS, WE ARE THE LARGEST APPLICATION SECURITY  |
|           | COMMUNITY IN THE WORLD. OWASP IS ENTIRELY FUNDED THROUGH THE GENEROUS  |
|           | DONATIONS OF OUR SUPPORTERS, CORPORATE AND INDIVIDUAL MEMBERS, AND   |
|           | THE PROCEEDS OF OUR CONFERENCE EVENTS. OVER THE PAST YEAR OWASP HAS  |
|           | GROWN TO 250+ ACTIVE CHAPTERS OPEN SOURCE PROJECTS & TOOLS - WORLDWIDE.  |
|           | DESPITE COVID, OUR CONFERENCES HAD MORE THAN 3000 VIRTUAL ATTENDEES.   |
|           | ADDITIONALLY, OUR 130+ OPEN SOURCE PROJECTS AND TECHNICAL MATERIALS  |
|           | CONTINUE TO BE DEVELOPED.  |
|           |  |
|           |  |
| 4b        | (Code: ) (Expenses \$ 85,105 • including grants of \$ ) (Revenue \$ )  |
| 710       | COMMUNITY OUTREACH AND INTERNATIONAL EDUCATION - OVER THE PAST   |
|           | YEAR OWASP HAS GROWN TO OVER 4500 DUES PAYING MEMBERS, AND IS NOW  |
|           | REPRESENTED BY OVER 250 CHAPTERS IN 130 DIFFERENT COUNTRIES AROUND   |
|           | THE WORLD. WE'VE REACHED NEARLY 3,000 DEVELOPERS AND SECURITY  |
|           | PROFESSIONALS THROUGH OUR VIRTUAL GLOBAL APPLICATION SECURITY  |
|           | CONFERENCES THAT PROVIDE TRAINING AND SIGNIFICANT HANDS-ON   |
|           | EXPERIENCE WITH APPLICATION SECURITY AND OUR OPEN SOURCE PROJECTS.   |
|           | THE DESCRIPTION OF THE PROPERTY OF THE PROPERT |
|           |  |
|           |  |
|           |  |
|           |  |
| 40        | (Code: ) (Expenses \$ 1,170,819 • including grants of \$ ) (Revenue \$ 36,725 • )  |
| 40        | (Code: ) (Expenses \$ 1,170,819 · including grants of \$ ) (Revenue \$ 36,725 · )  ONE OF THE STRENGTHS OF OUR ORGANIZATION IS THE DIVERSITY OF OUR  |
|           | COMMUNITY. THE FOUNDATION STRIVES TO EXPAND THIS DIVERSE KNOWLEDGE,  |
|           | PROVIDING OPPORTUNITIES FOR INTERNATIONAL COLLABORATION, EDUCATION, AND  |
|           | PROBLEM SOLVING. DUE TO COVID, WE HAD TO MOVE TO VIRTUAL GLOBAL APPSEC   |
|           | CONFERENCES TO CONTINUE OUR MISSION, WHICH REDUCED OUR PROGRAM INCOME.   |
|           |  |
|           | TEAMS OF VOLUNTEERS WORK TO DEVELOP MULTI-DAY EVENTS. DYNAMIC SPEAKERS, WORLD RENOWNED TRAINERS, INDUSTRY LEADERS, AND RESEARCH PIONEERS GATHER  |
|           |  |
|           | TO SHARE INFORMATION. AROUND THE WORLD, APPSEC DAYS EVENT ORGANIZERS   |
|           | WORKED TO BRING THE MISSION AND VISION OF OWASP BY HOLDING FREE VIRTUAL  |
|           | TRAININGS.   |
|           | ADDORG CALL OVED EUU TAI DEDOOM AMMENDERG AND MODE MILAN OF  |
|           | APPSEC CALI - OVER 500 IN PERSON ATTENDEES, AND MORE THAN 250  |
| 4d        | Other program services (Describe on Schedule O.)   |
|           | (Expenses \$ including grants of \$ ) (Revenue \$ )  |
| <u>4e</u> | Total program service expenses ► 1,975,480.  |

# Form 990 (2020) THE OWASP FOR Part IV Checklist of Required Schedules

|          |  |           | Yes | No           |
|----------|--|-----------|-----|--------------|
| 1        | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  |           | х   |              |
| •        | If "Yes," complete Schedule A  | 1         | Λ   | X            |
| 2        | Is the organization required to complete Schedule B, Schedule of Contributors?   | 2         |     | Λ            |
| 3        | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I                                     | 3         |     | х            |
| 4        | public office? If "Yes," complete Schedule C, Part I  Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect                                   | 3         |     |              |
| 7        | during the tax year? If "Yes," complete Schedule C, Part II  | 4         |     | х            |
| 5        | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or   |           |     |              |
| J        | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III   | 5         |     | х            |
| 6        | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to  | _         |     |              |
| _        | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I   | 6         |     | X            |
| 7        | Did the organization receive or hold a conservation easement, including easements to preserve open space,  | _         |     | X            |
|          | the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>   | 7         |     |              |
| 8        |  | 8         |     | x            |
| 9        | Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for  | 0         |     | 22           |
| Э        | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  |           |     |              |
|          | If "Yes," complete Schedule D, Part IV   | 9         |     | х            |
| 10       | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments   |           |     |              |
|          | or in quasi endowments? If "Yes," complete Schedule D, Part V  | 10        |     | х            |
| 11       | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X   |           |     |              |
|          | as applicable.   |           |     |              |
| а        | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,  |           |     |              |
|          | Part VI  | 11a       | Х   |              |
| b        | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total   |           |     |              |
|          | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  | 11b       |     | X            |
| С        | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total  |           |     |              |
|          | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII   | 11c       |     | X            |
| d        | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in  |           |     | l            |
|          | Part X, line 16? If "Yes," complete Schedule D, Part IX  | 11d       |     | X            |
| е        | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  | 11e       |     | X            |
| f        | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses  |           |     | 37           |
|          | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X   | 11f       |     | X            |
| 12a      | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete  |           |     | v            |
|          | Schedule D, Parts XI and XII   | 12a       |     | X            |
| D        | Was the organization included in consolidated, independent audited financial statements for the tax year?  | 40h       |     | X            |
| 13       | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 12b<br>13 |     | X            |
| 14a      | Did the organization maintain an office, employees, or agents outside of the United States?  | 14a       |     | X            |
| 14a<br>b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,  | та        |     | <del> </del> |
|          | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000   |           |     |              |
|          | or more? If "Yes," complete Schedule F, Parts I and IV   | 14b       |     | х            |
| 15       | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any  |           |     |              |
|          | foreign organization? If "Yes," complete Schedule F, Parts II and IV   | 15        |     | Х            |
| 16       | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to   |           |     |              |
|          | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  | 16        |     | Х            |
| 17       | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,  |           |     |              |
|          | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I   | 17        |     | X            |
| 18       | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines   |           |     |              |
|          | 1c and 8a? If "Yes," complete Schedule G, Part II  | 18        |     | Х            |
| 19       | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"   |           |     |              |
|          | complete Schedule G, Part III  | 19        |     | X            |
| 20a      | 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       |     |              |
| 21       | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or  |           |     |              |
|          | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  | 21        |     | X            |

# Form 990 (2020) THE OWASP FOUNDATI Part IV Checklist of Required Schedules (continued)

|      |  |           | Yes | No  |
|------|--|-----------|-----|-----|
| 22   | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on                        |           |     |     |
|      | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | 22        |     | X   |
| 23   | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current           |           |     |     |
|      | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete                       |           |     |     |
|      | Schedule J   | 23        |     | X   |
| 24a  | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the              |           |     |     |
|      | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete                   |           |     | x   |
|      | Schedule K. If "No," go to line 25a  | 24a       |     |     |
|      | 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                 | 24c       |     |     |
| А    | any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?       | 24d       |     |     |
|      | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit                         |           |     |     |
|      | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  | 25a       |     | х   |
| b    | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and           |           |     |     |
|      | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete                |           |     |     |
|      | Schedule L, Part I   | 25b       |     | Х   |
| 26   | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current                      |           |     |     |
|      | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%                              |           |     |     |
|      | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II                                   | 26        |     | X   |
| 27   | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,          |           |     |     |
|      | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled          |           |     |     |
|      | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III             | 27        |     | X   |
| 28   | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV                    |           |     |     |
|      | instructions, for applicable filing thresholds, conditions, and exceptions):   |           |     |     |
| а    | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If                     | 28a       |     | x   |
| h    | "Yes," complete Schedule L, Part IV  A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b       |     | X   |
|      | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?                               | 200       |     |     |
| ·    | "Yes," complete Schedule L, Part IV  | 28c       |     | х   |
| 29   | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M                             | 29        |     | Х   |
| 30   | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation          |           |     |     |
|      | contributions? If "Yes," complete Schedule M   | 30        |     | Х   |
| 31   | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I                   | 31        |     | Х   |
| 32   | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete                     |           |     |     |
|      | Schedule N, Part II  | 32        |     | X   |
| 33   | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations                           |           |     | ,,  |
|      | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  | 33        |     | X   |
| 34   | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and            |           | Х   |     |
| 25.0 | Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?                              | 34<br>35a | X   |     |
|      | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity            | SSA       | -25 |     |
| b    | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  | 35b       |     | x   |
| 36   | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?           | 002       |     |     |
|      | If "Yes," complete Schedule R, Part V, line 2  | 36        |     | Х   |
| 37   | Did the organization conduct more than 5% of its activities through an entity that is not a related organization                     |           |     |     |
|      | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI                         | 37        |     | Х   |
| 38   | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?                       |           |     |     |
| D    | Note: All Form 990 filers are required to complete Schedule O  | 38        | Х   |     |
| Pai  |  |           |     |     |
|      | Check if Schedule O contains a response or note to any line in this Part V   |           | Yes | L L |
| 10   | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   |           | 162 | No  |
| h    | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0   |           |     |     |
| c    | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming                   |           |     |     |
| _    | (gambling) winnings to prize winners?  | 1c        | Х   |     |

### THE OWASP FOUNDATION, INC. Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

|        |  |            | Yes      | No  |  |  |  |  |
|--------|--|------------|----------|-----|--|--|--|--|
| 2a     | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,  |            |          |     |  |  |  |  |
|        | filed for the calendar year ending with or within the year covered by this return  |            |          |     |  |  |  |  |
| b      | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?   | 2b         |          |     |  |  |  |  |
|        | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  |            |          |     |  |  |  |  |
| За     | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | 3a         |          | X   |  |  |  |  |
|        | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O  | 3b         |          |     |  |  |  |  |
| 4a     | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a  |            |          | l   |  |  |  |  |
|        | financial account in a foreign country (such as a bank account, securities account, or other financial account)?   | 4a         |          | X   |  |  |  |  |
| b      | If "Yes," enter the name of the foreign country  |            |          |     |  |  |  |  |
|        | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  |            |          | 3,7 |  |  |  |  |
| 5a     | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5a         |          | X   |  |  |  |  |
| b      | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b         |          | Х   |  |  |  |  |
| С      | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  | 5с         |          |     |  |  |  |  |
| 6a     | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit  |            |          | 3,7 |  |  |  |  |
|        | any contributions that were not tax deductible as charitable contributions?  | 6a         |          | X   |  |  |  |  |
| b      | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts   |            |          |     |  |  |  |  |
| _      | were not tax deductible?   | 6b         |          |     |  |  |  |  |
| 7      | Organizations that may receive deductible contributions under section 170(c).  | _          | v        |     |  |  |  |  |
| а      | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  | 7a         | X        |     |  |  |  |  |
|        | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | 7b         |          |     |  |  |  |  |
| С      | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required  | <b>-</b> - |          | X   |  |  |  |  |
|        | to file Form 8282?   | 7c         |          | Α.  |  |  |  |  |
| d      | If "Yes," indicate the number of Forms 8282 filed during the year  | 7-         |          | Х   |  |  |  |  |
| e      | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | 7e<br>7f   |          | X   |  |  |  |  |
|        | f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   |            |          |     |  |  |  |  |
| 9<br>h | g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   |            |          |     |  |  |  |  |
| 8      | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the | 7h         |          |     |  |  |  |  |
| Ü      | sponsoring organization have excess business holdings at any time during the year?   | 8          |          |     |  |  |  |  |
| 9      | Sponsoring organizations maintaining donor advised funds.  |            |          |     |  |  |  |  |
| а      | Did the sponsoring organization make any taxable distributions under section 4966?   | 9a         |          |     |  |  |  |  |
| b      | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | 9b         |          |     |  |  |  |  |
| 10     | Section 501(c)(7) organizations. Enter:  |            |          |     |  |  |  |  |
| а      | Initiation fees and capital contributions included on Part VIII, line 12   |            |          |     |  |  |  |  |
| b      | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b  |            |          |     |  |  |  |  |
| 11     | Section 501(c)(12) organizations. Enter:   |            |          |     |  |  |  |  |
| а      | Gross income from members or shareholders 11a  |            |          |     |  |  |  |  |
| b      | Gross income from other sources (Do not net amounts due or paid to other sources against   |            |          |     |  |  |  |  |
|        | amounts due or received from them.)  |            |          |     |  |  |  |  |
| 12a    | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041?  | 12a        |          |     |  |  |  |  |
| b      | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  |            |          |     |  |  |  |  |
| 13     | Section 501(c)(29) qualified nonprofit health insurance issuers.   |            |          |     |  |  |  |  |
| а      | Is the organization licensed to issue qualified health plans in more than one state?   | 13a        |          |     |  |  |  |  |
|        | Note: See the instructions for additional information the organization must report on Schedule O.  |            |          |     |  |  |  |  |
| b      | Enter the amount of reserves the organization is required to maintain by the states in which the   |            |          |     |  |  |  |  |
|        | organization is licensed to issue qualified health plans 13b   |            |          |     |  |  |  |  |
| С      | Enter the amount of reserves on hand   |            |          |     |  |  |  |  |
| 14a    | Did the organization receive any payments for indoor tanning services during the tax year?   | 14a        | <u> </u> | X   |  |  |  |  |
| b      | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  | 14b        |          |     |  |  |  |  |
| 15     | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or  |            |          | 177 |  |  |  |  |
|        | excess parachute payment(s) during the year?   | 15         |          | X   |  |  |  |  |
|        | If "Yes," see instructions and file Form 4720, Schedule N.   |            |          | v   |  |  |  |  |
| 16     | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  | 16         |          | X   |  |  |  |  |
|        | If "Yes," complete Form 4720, Schedule O.  |            |          |     |  |  |  |  |

Page 6

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

|             | <u> </u>  |         |                      |         |          | X                |  |  |  |  |
|-------------|---|---------|----------------------|---------|----------|------------------|--|--|--|--|
| Sec         | tion A. Governing Body and Management   |         |                      |         |          |                  |  |  |  |  |
|             |   |         | 7                    |         | Yes      | No               |  |  |  |  |
| 1a          | Enter the number of voting members of the governing body at the end of the tax year   | 1a      |                      |         |          |                  |  |  |  |  |
|             | If there are material differences in voting rights among members of the governing body, or if the governing   |         |                      |         |          |                  |  |  |  |  |
|             | body delegated broad authority to an executive committee or similar committee, explain on Schedule O.   |         |                      |         |          |                  |  |  |  |  |
| b           | ,   |         |                      |         |          |                  |  |  |  |  |
| 2           |   |         |                      |         |          |                  |  |  |  |  |
|             | officer, director, trustee, or key employee?  |         |                      |         |          |                  |  |  |  |  |
| 3           |   |         |                      |         |          |                  |  |  |  |  |
|             | of officers, directors, trustees, or key employees to a management company or other person?   |         |                      | 3       | Х        | 37               |  |  |  |  |
| 4           | Did the organization make any significant changes to its governing documents since the prior Form   |         |                      | 4       |          | X                |  |  |  |  |
| 5           | Did the organization become aware during the year of a significant diversion of the organization's as   |         |                      | 5       |          | X                |  |  |  |  |
| 6           | Did the organization have members or stockholders?  |         |                      | 6       |          | Х                |  |  |  |  |
| 7a          | Did the organization have members, stockholders, or other persons who had the power to elect or a   |         |                      |         |          | ٦,               |  |  |  |  |
|             | more members of the governing body?   |         |                      | 7a      |          | Х                |  |  |  |  |
| b           | Are any governance decisions of the organization reserved to (or subject to approval by) members,   |         | ,                    |         |          | ,,               |  |  |  |  |
|             | persons other than the governing body?  |         |                      | 7b      |          | Х                |  |  |  |  |
| 8           | Did the organization contemporaneously document the meetings held or written actions undertaken during the year   | -       | -                    |         | 37       |                  |  |  |  |  |
| а           | The governing body?   |         |                      | 8a      | X        |                  |  |  |  |  |
| b           | Each committee with authority to act on behalf of the governing body?   |         |                      | 8b      | X        |                  |  |  |  |  |
| 9           | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-   |         |                      |         |          | \ <sub>3,7</sub> |  |  |  |  |
| <del></del> | organization's mailing address? If "Yes," provide the names and addresses on Schedule O   |         |                      | 9       |          | Х                |  |  |  |  |
| Sec         | tion B. Policies (This Section B requests information about policies not required by the Internal F   | Revenue | Code.)               |         | .,       | ·                |  |  |  |  |
| 40          |   |         |                      |         | Yes<br>X | No               |  |  |  |  |
|             | Did the organization have local chapters, branches, or affiliates?  |         |                      | 10a     | Λ        |                  |  |  |  |  |
| D           | If "Yes," did the organization have written policies and procedures governing the activities of such of   |         |                      | 40.     | Х        |                  |  |  |  |  |
| 44-         | and branches to ensure their operations are consistent with the organization's exempt purposes?   |         |                      | 10b     | - 21     | Х                |  |  |  |  |
|             | Has the organization provided a complete copy of this Form 990 to all members of its governing box  | ay bero | e filing the form?   | 11a     |          |                  |  |  |  |  |
| b<br>100    | Describe in Schedule O the process, if any, used by the organization to review this Form 990.   |         |                      | 100     | Х        |                  |  |  |  |  |
| 12a         | Did the organization have a written conflict of interest policy? If "No," go to line 13   |         |                      | 12a     | X        |                  |  |  |  |  |
| b           | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "? |         |                      | 12b     | 21       |                  |  |  |  |  |
| С           |   |         |                      | 12c     | Х        |                  |  |  |  |  |
| 12          | in Schedule O how this was done  Did the organization have a written whistleblower policy?  |         |                      | 13      | X        |                  |  |  |  |  |
| 13<br>14    | Did the organization have a written document retention and destruction policy?  |         |                      | 14      | - 21     | Х                |  |  |  |  |
| 15          | Did the process for determining compensation of the following persons include a review and approve  |         |                      | 14      |          |                  |  |  |  |  |
| 13          | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   | •       | dependent            |         |          |                  |  |  |  |  |
| 2           | The organization's CEO, Executive Director, or top management official  |         |                      | 15a     |          | х                |  |  |  |  |
|             | Other officers or key employees of the organization   |         |                      | 15b     | Х        |                  |  |  |  |  |
|             | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).   |         |                      | .00     |          |                  |  |  |  |  |
| 16a         | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange  | ment w  | ith a                |         |          |                  |  |  |  |  |
|             | taxable entity during the year?   |         |                      | 16a     |          | Х                |  |  |  |  |
| b           | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation  |         |                      |         |          |                  |  |  |  |  |
|             | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic   | -       |                      |         |          |                  |  |  |  |  |
|             | exempt status with respect to such arrangements?  |         |                      | 16b     |          |                  |  |  |  |  |
| Sec         | tion C. Disclosure  |         |                      |         |          |                  |  |  |  |  |
| 17          | List the states with which a copy of this Form 990 is required to be filed ►MD  |         |                      |         |          |                  |  |  |  |  |
| 18          | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a  | and 990 | -T (Section 501(c)(3 | )s only | ) avail  | able             |  |  |  |  |
|             | for public inspection. Indicate how you made these available. Check all that apply.   |         |                      | . ,     | -        |                  |  |  |  |  |
|             | X Own website Another's website X Upon request Other (explain   | n on Sc | hedule O)            |         |          |                  |  |  |  |  |
| 19          | Describe on Schedule O whether (and if so, how) the organization made its governing documents, or   |         | ,                    | d finar | ncial    |                  |  |  |  |  |
|             | statements available to the public during the tax year.   |         | ,                    |         |          |                  |  |  |  |  |
| 20          | State the name, address, and telephone number of the person who possesses the organization's bo   | ooks an | d records            |         |          |                  |  |  |  |  |
|             | VIRTUAL, INC 781-876-8914   |         |                      |         |          |                  |  |  |  |  |
|             | 401 EDGEWATER PLACE, SUITE 600, WAKEFIELD, MA 018   | 380     |                      |         |          |                  |  |  |  |  |

### Form 990 (2020)

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

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

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

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

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

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

| (A)                      | (B)                    | (C)                            |   | (D)     | (E)          | (F)                          |           |                  |                                  |                       |
|--------------------------|------------------------|--------------------------------|---|---------|--------------|------------------------------|-----------|------------------|----------------------------------|-----------------------|
| Name and title           | Average                | (do                            | Position<br>(do not check more than one                       |         | Reportable   | Reportable                   | Estimated |                  |                                  |                       |
|                          | hours per              | box                            | box, unless person is both an officer and a director/trustee) |         | compensation | compensation                 | amount of |                  |                                  |                       |
|                          | week                   |                                | Jer ar  | lu a u  | recio        | or/trus                      | (ee)      | from             | from related                     | other                 |
|                          | (list any<br>hours for | Individual trustee or director |   |         |              | _                            |           | the organization | organizations<br>(W-2/1099-MISC) | compensation from the |
|                          | related                | ee or (                        | stee  |         |              | nsateo                       |           | (W-2/1099-MISC)  | (** 27 1033 141100)              | organization          |
|                          | organizations          | trust                          | ıal tru   |         | oyee         | ompe                         |           |                  |                                  | and related           |
|                          | below                  | vidua                          | Institutional trustee   | Je.     | Key employee | Highest compensated employee | ner       |                  |                                  | organizations         |
|                          | line)                  | lhdi                           | Inst  | Officer | Key          | High                         | Former    |                  |                                  |                       |
| (1) ANDREW VAN DER STOCK | 40.00                  |                                |   |         | 4            |                              |           | E4 005           | 0                                | •                     |
| EXECUTIVE DIRECTOR       | 1 05                   |                                |   | X       |              | $\square$                    |           | 74,825.          | 0.                               | 0.                    |
| (2) OWEN PENDLEBURY      | 1.25                   |                                |   |         |              |                              |           |                  |                                  | •                     |
| CHAIRPERSON              | 1 05                   | Х                              |   | Х       |              |                              |           | 0.               | 0.                               | 0.                    |
| (3) SHERIF MANSOUR       | 1.25                   |                                |   |         |              |                              |           | •                | 0                                | •                     |
| VICE CHAIRPERSON         | 1 05                   | Х                              |   | X       |              |                              |           | 0.               | 0.                               | 0.                    |
| (4) VANDANA VERMA        | 1.25                   | 177                            |   | 77      |              | ľ                            |           | 0                | 0                                | 0                     |
| TREASURER                | 1 25                   | Х                              |   | Х       |              |                              |           | 0.               | 0.                               | 0.                    |
| (5) RICHARD GREENBURG    | 1.25                   | 77                             |   | ,,      |              |                              |           | 0                | 0                                | 0                     |
| SECRETARY                | 1 25                   | Х                              |   | Х       |              |                              |           | 0.               | 0.                               | 0.                    |
| (6) MARTIN KNOBLOCH      | 1.25                   | 3,7                            |   |         |              |                              |           | 0                | 0                                | 0                     |
| DIRECTOR                 | 1.25                   | Х                              |   |         |              |                              |           | 0.               | 0.                               | 0.                    |
| (7) GARY ROBINSON        | 1.45                   | Х                              |   |         |              |                              |           | 0                | 0                                | 0                     |
| DIRECTOR                 | 1.25                   | Δ.                             |   |         |              |                              |           | 0.               | 0.                               | 0.                    |
| (8) GRANT ONGERS         | 1.25                   | Х                              |   |         |              |                              |           | 0.               | 0.                               | 0.                    |
| DIRECTOR                 |                        | ^                              |   |         |              |                              |           | 0.               | 0.                               | <u> </u>              |
|                          |                        |                                |   |         |              |                              |           |                  |                                  |                       |
|                          |                        |                                |   |         |              |                              |           |                  |                                  |                       |
|                          |                        |                                |   |         |              |                              |           |                  |                                  |                       |
|                          |                        |                                |   |         |              |                              |           |                  |                                  |                       |
|                          |                        |                                |   |         |              |                              |           |                  |                                  |                       |
|                          |                        |                                |   |         |              |                              |           |                  |                                  |                       |
|                          |                        |                                |   |         |              |                              |           |                  |                                  |                       |
|                          |                        |                                |   |         |              |                              |           |                  |                                  |                       |
|                          |                        |                                |   |         |              |                              |           |                  |                                  |                       |
|                          |                        |                                |   |         |              |                              |           |                  |                                  |                       |
|                          |                        |                                |   |         |              |                              |           |                  |                                  |                       |
|                          |                        |                                |   |         |              |                              | $\vdash$  |                  |                                  | _                     |
|                          |                        | 1                              |   |         |              |                              |           |                  |                                  |                       |
|                          |                        |                                |   |         |              |                              |           |                  |                                  |                       |
|                          |                        | 1                              |   |         |              |                              |           |                  |                                  |                       |
|                          |                        |                                |   |         |              |                              |           |                  |                                  |                       |
|                          |                        | 1                              |   |         |              |                              |           |                  |                                  |                       |
|                          | •                      | •                              | _   | •       | •            | •                            | •         | •                |                                  | - 000                 |

032007 12-23-20 Form **990** (2020)

| Form 990 (2020) THE OWASI   |  |  |                       |         |              |  |             |  | **_**                          | *3!                        | 503            | Pa   | age <b>8</b>                                    |     |  |                                   |  |
|---|--|--|-----------------------|---------|--------------|--|-------------|--|--------------------------------|----------------------------|----------------|--|---|-----|--|-----------------------------------|--|
| Part VII   Section A. Officers, Directors, Trus   | tees, Key Em   | ploy   | ees                   | , and   | d Hi         | ighe   | st (        | Compensated Employe                    | es (continued)                 |                            |                |  |   |     |  |                                   |  |
| (A)<br>Name and title   | (B)<br>Average<br>hours per<br>week                                  | erage Position (do not check more box, unless person |                       |         |              | Position (do not check more than one box, unless person is both an officer and a director/trustee) |             |  |                                | <b>1</b><br>than<br>is bot | one<br>h an    | (D)<br>Reportable                                  | <b>(E)</b> Reportable compensatior from related | ion |  | (F)<br>timate<br>nount o<br>other |  |
|   | (list any<br>hours for<br>related<br>organizations<br>below<br>line) | Individual trustee or director                       | Institutional trustee | Officer | Key employee | Highest compensated employee   | Former      | the<br>organization<br>(W-2/1099-MISC) | organizations<br>(W-2/1099-MIS |                            | frorga<br>orga | pensa<br>om the<br>anizati<br>d relate<br>anizatio | e<br>ion<br>ed                                  |     |  |                                   |  |
|   |  |  |                       |         |              |  |             |  |                                |                            |                |  |   |     |  |                                   |  |
|   |  |  |                       |         |              |  |             |  |                                |                            |                |  |   |     |  |                                   |  |
|   |  |  |                       |         |              |  |             |  |                                |                            |                |  |   |     |  |                                   |  |
|   |  |  |                       |         |              |  |             |  |                                |                            |                |  |   |     |  |                                   |  |
|   |  |  |                       |         |              |  |             |  |                                |                            |                |  |   |     |  |                                   |  |
|   |  |  |                       |         |              |  |             |  |                                | -                          |                |  |   |     |  |                                   |  |
| 1b Subtotal   |  |  |                       |         |              |  | <b>&gt;</b> | 74,825.                                |                                | 0.                         |                |  | 0.  |     |  |                                   |  |
| c Total from continuation sheets to Part VI<br>d Total (add lines 1b and 1c)                        |  |  |                       |         |              |  | <b>&gt;</b> | 74,825.                                |                                | 0.                         |                |  | 0.  |     |  |                                   |  |
| Total number of individuals (including but n compensation from the organization                     |  | $\overline{}$  |                       |         |              |  | no r        | <u> </u>                               | ,000 of reportable             | -                          |                |  | 0   |     |  |                                   |  |
|   |  |  |                       |         |              |  |             |  |                                | г                          |                | Yes  | No  |     |  |                                   |  |
| 3 Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for s |  |  |                       |         |              |  |             |  |                                |                            | 3              |  | Х   |     |  |                                   |  |
| 4 For any individual listed on line 1a, is the su   |  |  |                       |         |              |  |             | ther compensation from                 |                                |                            |                |  |   |     |  |                                   |  |
| and related organizations greater than \$150  |  |  |                       |         |              |  |             |  |                                | [                          | 4              |  | X   |     |  |                                   |  |
| 5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com         |  |  |                       |         |              |  |             |  |                                |                            | 5              |  | Х   |     |  |                                   |  |
| Section B. Independent Contractors  |  |  |                       |         |              |  |             |  |                                |                            |                |  |   |     |  |                                   |  |
| 1 Complete this table for your five highest co<br>the organization. Report compensation for         | •  | •  |                       |         |              |  |             |  |                                | ensa                       | ation f        | rom  |   |     |  |                                   |  |
| (A)   | ine calendar y   | car  | criai                 | ng v    | VILII        | 01 11  | 10111       | (B)                                    | ycar.                          |                            | (C             | ;)   |   |     |  |                                   |  |
| Name and business   | address  |  |                       |         |              |  |             | Description of s                       | ervices                        | Co                         |                | nsatio   | 1   |     |  |                                   |  |
| VIRTUAL, INC. 401 EDGEWATER PLACE, WAKE   | EFIELD,  | MZ   | A (                   | 11      | 38           | 0  |             | MANAGEMENT                             |                                |                            | 38             | 5,1  | 46.   |     |  |                                   |  |
| CEAVCO<br>4860 WARD RD., WHEAT RIDO   | GE, CO   | 300  | 33                    | 3       |              |  |             | AUDIO & VISU<br>SERVICES               | AL                             |                            | 12             | 0,0  | 00.   |     |  |                                   |  |
|   |  |  |                       |         |              |  |             |  |                                |                            |                |  |   |     |  |                                   |  |
|   |  |  |                       |         |              |  |             |  |                                |                            |                |  |   |     |  |                                   |  |
| 2 Total number of independent contractors (i  | ncluding but n   | ot li  | mite                  | d to    | tho          | se li  | ste         | l<br>d above) who received m           | nore than                      |                            |                |  |   |     |  |                                   |  |

\$100,000 of compensation from the organization

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 488,265. **b** Membership dues ..... 1b c Fundraising events ..... 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 35,751. similar amounts not included above 1f g Noncash contributions included in lines 1a-1f 1g |\$ 524,016. h Total. Add lines 1a-1f **Business Code** 900099 1,623,991.1,623,991. 2 a CONFERENCE INCOME Program Service Revenue f All other program service revenue g Total. Add lines 2a-2f. Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ... 6b c Rental income or (loss) d Net rental income or (loss) (i) Securities 7 a Gross amount from sales of (ii) Other assets other than inventory 7a **b** Less: cost or other basis Other Revenue 7b and sales expenses c Gain or (loss) \_\_\_\_\_\_7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses \_\_\_\_\_ c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities ▶ **10 a** Gross sales of inventory, less returns 626 and allowances 626. **b** Less: cost of goods sold ..... 0. c Net income or (loss) from sales of inventory **Business Code** 6,502. 6,502. 11 a OTHER REVENUE 900099 b FOREIGN CURRENCY GAIN 900099 3,998. 3,998. С d All other revenue 10,500. e Total. Add lines 11a-11d ..... 2,158,507.1,634,491. Total revenue. See instructions

#### 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 respons  | se or note to any line in | this Part IX                 |                                     |                          |
|--------|---|---------------------------|------------------------------|-------------------------------------|--------------------------|
|        | not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.  | (A) Total expenses        | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1      | Grants and other assistance to domestic organizations   |                           | ,                            |                                     | ,                        |
|        | and domestic governments. See Part IV, line 21  |                           |                              |                                     |                          |
| 2      | Grants and other assistance to domestic   |                           |                              |                                     |                          |
| _      | individuals. See Part IV, line 22   |                           |                              |                                     |                          |
| 3      | Grants and other assistance to foreign  |                           |                              |                                     |                          |
|        | organizations, foreign governments, and foreign   |                           |                              |                                     |                          |
|        | individuals. See Part IV, lines 15 and 16   |                           |                              |                                     |                          |
| 4      | Benefits paid to or for members   |                           |                              |                                     |                          |
| 5      | Compensation of current officers, directors,  |                           |                              |                                     |                          |
| •      | trustees, and key employees   |                           |                              |                                     |                          |
| 6      | Compensation not included above to disqualified   |                           |                              |                                     |                          |
| Ū      | persons (as defined under section 4958(f)(1)) and   |                           |                              |                                     |                          |
|        | persons described in section 4958(c)(3)(B)  |                           |                              |                                     |                          |
| 7      | Other salaries and wages  | 753,626.                  | 602,901.                     | 113,044.                            | 37,681.                  |
| 8      | Pension plan accruals and contributions (include  | ,                         | 4                            |                                     |                          |
| O      | section 401(k) and 403(b) employer contributions)   |                           |                              |                                     |                          |
| 9      | Other employee benefits   | 161,574.                  | 129,259.                     | 24,236.                             | 8,079.                   |
| 10     | Payroll taxes   | 101/0/40                  | 123,233.                     | 22,250                              | 5,015.                   |
| 11     |   |                           |                              |                                     |                          |
|        | Fees for services (nonemployees):   | 1,000.                    | 800.                         | 150.                                | 50                       |
| _      | Management Logal  | 72,928.                   | 58,343.                      | 10,939.                             | 50.<br>3,646.            |
| b      | Legal   | 27,005.                   | 21,604.                      | 4,051.                              | 1,350.                   |
|        | Accounting  | 21,003.                   | 21,004.                      | ±, UJ1•                             | 1,330.                   |
| d      | ,   |                           | <b>*</b>                     |                                     |                          |
|        | Professional fundraising services. See Part IV, line 17   | 108,000.                  | 86,400.                      | 16,200.                             | 5,400.                   |
| f      | Investment management fees  | 100,000.                  | 00,400.                      | 10,200•                             | 3,400.                   |
| g      | ,   | 71 472                    | 57,178.                      | 10,721.                             | 2 574                    |
|        | column (A) amount, list line 11g expenses on Sch 0.)  | 71,473.<br>53,373.        | 42,698.                      | 8,006.                              | 3,574.<br>2,669.         |
| 12     | Advertising and promotion   | 127,660.                  | 102,128.                     | 19,149.                             | 6,383.                   |
| 13     | Office expenses   | 127,000.                  | 102,120.                     | 13,143.                             | 0,303.                   |
| 14     | Information technology  |                           |                              |                                     |                          |
| 15     | Royalties   |                           |                              |                                     |                          |
| 16     | Occupancy   | 7,984.                    | 6,387.                       | 1 100                               | 399.                     |
| 17     | Travel  | 7,904.                    | 0,307.                       | 1,198.                              | 399.                     |
| 18     | Payments of travel or entertainment expenses  |                           |                              |                                     |                          |
|        | for any federal, state, or local public officials   | 710 070                   | 710 070                      |                                     |                          |
| 19     | Conferences, conventions, and meetings  | 719,072.                  | 719,072.                     |                                     |                          |
| 20     | Interest  |                           |                              |                                     |                          |
| 21     | Payments to affiliates  |                           |                              |                                     |                          |
| 22     | Depreciation, depletion, and amortization   | 5,851.                    | 1 600                        | 878.                                | 293.                     |
| 23     | Insurance   | 3,851.                    | 4,680.                       | 0/0.                                | 493.                     |
| 24     | Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) |                           |                              |                                     |                          |
| а      | TOTAL PROJECT OUTREACH  | 49,561.                   | 49,561.                      |                                     |                          |
| a<br>b | COMMUNITY CHAPTER OUTRE   | 35,543.                   | 35,543.                      |                                     |                          |
| c      | LOCAL CHAPTER EXPENSES  | 35,538.                   | 35,538.                      |                                     |                          |
| d      | PROJECT EXPENSE   | 23,388.                   | 23,388.                      |                                     |                          |
| e      | All other expenses  | 352.                      | ==,,,,,,,                    | 352.                                |                          |
| 25     | Total functional expenses. Add lines 1 through 24e  | 2,253,928.                | 1,975,480.                   | 208,924.                            | 69,524.                  |
| 26     | Joint costs. Complete this line only if the organization  | ,,                        | , ,                          | ,                                   | ,                        |
| _0     | reported in column (B) joint costs from a combined  |                           |                              |                                     |                          |
|        | educational campaign and fundraising solicitation.  |                           |                              |                                     |                          |
|        | Check here if following SOP 98-2 (ASC 958-720)  |                           |                              |                                     |                          |
| 00004  | 0. 12-23-20   |                           |                              |                                     | Form <b>990</b> (2020)   |

# Form 990 (2020) Part X Balance Sheet

|                             | rt X | Balance Sheet   |                     |                        |                                 |     |                           |
|-----------------------------|------|---|---------------------|------------------------|---------------------------------|-----|---------------------------|
|                             |      | Check if Schedule O contains a response or n  | ote to a            | ny line in this Part X |                                 |     |                           |
|                             |      |   |                     |                        | <b>(A)</b><br>Beginning of year |     | <b>(B)</b><br>End of year |
|                             | 1    | Cash - non-interest-bearing   |                     |                        | 1,237,171.                      | 1   | 1,200,280.                |
|                             | 2    | Savings and temporary cash investments  |                     |                        |                                 | 2   |                           |
|                             | 3    | Pledges and grants receivable, net  |                     |                        |                                 | 3   |                           |
|                             | 4    | Accounts receivable, net  |                     |                        | 427,566.                        | 4   | 90,200.                   |
|                             | 5    | Loans and other receivables from any current  |                     |                        |                                 |     |                           |
|                             |      | trustee, key employee, creator or founder, sub  | ostantial           | contributor, or 35%    |                                 |     |                           |
|                             |      | controlled entity or family member of any of the  | ese per             | sons                   |                                 | 5   |                           |
|                             | 6    | Loans and other receivables from other disqu  | ersons (as defined  |                        |                                 |     |                           |
|                             |      | under section 4958(f)(1)), and persons describ  | ction 4958(c)(3)(B) |                        | 6                               |     |                           |
| şţ                          | 7    | Notes and loans receivable, net   |                     |                        |                                 | 7   |                           |
| Assets                      | 8    | Inventories for sale or use   |                     |                        | 42,306.                         | 8   | 39,231.                   |
| ⋖                           | 9    | Prepaid expenses and deferred charges   |                     |                        | 111,277.                        | 9   | 35,540.                   |
|                             | 10a  | Land, buildings, and equipment: cost or other   |                     |                        |                                 |     |                           |
|                             |      | basis. Complete Part VI of Schedule D   |                     |                        |                                 |     |                           |
|                             | b    | Less: accumulated depreciation  |                     |                        | 0.                              | 10c | 4,592.                    |
|                             | 11   | Investments - publicly traded securities  |                     |                        | 11                              |     |                           |
|                             | 12   | Investments - other securities. See Part IV, line   |                     | 12                     |                                 |     |                           |
|                             | 13   | Investments - program-related. See Part IV, lin   |                     | 13                     |                                 |     |                           |
|                             | 14   | Intangible assets   |                     | 14                     |                                 |     |                           |
|                             | 15   | Other assets. See Part IV, line 11  |                     |                        | 1 010 200                       | 15  | 1 260 042                 |
|                             | 16   | Total assets. Add lines 1 through 15 (must ed   |                     |                        | 1,818,320.                      | 16  | 1,369,843.                |
|                             | 17   | Accounts payable and accrued expenses   |                     |                        | 150,506.                        | 17  | 115,869.                  |
|                             | 18   | Grants payable  |                     |                        | E 4 2 2 2 2                     | 18  | 110 010                   |
|                             | 19   | Deferred revenue  |                     |                        | 543,332.                        | 19  | 112,213.                  |
|                             | 20   | Tax-exempt bond liabilities   |                     |                        |                                 | 20  |                           |
|                             | 21   | Escrow or custodial account liability. Complet  |                     |                        |                                 | 21  |                           |
| Liabilities                 | 22   | Loans and other payables to any current or fo   |                     | · A                    |                                 |     |                           |
| ij                          |      | trustee, key employee, creator or founder, suk  |                     |                        |                                 |     |                           |
| Lia                         |      | controlled entity or family member of any of the  |                     |                        |                                 | 22  |                           |
|                             | 23   | Secured mortgages and notes payable to unn  |                     |                        |                                 | 23  | 112,700.                  |
|                             | 24   | Unsecured notes and loans payable to unrela   |                     | F                      |                                 | 24  | 112,700.                  |
|                             | 25   | Other liabilities (including federal income tax, parties, and other liabilities not included on lin |                     |                        |                                 |     |                           |
|                             |      | of Schedule D   | es 17-24            | i). Complete Part A    |                                 | 25  |                           |
|                             | 26   | Total liabilities. Add lines 17 through 25  |                     |                        | 693,838.                        | 26  | 340,782.                  |
|                             | 20   | Organizations that follow FASB ASC 958, c   |                     |                        | 030,000                         | 20  | 310,77021                 |
| es                          |      | and complete lines 27, 28, 32, and 33.  | ileek ile           |                        |                                 |     |                           |
| anc                         | 27   |   |                     |                        | 955,885.                        | 27  | 860,464.                  |
| Bal                         | 28   | Net assets with donor restrictions  |                     |                        | 168,597.                        | 28  | 168,597.                  |
| pu                          |      | Organizations that do not follow FASB ASC   |                     |                        |                                 |     | ,                         |
| Ē                           |      | and complete lines 29 through 33.   | ,                   |                        |                                 |     |                           |
| SO                          | 29   | Capital stock or trust principal, or current fund   | ls                  |                        |                                 | 29  |                           |
| set                         | 30   | Paid-in or capital surplus, or land, building, or   |                     |                        |                                 | 30  |                           |
| As                          | 31   | Retained earnings, endowment, accumulated   |                     | F                      |                                 | 31  |                           |
| Net Assets or Fund Balances | 32   | Total net assets or fund balances   |                     |                        | 1,124,482.                      | 32  | 1,029,061.                |
| _                           | 33   | Total liabilities and net assets/fund balances  |                     |                        | 1,818,320.                      | 33  | 1,369,843.                |

Form **990** (2020)

| Pa | rt XI Reconciliation of Net Assets   |         |      |      |     |     |
|----|--|---------|------|------|-----|-----|
|    | Check if Schedule O contains a response or note to any line in this Part XI  |         |      |      |     |     |
|    |  |         |      |      |     |     |
| 1  | Total revenue (must equal Part VIII, column (A), line 12)  | 1       |      | 2,15 |     |     |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2       |      | 2,25 |     |     |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3       |      | -9   | 5,4 | 21. |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                          | 4       |      | 1,12 | 4,4 | 82. |
| 5  | Net unrealized gains (losses) on investments   | 5       |      |      |     |     |
| 6  | Donated services and use of facilities   | 6       |      |      |     |     |
| 7  | Investment expenses  | 7       |      |      |     |     |
| 8  | Prior period adjustments   | 8       |      |      |     |     |
| 9  | Other changes in net assets or fund balances (explain on Schedule O)   | 9       |      |      |     | 0.  |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,                 |         |      |      |     |     |
|    | column (B))  | 10      |      | 1,02 | 9,0 | 61. |
| Pa | rt XII Financial Statements and Reporting  |         |      |      |     |     |
|    | Check if Schedule O contains a response or note to any line in this Part XII                                       |         |      |      |     |     |
|    | •  |         |      |      | Yes | No  |
| 1  | Accounting method used to prepare the Form 990: Cash X Accrual Other   |         |      |      |     |     |
|    | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule     | O.      |      |      |     |     |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?                    |         |      | 2a   |     | X   |
|    | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed    | d on a  |      |      |     |     |
|    | separate basis, consolidated basis, or both:   |         |      |      |     |     |
|    | Separate basis Consolidated basis Both consolidated and separate basis   |         |      |      |     |     |
| b  | Were the organization's financial statements audited by an independent accountant?                                 |         |      | 2b   |     | Х   |
|    | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat    | e basi  | s,   |      |     |     |
|    | consolidated basis, or both:   |         |      |      |     |     |
|    | Separate basis Consolidated basis Both consolidated and separate basis   |         |      |      |     |     |
| С  | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th  | e audi  | t,   |      |     |     |
|    | review, or compilation of its financial statements and selection of an independent accountant?                     |         |      | 2c   |     |     |
|    | If the organization changed either its oversight process or selection process during the tax year, explain on Sch  | nedule  | Ο.   |      |     |     |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si | ngle Aı | udit |      |     |     |
|    | Act and OMB Circular A-133?  |         |      | 3a   |     | Х   |
| b  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ  |         | ıdit |      |     |     |
|    | or audits, explain why on Schedule O and describe any steps taken to undergo such audits                           | <u></u> |      | 3b   |     |     |

Form **990** (2020)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

### **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number \*\*-\*\*\*3503 THE OWASP FOUNDATION, INC. Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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

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

| Sec         | ction A. Public Support   |            | ·               |             |                      |                     |                         |  |  |  |
|-------------|---|------------|-----------------|-------------|----------------------|---------------------|-------------------------|--|--|--|
| Cale        | ndar year (or fiscal year beginning in)                               | (a) 2016   | <b>(b)</b> 2017 | (c) 2018    | (d) 2019             | (e) 2020            | (f) Total               |  |  |  |
| 1           | Gifts, grants, contributions, and                                     |            |                 |             |                      |                     |                         |  |  |  |
|             | membership fees received. (Do not                                     |            |                 |             |                      |                     |                         |  |  |  |
|             | include any "unusual grants.")  | 1,393,009. | 572,993.        | 468,411.    | 452,510.             | 588,516.            | 3,475,439.              |  |  |  |
| 2           | Tax revenues levied for the organ-                                    |            |                 |             |                      |                     |                         |  |  |  |
|             | ization's benefit and either paid to                                  |            |                 |             |                      |                     |                         |  |  |  |
|             | or expended on its behalf   |            |                 |             |                      |                     |                         |  |  |  |
| 3           | The value of services or facilities                                   |            |                 |             |                      |                     |                         |  |  |  |
|             | furnished by a governmental unit to                                   |            |                 |             |                      |                     |                         |  |  |  |
|             | the organization without charge                                       |            |                 |             |                      |                     |                         |  |  |  |
| 4           | Total. Add lines 1 through 3  | 1,393,009. | 572,993.        | 468,411.    | 452,510.             | 588,516.            | 3,475,439.              |  |  |  |
| 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.                          |            |                 |             |                      |                     | 3,475,439.              |  |  |  |
|             | Section B. Total Support  |            |                 |             |                      |                     |                         |  |  |  |
|             | ndar year (or fiscal year beginning in) 🕨                             | (a) 2016   | <b>(b)</b> 2017 | (c) 2018    | (d) 2019<br>452,510. | (e) 2020            | (f) Total               |  |  |  |
|             | Amounts from line 4   | 1,393,009. | 572,993.        | 468,411.    | 452,510.             | 588,516.            | 3,475,439.              |  |  |  |
| 8           | Gross income from interest,   |            |                 |             |                      |                     |                         |  |  |  |
|             | dividends, payments received on                                       |            |                 |             |                      |                     |                         |  |  |  |
|             | securities loans, rents, royalties,                                   |            |                 |             |                      |                     |                         |  |  |  |
|             | and income from similar sources                                       |            |                 |             |                      |                     |                         |  |  |  |
| 9           | Net income from unrelated business                                    |            |                 |             |                      |                     |                         |  |  |  |
|             | activities, whether or not the  |            | 1 170           | C 2C0       | 4 024                |                     | 0 000                   |  |  |  |
|             | business is regularly carried on                                      |            | 1,170.          | -6,369.     | -4,034.              |                     | -9,233.                 |  |  |  |
| 10          | Other income. Do not include gain                                     |            |                 |             |                      |                     |                         |  |  |  |
|             | or loss from the sale of capital                                      |            |                 |             | 12 671               | 10 500              | E/ 171                  |  |  |  |
|             | assets (Explain in Part VI.)  |            |                 |             | 43,671.              | 10,500.             |                         |  |  |  |
| 11          | •                               |            | ,               |             |                      | 10                  | 3,520,377.<br>,558,226. |  |  |  |
| 12          | Gross receipts from related activities,                               |            |                 |             |                      |                     | , 330 , 220 •           |  |  |  |
| 13          | First 5 years. If the Form 990 is for the                             |            |                 |             |                      |                     | . □                     |  |  |  |
| 500         | organization, check this box and stop<br>etion C. Computation of Publ |            | rcentage        |             |                      |                     | <u> </u>                |  |  |  |
|             | Public support percentage for 2020 (                                  |            |                 | column (f)) |                      | 14                  | 98.72 %                 |  |  |  |
| 15          | Public support percentage from 2019                                   |            |                 |             |                      | 15                  | 97.37 %                 |  |  |  |
|             | 33 1/3% support test - 2020. If the o                                 |            |                 |             |                      |                     |                         |  |  |  |
| 104         | stop here. The organization qualifies                                 | •          |                 | •           |                      | •                   | × and ► X               |  |  |  |
| h           | 33 1/3% support test - 2019. If the o                                 |            |                 |             |                      |                     |                         |  |  |  |
|             | and <b>stop here.</b> The organization qual                           |            |                 |             |                      |                     |                         |  |  |  |
| <b>17</b> a | 10% -facts-and-circumstances tes                                      |            |                 |             |                      |                     |                         |  |  |  |
| .,,         | and if the organization meets the fact                                | -          |                 |             |                      |                     |                         |  |  |  |
|             | meets the facts-and-circumstances to                                  |            | •               | •           | ·                    | vi now the organiza | <b>.</b> □              |  |  |  |
| h           | 10% -facts-and-circumstances tes                                      | •          | ·               |             |                      |                     |                         |  |  |  |
|             | more, and if the organization meets the                               | -          |                 |             |                      |                     | .5,0 01                 |  |  |  |
|             | organization meets the facts-and-circ                                 |            | •               |             | •                    |                     | ightharpoonup           |  |  |  |
| 18          | Private foundation. If the organization                               |            |                 |             |                      |                     | s <b>&gt;</b>           |  |  |  |

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

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

| qualify under the tests listed be<br>Section A. Public Support   | pelow, please com    | plete Part II.)      |                       |                     |   |            |
|--|----------------------|----------------------|-----------------------|---------------------|---|------------|
|  | (a) 0010             | (h) 0017             | (a) 0010              | (4) 0010            | (a) 0000                                | (6) T-+-!  |
| Calendar year (or fiscal year beginning in)  | (a) 2016             | <b>(b)</b> 2017      | (c) 2018              | (d) 2019            | (e) 2020                                | (f) Total  |
| 1 Gifts, grants, contributions, and  |                      |                      |                       |                     |   |            |
| membership fees received. (Do not include any "unusual grants.")   |                      |                      |                       |                     |   |            |
| 2 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 |                      |                      |                       |                     |   |            |
| 3 Gross receipts from activities that  |                      |                      |                       |                     |   |            |
| are not an unrelated trade or bus-   |                      |                      |                       |                     |   |            |
| iness under section 513  |                      |                      |                       |                     |   |            |
| 4 Tax revenues levied for the organ-   |                      |                      |                       |                     |   |            |
| ization's benefit and either paid to   |                      |                      |                       |                     |   |            |
| or expended on its behalf  |                      |                      |                       |                     |   |            |
| 5 The value of services or facilities  |                      |                      |                       |                     |   |            |
| furnished by a governmental unit to  |                      |                      |                       |                     |   |            |
| the organization without charge  |                      |                      |                       |                     |   |            |
| 6 Total. Add lines 1 through 5   |                      |                      |                       |                     |   |            |
| 7a Amounts included on lines 1, 2, and   |                      |                      |                       |                     |   |            |
| 3 received from disqualified persons   |                      |                      |                       |                     |   |            |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year    |                      |                      |                       |                     |   |            |
| c Add lines 7a and 7b  |                      |                      |                       |                     |   |            |
| 8 Public support. (Subtract line 7c from line 6.)  |                      |                      |                       |                     |   |            |
| Section B. Total Support   |                      |                      |                       |                     | •                                       |            |
| Calendar year (or fiscal year beginning in) 🕨  | (a) 2016             | <b>(b)</b> 2017      | (c) 2018              | (d) 2019            | (e) 2020                                | (f) Total  |
| 9 Amounts from line 6  |                      |                      |                       |                     |   |            |
| 10a Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties,<br>and income from similar sources                               |                      |                      |                       |                     |   |            |
| <b>b</b> Unrelated business taxable income   |                      |                      |                       |                     |   |            |
| (less section 511 taxes) from businesses   |                      |                      |                       |                     |   |            |
| acquired after June 30, 1975   |                      |                      |                       |                     |   |            |
| c Add lines 10a and 10b  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on                    |                      |                      |                       |                     |   |            |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)   |                      |                      |                       |                     |   |            |
| 13 Total support. (Add lines 9, 10c, 11, and 12.)  |                      |                      |                       | <u> </u>            | ======================================= | <u>l</u>   |
| 14 First 5 years. If the Form 990 is for the   | ne organization's f  | irst, second, third, | fourth, or fifth tax  | year as a section   | 1 501(c)(3) organizat                   | ion,       |
| check this box and stop here Section C. Computation of Pub   | lia Gunnart De       |                      |                       |                     |   | <b>P</b> L |
| •  |                      |                      | . (0)                 |                     | 11                                      |            |
| 15 Public support percentage for 2020 (  |                      |                      |                       |                     |   |            |
| 16 Public support percentage from 2019   |                      |                      |                       |                     | 16                                      |            |
| Section D. Computation of Inve   |                      |                      |                       |                     | 14-1                                    |            |
| 17 Investment income percentage for 20   |                      |                      |                       |                     |   |            |
| 18 Investment income percentage from   |                      |                      |                       |                     |   | 17:        |
| 19a 33 1/3% support tests - 2020. If the   | -                    |                      |                       |                     |   | ı / ıs not |
| more than 33 1/3%, check this box a b 33 1/3% support tests - 2019. If the   | e organization did r | not check a box or   | n line 14 or line 19a | a, and line 16 is n | nore than 33 1/3%,                      |            |
| line 18 is not more than 33 1/3%, che  20 Private foundation. If the organization  |                      |                      |                       |                     |   | <b>P</b>   |
| ZU PRIVATE TOURDATION IT THE OPPOSITE TO   | an aid not chack a   | DOV OD 1100 7/1 10   | ra or lun chackth     | HE DOY AND COD I    | DETRICTIONS                             |            |

#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

|     |          | Yes    | No   |
|-----|----------|--------|------|
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|     | 10b      |        |      |
| m 9 | 90 or 99 | 90-EZ) | 2020 |

| Par      | rt IV   Supporting Organizations (continued)  |                 |      |    |
|----------|---|-----------------|------|----|
|          |   |                 | Yes  | No |
| 11       | Has the organization accepted a gift or contribution from any of the following persons?   |                 |      |    |
| а        | A person who directly or indirectly controls, either alone or together with persons described in lines 11b and  |                 |      |    |
|          | 11c below, the governing body of a supported organization?  | 11a             |      |    |
| b        | A family member of a person described in line 11a above?  | 11b             |      |    |
|          | A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide  |                 |      |    |
|          | detail in Part VI.  | 11c             |      |    |
| Sec      | ction B. Type I Supporting Organizations  | •               |      |    |
|          |   |                 | Yes  | No |
| 1        | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one   | e or            |      |    |
|          | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office  | ers,            |      |    |
|          | directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one suppo | rted            |      |    |
|          | organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among t  |                 |      |    |
|          | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  | 1               |      |    |
| 2        | Did the organization operate for the benefit of any supported organization other than the supported   |                 |      |    |
|          | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in  |                 |      |    |
|          | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,   |                 |      |    |
|          | supervised, or controlled the supporting organization.  | 2               |      |    |
| Sec      | ction C. Type II Supporting Organizations   |                 |      |    |
|          |   |                 | Yes  | No |
| 1        | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors  |                 |      |    |
|          | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control   |                 |      |    |
|          | or management of the supporting organization was vested in the same persons that controlled or managed  |                 |      |    |
| 800      | the supported organization(s).  | 1               |      |    |
| Sec      | ction D. All Type III Supporting Organizations  |                 |      | ·  |
|          |   |                 | Yes  | No |
| 1        | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the  |                 |      |    |
|          | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax   |                 |      |    |
|          | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the  | 4               |      |    |
| 2        | organization's governing documents in effect on the date of notification, to the extent not previously provided?  | 1               |      |    |
| 2        | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how                       |                 |      |    |
|          | the organization maintained a close and continuous working relationship with the supported organization(s).   | 2               |      |    |
| 3        | By reason of the relationship described in line 2, above, did the organization's supported organizations have a   | _               |      |    |
| -        | significant voice in the organization's investment policies and in directing the use of the organization's  |                 |      |    |
|          | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's  |                 |      |    |
|          | supported organizations played in this regard.  | 3               |      |    |
| Sec      | ction E. Type III Functionally Integrated Supporting Organizations  |                 |      |    |
| 1        | Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee instruc  | ctions).        |      |    |
| а        | The organization satisfied the Activities Test. Complete line 2 below.  |                 |      |    |
| b        | The organization is the parent of each of its supported organizations. Complete line 3 below.   |                 |      |    |
| С        | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity   | (see instructio | ns). |    |
| 2        | Activities Test. Answer lines 2a and 2b below.  |                 | Yes  | No |
| а        | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of  |                 |      |    |
|          | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify  |                 |      |    |
|          | those supported organizations and explain how these activities directly furthered their exempt purposes,  |                 |      |    |
|          | how the organization was responsive to those supported organizations, and how the organization determined   |                 |      |    |
|          | that these activities constituted substantially all of its activities.  | 2a              |      |    |
| b        | , , ,   |                 |      |    |
|          | one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in  |                 |      |    |
|          | Part VI the reasons for the organization's position that its supported organization(s) would have engaged in  |                 |      |    |
| _        | these activities but for the organization's involvement.  | 2b              |      |    |
| 3        | Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>   |                 |      |    |
| а        |   | 0-              |      |    |
| <b>L</b> | trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.   | 3a              |      |    |
| D        | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each   |                 |      |    |

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

| Pa   | rt V Type III Non-Functionally Integrated 509(a)(3) Supporting                   | Orga    | anizations                            | <u> </u>                       |
|------|--|---------|---------------------------------------|--------------------------------|
| 1    | Check here if the organization satisfied the Integral Part Test as a qualifying  | trust c | on Nov. 20, 1970 (explain in <b>F</b> | Part VI). See instructions.    |
|      | All other Type III non-functionally integrated supporting organizations must of  | omple   | ete Sections A through E.             |                                |
| Sect | ion A - Adjusted Net Income  |         | (A) Prior Year                        | (B) Current Year<br>(optional) |
| 1    | Net short-term capital gain  | 1       |                                       |                                |
| 2    | Recoveries of prior-year distributions   | 2       |                                       |                                |
| 3    | Other gross income (see instructions)  | 3       |                                       |                                |
| 4    | Add lines 1 through 3.   | 4       |                                       |                                |
| 5    | Depreciation and depletion   | 5       |                                       |                                |
| 6    | Portion of operating expenses paid or incurred for production or                 |         |                                       |                                |
|      | collection of gross income or for management, conservation, or                   |         |                                       |                                |
|      | maintenance of property held for production of income (see instructions)         | 6       |                                       |                                |
| 7    | Other expenses (see instructions)  | 7       |                                       |                                |
| 8    | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)                     | 8       |                                       |                                |
| Sect | ion B - Minimum Asset Amount   |         | (A) Prior Year                        | (B) Current Year<br>(optional) |
| 1    | Aggregate fair market value of all non-exempt-use assets (see                    |         |                                       |                                |
|      | instructions for short tax year or assets held for part of year):                |         |                                       |                                |
| а    | Average monthly value of securities  | 1a      |                                       |                                |
| b    | Average monthly cash balances  | 1b      |                                       |                                |
| С    | Fair market value of other non-exempt-use assets                                 | 1c      |                                       |                                |
| d    | Total (add lines 1a, 1b, and 1c)   | 1d      |                                       |                                |
| е    | Discount claimed for blockage or other factors                                   |         |                                       |                                |
|      | (explain in detail in Part VI):  |         |                                       |                                |
| 2    | Acquisition indebtedness applicable to non-exempt-use assets                     | 2       |                                       |                                |
| _3   | Subtract line 2 from line 1d.  | 3       |                                       |                                |
| 4    | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,      |         |                                       |                                |
|      | see instructions).   | 4       |                                       |                                |
| 5    | Net value of non-exempt-use assets (subtract line 4 from line 3)                 | 5       |                                       |                                |
| 6    | Multiply line 5 by 0.035.  | 6       |                                       |                                |
| 7    | Recoveries of prior-year distributions   | 7       |                                       |                                |
| 8    | Minimum Asset Amount (add line 7 to line 6)                                      | 8       |                                       |                                |
| Sect | ion C - Distributable Amount   |         |                                       | Current Year                   |
| 1    | Adjusted net income for prior year (from Section A, line 8, column A)            | 1       |                                       |                                |
| 2    | Enter 0.85 of line 1.  | 2       |                                       |                                |
| 3    | Minimum asset amount for prior year (from Section B, line 8, column A)           | 3       |                                       |                                |
| 4    | Enter greater of line 2 or line 3.   | 4       |                                       |                                |
| 5    | Income tax imposed in prior year   | 5       |                                       |                                |
| 6    | Distributable Amount. Subtract line 5 from line 4, unless subject to             |         |                                       |                                |
|      | emergency temporary reduction (see instructions).                                | 6       |                                       |                                |
| 7    | Check here if the current year is the organization's first as a non-functionally | integr  | ated Type III supporting orga         | anization (see                 |
|      | instructions)  |         |                                       |                                |

Schedule A (Form 990 or 990-EZ) 2020

| Par      | t V Type III Non-Functionally Integrated 509                    | (a)(3) Supporting Org         | anizations <sub>(continued</sub>       | d)  |
|----------|---|-------------------------------|--|---|
| Secti    | on D - Distributions  |                               | •                                      | Current Year                              |
| 1        | Amounts paid to supported organizations to accomplish exe       | mpt purposes                  |  | 1   |
| 2        | Amounts paid to perform activity that directly furthers exemp   |                               |  |   |
|          | organizations, in excess of income from activity                |                               | 2                                      | 2   |
| 3        | Administrative expenses paid to accomplish exempt purpose       | es of supported organizatior  | ns 3                                   | 3   |
| 4        | Amounts paid to acquire exempt-use assets                       |                               | 4                                      | 4   |
| _5       | Qualified set-aside amounts (prior IRS approval required - pro  | ovide details in Part VI)     | ţ                                      | 5   |
| _6_      | Other distributions (describe in Part VI). See instructions.    |                               |  | 6   |
| _7_      | <b>Total annual distributions.</b> Add lines 1 through 6.       |                               |  | 7   |
| 8        | Distributions to attentive supported organizations to which the | ne organization is responsive | e                                      |   |
|          | (provide details in Part VI). See instructions.                 |                               | 8                                      | 8   |
| 9        | Distributable amount for 2020 from Section C, line 6            |                               | 9                                      | 9   |
| 10       | Line 8 amount divided by line 9 amount                          |                               | 10                                     | 0   |
| Secti    | on E - Distribution Allocations (see instructions)              | (i)<br>Excess Distributions   | (ii)<br>Underdistributions<br>Pre-2020 | (iii)<br>Distributable<br>Amount for 2020 |
| 1        | Distributable amount for 2020 from Section C, line 6            |                               |  |   |
| 2        | Underdistributions, if any, for years prior to 2020 (reason-    |                               |  |   |
|          | able cause required - explain in Part VI). See instructions.    |                               |  |   |
| 3        | Excess distributions carryover, if any, to 2020                 |                               |  |   |
| a        | From 2015   |                               |  |   |
| b        | From 2016   |                               |  |   |
| c        | From 2017   |                               |  |   |
| d        | From 2018   |                               |  |   |
| e        | From 2019   |                               |  |   |
| f        | Total of lines 3a through 3e                                    |                               |  |   |
| <u>g</u> | Applied to underdistributions of prior years                    |                               |  |   |
| <u>h</u> | Applied to 2020 distributable amount                            |                               |  |   |
| i_       | Carryover from 2015 not applied (see instructions)              |                               |  |   |
| j        | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.          |                               |  |   |
| 4        | Distributions for 2020 from Section D,                          |                               |  |   |
|          | line 7: \$  |                               |  |   |
|          | Applied to underdistributions of prior years                    |                               |  |   |
|          | Applied to 2020 distributable amount                            |                               |  |   |
|          | Remainder. Subtract lines 4a and 4b from line 4.                |                               |  |   |
| 5        | Remaining underdistributions for years prior to 2020, if        |                               |  |   |
|          | any. Subtract lines 3g and 4a from line 2. For result greater   |                               |  |   |
|          | than zero, explain in Part VI. See instructions.                |                               |  |   |
| 6        | Remaining underdistributions for 2020. Subtract lines 3h        |                               |  |   |
|          | and 4b from line 1. For result greater than zero, explain in    |                               |  |   |
|          | Part VI. See instructions.                                      |                               |  |   |
| 7        | Excess distributions carryover to 2021. Add lines 3j            |                               |  |   |
|          | and 4c.   |                               |  |   |
| _8_      | Breakdown of line 7:  |                               |  |   |
|          | Excess from 2016  |                               |  |   |
|          | Excess from 2017  |                               |  |   |
|          | Excess from 2018  |                               |  |   |
| a        | Excess from 2019  |                               |  |   |

Schedule A (Form 990 or 990-EZ) 2020

e Excess from 2020

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

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

THE OWASP FOUNDATION, INC.

**Employer identification number** \*\*-\*\*\*3503

| Pa | rt I Organizations Maintaining Donor Advise                         | ed Funds or Other Similar Funds                | or Accou        | Ints.Complete if the            |
|----|---|--|-----------------|---------------------------------|
|    | organization answered "Yes" on Form 990, Part IV, li                | ne 6.  |                 |                                 |
|    |   | (a) Donor advised funds                        | (b) Fun         | ds and other accounts           |
| 1  | Total number at end of year   |  |                 |                                 |
| 2  | Aggregate value of contributions to (during year)                   |  |                 |                                 |
| 3  | Aggregate value of grants from (during year)                        |  |                 |                                 |
| 4  | Aggregate value at end of year                                      |  |                 |                                 |
| 5  | Did the organization inform all donors and donor advisors in        | writing that the assets held in donor advis    | ed funds        |                                 |
|    | are the organization's property, subject to the organization's      | s exclusive legal control?                     |                 | Yes No                          |
| 6  | Did the organization inform all grantees, donors, and donor         |  |                 |                                 |
|    | for charitable purposes and not for the benefit of the donor        |  |                 |                                 |
|    | impermissible private benefit?                                      |  |                 | Yes No                          |
| Pa | rt II Conservation Easements. Complete if the or                    |  |                 |                                 |
| 1  | Purpose(s) of conservation easements held by the organizar          | tion (check all that apply).                   |                 |                                 |
|    | Preservation of land for public use (for example, recre             | ation or education) Preservation of            | a historically  | important land area             |
|    | Protection of natural habitat                                       | Preservation of                                | a certified his | storic structure                |
|    | Preservation of open space  |  |                 |                                 |
| 2  | Complete lines 2a through 2d if the organization held a qual        | ified conservation contribution in the form    | of a conserva   | ation easement on the last      |
|    | day of the tax year.  |  |                 | Held at the End of the Tax Year |
| а  | Total number of conservation easements                              |  | 2a              |                                 |
| b  |   |  |                 |                                 |
| С  | Number of conservation easements on a certified historic st         | ructure included in (a)                        | 2c              |                                 |
| d  | Number of conservation easements included in (c) acquired           | after 7/25/06, and not on a historic structu   | ıre             |                                 |
|    | listed in the National Register                                     |  | 2d              |                                 |
| 3  | Number of conservation easements modified, transferred, re          |  |                 | n during the tax                |
|    | year▶   |  |                 |                                 |
| 4  | Number of states where property subject to conservation ea          | asement is located >                           |                 |                                 |
| 5  | Does the organization have a written policy regarding the pe        | eriodic monitoring, inspection, handling of    |                 |                                 |
|    | violations, and enforcement of the conservation easements           | it holds?                                      |                 | Yes No                          |
| 6  | Staff and volunteer hours devoted to monitoring, inspecting         | , handling of violations, and enforcing cons   | servation eas   | ements during the year          |
|    | <b>&gt;</b>   |  |                 |                                 |
| 7  | Amount of expenses incurred in monitoring, inspecting, han          | dling of violations, and enforcing conserva-   | tion easemer    | nts during the year             |
|    | <b>&gt;</b> \$  |  |                 |                                 |
| 8  | Does each conservation easement reported on line 2(d) about         | ove satisfy the requirements of section 170    | (h)(4)(B)(i)    |                                 |
|    | and section 170(h)(4)(B)(ii)?                                       |  |                 | Yes No                          |
| 9  | In Part XIII, describe how the organization reports conserva-       | tion easements in its revenue and expense      | statement a     | nd                              |
|    | balance sheet, and include, if applicable, the text of the foot     | tnote to the organization's financial stateme  | ents that des   | cribes the                      |
|    | organization's accounting for conservation easements.               |  |                 |                                 |
| Pa | rt III Organizations Maintaining Collections of                     |  | ther Simil      | ar Assets.                      |
|    | Complete if the organization answered "Yes" on Forr                 | n 990, Part IV, line 8.                        |                 |                                 |
| 1a | If the organization elected, as permitted under FASB ASC 9          | 58, not to report in its revenue statement a   | ınd balance s   | sheet works                     |
|    | of art, historical treasures, or other similar assets held for pu   | ublic exhibition, education, or research in fu | ırtherance of   | public                          |
|    | service, provide in Part XIII the text of the footnote to its final | ancial statements that describes these item    | ns.             |                                 |
| b  | If the organization elected, as permitted under FASB ASC 9          | 58, to report in its revenue statement and I   | balance shee    | t works of                      |
|    | art, historical treasures, or other similar assets held for publi   | ic exhibition, education, or research in furth | nerance of pu   | ıblic service,                  |
|    | provide the following amounts relating to these items:              |  |                 |                                 |
|    | (i) Revenue included on Form 990, Part VIII, line 1                 |  | > :             | \$                              |
|    | (ii) Assets included in Form 990, Part X                            |  | > :             | \$                              |
| 2  | If the organization received or held works of art, historical tro   | easures, or other similar assets for financia  | l gain, provid  | e                               |
|    | the following amounts required to be reported under FASB            | ASC 958 relating to these items:               |                 |                                 |
| а  | Revenue included on Form 990, Part VIII, line 1                     |  | <b>&gt;</b> :   | \$                              |
| h  | Assets included in Form 990 Part Y                                  |  | <b>_</b>        | \$                              |

| Pai      | t III Organizations Maintaining C                 | ollections of A                 | rt, Hist     | torical Tr     | easures, c          | r Other      | Similar A             | Asset     | <b>ts</b> (contin | ued)       |
|----------|---|---------------------------------|--------------|----------------|---------------------|--------------|-----------------------|-----------|-------------------|------------|
| 3        | Using the organization's acquisition, accession   | on, and other record            | ls, checl    | k any of the   | following that      | t make sig   | gnificant use         | of its    |                   |            |
|          | collection items (check all that apply):          |                                 |              |                |                     |              |                       |           |                   |            |
| а        | Public exhibition                                 | d                               |              | Loan or exc    | hange progra        | ım           |                       |           |                   |            |
| b        | Scholarly research                                | е                               |              | Other          |                     |              |                       |           |                   |            |
| С        | Preservation for future generations               |                                 |              |                |                     |              |                       |           |                   |            |
| 4        | Provide a description of the organization's co    | ollections and explain          | n how th     | ney further t  | he organization     | on's exem    | pt purpose i          | in Part   | XIII.             |            |
| 5        | During the year, did the organization solicit o   |                                 |              |                | •                   |              |                       |           | 1                 |            |
| _        | to be sold to raise funds rather than to be ma    |                                 |              |                |                     |              |                       |           | Yes               | No_        |
| Pai      | reported an amount on Form 990, Par               | -                               | ete if the   | organizatio    | n answered "        | Yes" on F    | Form 990, Pa          | art IV, I | ine 9, or         |            |
| 1a       | Is the organization an agent, trustee, custodi    |                                 | diary for    | contribution   | ns or other as      | sets not ir  | ncluded               |           |                   |            |
|          | on Form 990, Part X?                              |                                 |              |                |                     |              |                       | 🗀         | Yes               | ☐ No       |
| b        | If "Yes," explain the arrangement in Part XIII    |                                 |              |                |                     |              |                       |           |                   |            |
|          |   |                                 |              |                |                     |              |                       |           | Amount            |            |
| С        | Beginning balance                                 |                                 |              |                |                     |              | 1c                    |           |                   |            |
|          | Additions during the year                         |                                 |              |                |                     |              |                       |           |                   |            |
|          | Distributions during the year                     |                                 |              |                |                     |              |                       |           |                   |            |
| f        | Ending balance                                    |                                 |              |                |                     |              | 1f                    |           |                   |            |
| 2a       | Did the organization include an amount on Fo      |                                 |              |                |                     |              | y?                    | L         | Yes               | No         |
| <u>b</u> | If "Yes," explain the arrangement in Part XIII.   | Check here if the ex            | kplanatio    | n has been     | provided on         | Part XIII    |                       |           |                   |            |
| Pai      | rt V Endowment Funds. Complete it                 | the organization an             | swered       | "Yes" on Fo    | orm 990, Part       | IV, line 10  | ).                    |           |                   |            |
|          |   | (a) Current year                | <b>(b)</b> P | rior year      | (c) Two year        | s back (c    | <b>d)</b> Three years | back      | (e) Four          | years back |
| 1a       | Beginning of year balance                         |                                 |              |                |                     |              |                       |           |                   |            |
| b        | 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 curr      | ent year end balanc             | e (line 1    | g, column (a   | a)) held as:        |              |                       |           |                   |            |
| а        | Board designated or quasi-endowment               |                                 | _%           |                |                     |              |                       |           |                   |            |
| b        | Permanent endowment                               | %                               |              |                |                     |              |                       |           |                   |            |
| С        | Term endowment ▶                                  | <del>//</del> 6                 |              |                |                     |              |                       |           |                   |            |
|          | The percentages on lines 2a, 2b, and 2c sho       | uld equal 100%.                 |              |                |                     |              |                       |           |                   |            |
| За       | Are there endowment funds not in the posse        | ssion of the organiza           | ation tha    | at are held a  | and administe       | red for the  | e organizatio         | n         |                   |            |
|          | by:   |                                 |              |                |                     |              |                       |           |                   | Yes No     |
|          | (i) Unrelated organizations                       |                                 |              |                |                     |              |                       |           | 3a(i)             |            |
|          | (ii) Related organizations                        |                                 |              |                |                     |              |                       |           | 3a(ii)            |            |
| b        | If "Yes" on line 3a(ii), are the related organiza | tions listed as requir          | red on S     | chedule R?     |                     |              |                       |           | 3b                |            |
| 4        | Describe in Part XIII the intended uses of the    | organization's endo             | wment        | funds.         |                     |              |                       |           |                   |            |
| Pai      | t VI Land, Buildings, and Equipm                  | ent.                            |              |                |                     |              |                       |           |                   |            |
|          | Complete if the organization answered             | d "Yes" on Form 990             | ), Part I\   | /, line 11a. S | See Form 990        | , Part X, li | ne 10.                |           |                   |            |
|          | Description of property                           | (a) Cost or o<br>basis (investr |              | . ,            | or other<br>(other) |              | cumulated<br>eciation |           | (d) Book          | value      |
| 1a       | Land  |                                 |              |                |                     |              |                       |           |                   |            |
|          | Buildings   |                                 |              |                |                     |              |                       |           |                   |            |
|          | Leasehold improvements                            |                                 |              |                |                     |              |                       |           |                   |            |
| d        | Equipment   |                                 |              |                | 5,455.              |              | 40,863                |           | 4                 | 1,592.     |
|          | Other   |                                 |              | 3              | 0,000.              |              | 30,000                | •         |                   | 0.         |
| Tota     | I. Add lines 1a through 1e. (Column (d) must e    | qual Form 990, Part             | X, colun     | nn (B), line   | 10c.)               |              |                       |           | 4                 | 1,592.     |

| Part VII Investments - Other Securities.  |                            |   |           |
|---|----------------------------|---|-----------|
| Complete if the organization answered "Yes"   |                            |   |           |
| (a) Description of security or category (including name of security)                    | (b) Book value             | (c) Method of valuation: Cost or end-of-year mar        | ket value |
| (1) Financial derivatives   |                            |   |           |
| (2) Closely held equity interests   |                            |   |           |
| (3) Other   |                            |   |           |
| (A)   |                            |   |           |
| (B)   |                            |   |           |
| (C)   |                            |   |           |
| (D)   |                            |   |           |
| (E)<br>(F)  |                            |   |           |
| (G)   |                            |   |           |
| (H)   |                            |   |           |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)                        |                            |   |           |
| Part VIII Investments - Program Related.  |                            |   |           |
| Complete if the organization answered "Yes"   | on Form 990. Part 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 mar        | ket value |
| (1)   |                            |   |           |
| (2)   |                            |   |           |
| (3)   |                            |   |           |
| (4)   |                            |   |           |
| (5)   |                            |   |           |
| (6)   |                            |   |           |
| (7)   |                            |   |           |
| (8)   |                            |   |           |
| (9)   |                            |   |           |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)                        |                            |   |           |
| Part IX Other Assets.   |                            |   |           |
| Complete if the organization answered "Yes"   |                            |   |           |
| (a)   | Description                | (b) Boo   | ok value  |
| <u>(1)</u>  |                            |   |           |
| (2)   |                            |   |           |
| (3)   |                            |   |           |
| (4)   |                            |   |           |
| (5)   |                            |   |           |
| (6)   |                            |   |           |
| (7)   |                            |   |           |
| (8)   |                            |   |           |
| (9)   | - 45)                      |   |           |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. | 9 15.)                     | P   |           |
| Complete if the organization answered "Yes"   | on Form 000 Port IV line   | 110 or 11f Coo Form 000 Dort V line 25                  |           |
| (a) Describeding of Balantin.   | on Form 990, Part IV, line |   | ok value  |
| · · · · · · · · · · · · · · · · · · ·   |                            | (5) 200   | - Value   |
| (1) Federal income taxes  |                            |   |           |
| (2)   |                            |   |           |
| (3)   |                            |   |           |
| (4)   |                            |   |           |
| (5)<br>(6)  |                            |   |           |
| (7)   |                            |   |           |
| (8)   |                            |   |           |
| (9)   |                            |   |           |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line                           | 25 )                       |   |           |
| 2. Liability for uncertain tax positions. In Part XIII, provide                         |                            | ·   | the       |
| •   |                            | ere if the text of the footnote has been provided in Pa |           |

| Pai | t XI    | Reconciliation of Revenue per Audited Financial State  | ments With Reve | enue per Return.  |   |
|-----|---------|--|-----------------|-------------------|---|
|     |         | Complete if the organization answered "Yes" on Form 990, Part IV, line 1   | 2a.             |                   |   |
| 1   | Total   | revenue, gains, and other support per audited financial statements   |                 | 1                 |   |
| 2   | Amou    | nts included on line 1 but not on Form 990, Part VIII, line 12:  |                 |                   |   |
| а   | Net u   | nrealized gains (losses) on investments  | 2a              |                   |   |
| b   |         | red services and use of facilities   |                 |                   |   |
| С   |         | veries of prior year grants  |                 |                   |   |
| d   |         | (Describe in Part XIII.)   |                 |                   |   |
| е   |         | nes <b>2a</b> through <b>2d</b>  |                 | 2e                |   |
| 3   | Subtra  | act line 2e from line 1  |                 | 3                 |   |
| 4   |         | nts included on Form 990, Part VIII, line 12, but not on line 1:   |                 |                   |   |
| а   | Invest  | ment expenses not included on Form 990, Part VIII, line 7b   | 4a              |                   |   |
| b   | Other   | (Describe in Part XIII.)   | 4b              |                   |   |
| С   | Add li  | nes <b>4a</b> and <b>4b</b>  |                 | 4c                |   |
| 5   |         | revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  |                 | 5                 |   |
| Pa  | rt XII  | Reconciliation of Expenses per Audited Financial State   | -               | enses per Return. |   |
|     |         | Complete if the organization answered "Yes" on Form 990, Part IV, line 1   | 2a.             |                   |   |
| 1   | Total   | expenses and losses per audited financial statements   |                 | 1                 |   |
| 2   | Amou    | nts included on line 1 but not on Form 990, Part IX, line 25:  |                 |                   |   |
| а   | Donat   | ed services and use of facilities  | 2a              |                   |   |
| b   | Prior y | /ear adjustments   | 2b              |                   |   |
| С   | Other   | losses   | 2c              |                   |   |
| d   | Other   | (Describe in Part XIII.)   | 2d              |                   |   |
| е   | Add li  | nes <b>2a</b> through <b>2d</b>  |                 | 2e                |   |
| 3   | Subtra  | act line <b>2e</b> from line <b>1</b>  |                 | 3                 |   |
| 4   |         | nts included on Form 990, Part IX, line 25, but not on line 1:   |                 |                   |   |
| а   | Invest  | ment expenses not included on Form 990, Part VIII, line 7b   | 4a              |                   |   |
| b   | Other   | (Describe in Part XIII.)   | 4b              |                   |   |
|     |         | nes <b>4a</b> and <b>4b</b>  |                 |                   |   |
|     |         | expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)   |                 | 5                 |   |
|     |         | Supplemental Information.  |                 |                   |   |
|     |         | descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; FI 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a |                 |                   | , |
|     |         |  |                 |                   |   |
|     |         |  |                 |                   |   |
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|     |         |  |                 |                   |   |
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|     |         |  |                 |                   |   |
|     |         |  |                 |                   |   |

#### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. 2020 Open to Public

OMB No. 1545-0047

Inspection
Employer identification number

\*\*-\*\*\*3503

Name of the organization

THE OWASP FOUNDATION, INC.

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

WORLDWIDE CAN MAKE INFORMED DECISIONS ABOUT TRUE SECURITY RISKS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

VIRTUAL ATTENDEES FROM ALL OVER THE WORLD AT VIRTUAL SUMMER OF

SECURITY TRAINING, AND MORE THAN 5000 REGISTERED ATTENDEES OF

VIRTUAL GLOBAL APPSEC 2020.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

GOOGLE SUMMER OF CODE

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

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

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

THE EXECUTIVE DIRECTOR AND TREASURER RECEIVED A COPY OF THE 990 TO APPROVE

BEFORE IT WAS FILED.

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

THE OWASP BOARD OF DIRECTORS IS CHARGED WITH MONITORING PROPOSED OR ONGOING

TRANSACTIONS FOR CONFLICTS OF INTEREST AND ADDRESSING ANY POTENTIAL OR

ACTUAL CONFLICTS. PURSUANT TO OWASP'S CONFLICT OF INTEREST POLICY, EACH

DIRECTOR, PRINCIPAL OFFICER, MEMBER OF A COMMITTEE WITH GOVERNING BOARD

DELEGATED POWERS, AND EMPLOYEE, SHALL ANNUALLY SIGN A STATEMENT WHICH

AFFIRMS SUCH PERSON: 1) HAS RECEIVED A COPY OF THE CONFLICTS OF INTEREST

POLICY; 2) HAS READ AND UNDERSTANDS THE POLICY; AND 3) HAS AGREED TO COMPLY

Name of the organization THE OWASP FOUNDATION, INC.

Employer identification number \*\*-\*\*3503

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.

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

THE BOARD OF DIRECTORS OF THE ORGANIZATION OR AN AUTHORIZED COMMITTEE

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

MANAGEMENT OFFICIALS, AND KEY EMPLOYEES IN ADVANCE.

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

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

DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS BE MADE

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

WEBSITE AND THEY ARE AVAILABLE FOR PUBLIC ACCESS.

#### **SCHEDULE R** (Form 990)

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.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

THE OWASP FOUNDATION, INC.

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

**Employer identification number** \*\*-\*\*\*3503

| (a)  | (b)  | (c)                       | (d)                 | (e)                 |              | (                  | (f)       |                      |
|--|--|---------------------------|---------------------|---------------------|--------------|--------------------|-----------|----------------------|
| Name, address, and EIN (if applicable)               | Primary activity Legal domicile (state or To |                           | or Total inco       | me End-of-year      | r assets     | Direct controlling |           |                      |
| of disregarded entity                                |  | foreign country)          |                     |                     |              | en                 | ntity     |                      |
|  |  |                           |                     |                     |              |                    |           |                      |
|  |  |                           | 1                   |                     |              |                    |           |                      |
|  | 7  |                           |                     |                     |              |                    |           |                      |
|  |  |                           |                     |                     |              |                    |           |                      |
|  |  |                           |                     |                     |              |                    |           |                      |
|  |  |                           |                     |                     |              |                    |           |                      |
|  |  |                           |                     |                     |              |                    |           |                      |
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|  |  |                           |                     |                     |              |                    |           |                      |
|  |  |                           |                     |                     |              |                    |           |                      |
|  |  |                           |                     |                     |              |                    |           |                      |
|  |  |                           |                     |                     |              |                    |           |                      |
|  |  |                           |                     |                     |              |                    |           |                      |
| Dort II Identification of Related Tax-Exempt Organiz | rations. Complete if the organization a      | nswered "Yes" on Form 990 | 0 Part IV line 34 I | pecause it had one  | e or more re | elated tax-exe     | empt      |                      |
| Part II organizations during the tax year.           | and the complete in the organization a       |                           | o, r a.c.r,o o i, i | oodado it riad orre | 01 11101010  | siatod tax oxe     | ····p·    |                      |
| (a)  | (b)  | (c)                       | (d)                 | (e)                 |              | (f)                | 1 (       | a)                   |
| Name, address, and EIN                               | Primary activity                             | Legal domicile (state or  | Exempt Code         | Public charity      | 1            | controlling        | Section 5 | 512(b)(13)<br>rolled |
| of related organization                              |  | foreign country)          | section             | status (if section  |              | entity             |           | tity?                |
| J  |  | Toroigir oburitry)        |                     | 501(c)(3))          |              | ,                  | Yes       | No                   |
| OWASP EUROPE VZW                                     |  |                           |                     |                     |              |                    |           |                      |
| LEINSTRAAT 104A B-9660                               | 7  |                           |                     |                     |              |                    | '         |                      |
| , OPBRAKEL, BELGIUM                                  | SUPPORT OWASP                                | BELGIUM                   | 501(C)(3)           | LINE 11             | OWASP FD     | ON.                | X         |                      |
| · · · · · · · · · · · · · · · · · · ·                |  |                           |                     |                     |              |                    |           |                      |
|  | 7  |                           |                     |                     |              |                    |           |                      |
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|  |  |                           |                     |                     |              |                    | +         |                      |
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|  | ┨  |                           |                     |                     |              |                    |           |                      |
|  |  |                           |                     |                     |              |                    |           |                      |

Page 2

|  | dentification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more rel | ated |
|--|--|------|
|  | rganizations treated as a partnership during the tax year.   |      |

| (a)  | (b)              | (c)                                       | (d)   | (e)               | (f)                           | (g) | (I   | h)                        | (i)                  | (j)   | (k) |
|--|------------------|---|---|-------------------|-------------------------------|-----|--|---------------------------|----------------------|-------|-----|
| Name, address, and EIN of related organization | Primary activity | Legal<br>domicile<br>(state or<br>foreign | Direct controlling entity  Direct controlling entity  Predominant income (related, unrelated, excluded from tax under sections 512-514)  Share of total end-of-year assets  Share of end-of-year assets  Ves No K-1 (Fo |                   | Disproportionate allocations? |     | Code V-UBI<br>amount in box<br>20 of Schedule<br>K-1 (Form 1065) | Genera<br>manag<br>partne | Percentage ownership |       |     |
|  |                  | country)                                  |   | sections 512-514) |                               |     | Yes  | No                        | K-1 (Form 1065)      | Yes I | lo  |
|  |                  |   |   |                   |                               |     |  |                           |                      |       |     |
|  |                  |   |   |                   |                               |     |  |                           |                      |       |     |
|  |                  |   |   |                   |                               |     |  |                           |                      |       |     |
|  |                  |   |   |                   |                               |     |  |                           |                      | Ш     |     |
|  |                  |   |   |                   |                               |     |  |                           |                      |       |     |
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|  |                  |   |   | 4                 |                               |     |  |                           |                      | Ш     |     |
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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>(b)</b><br>Primary activity | (c) Legal domicile (state or foreign | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | <b>(f)</b><br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Percentage<br>ownership | Sec<br>512(l<br>contr<br>ent | tion<br>b)(13)<br>rolled<br>tity?                |
|--|--------------------------------|--------------------------------------|-------------------------------|---|--|--|--------------------------------|------------------------------|--|
|  |                                | country)                             |                               | or trust)                                     |  | assets                                   |                                |                              | No   |
|  |                                |                                      |                               |   |  |  |                                |                              |  |
|  |                                |                                      |                               |   |  |  |                                |                              |  |
|  |                                |                                      |                               |   |  |  |                                |                              |  |
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|  |                                |                                      |                               |   |  |  |                                |                              |  |
|  |                                |                                      |                               |   |  |  |                                |                              |  |

Page 3

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

| Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.   |                                  |                              |                                       |       | Yes | No |  |  |
|---|----------------------------------|------------------------------|---------------------------------------|-------|-----|----|--|--|
| 1 During the tax year, did the organization engage in any of the following transaction  | ns with one or more r            | related organizations listed | in Parts II-IV?                       |       |     |    |  |  |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity   | y                                |                              |                                       | 1a    |     | X  |  |  |
| <b>b</b> Gift, grant, or capital contribution to related organization(s)  |                                  |                              |                                       | 1b    |     | X  |  |  |
| c Gift, grant, or capital contribution from related organization(s)   |                                  |                              |                                       | 1c    |     | X  |  |  |
| d Loans or loan guarantees to or for related organization(s)  |                                  |                              |                                       | 1d    | X   |    |  |  |
| e Loans or loan guarantees by related organization(s)   |                                  |                              |                                       | 1e    | Х   |    |  |  |
| f Dividends from related organization(s)  |                                  |                              |                                       | 1f    |     | Х  |  |  |
| g Sale of assets to related organization(s)   |                                  |                              |                                       | 1g    |     | Х  |  |  |
| h Purchase of assets from related organization(s)   |                                  |                              |                                       | 1h    |     | Х  |  |  |
| i Exchange of assets with related organization(s)   |                                  |                              |                                       | 1i    |     | Х  |  |  |
| j Lease of facilities, equipment, or other assets to related organization(s)  |                                  |                              |                                       | 1j    |     | Х  |  |  |
| •   |                                  |                              |                                       | ,     |     |    |  |  |
| k Lease of facilities, equipment, or other assets from related organization(s)  |                                  |                              |                                       | 1k    |     | Х  |  |  |
| I Performance of services or membership or fundraising solicitations for related organization(s)  |                                  |                              |                                       |       |     |    |  |  |
| m Performance of services or membership or fundraising solicitations by related organic   |                                  |                              |                                       | 1m    |     | Х  |  |  |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organizate  | tion(s)                          |                              |                                       | 1n    |     | Х  |  |  |
| <ul> <li>n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)</li> <li>o Sharing of paid employees with related organization(s)</li> </ul> |                                  |                              |                                       |       |     |    |  |  |
|   |                                  |                              |                                       | 10    |     |    |  |  |
| p Reimbursement paid to related organization(s) for expenses  |                                  |                              |                                       | 1p    | Х   |    |  |  |
| q Reimbursement paid by related organization(s) for expenses  |                                  |                              |                                       | 1q    | Х   |    |  |  |
| ,   |                                  |                              |                                       | ·     |     |    |  |  |
| r Other transfer of cash or property to related organization(s)   |                                  |                              |                                       | 1r    |     | Х  |  |  |
| s Other transfer of cash or property from related organization(s)   |                                  |                              |                                       | 1s    |     | Х  |  |  |
| 2 If the answer to any of the above is "Yes," see the instructions for information on v   |                                  |                              |                                       |       |     |    |  |  |
| (a) Name of related organization  | (b)<br>Transaction<br>type (a-s) | (c)<br>Amount involved       | (d)  Method of determining amount inv | olved |     |    |  |  |
| (1) OWASP EUROPE VZW  | P                                | 57,157.                      | FMV                                   |       |     |    |  |  |
|   |                                  |                              |                                       |       |     |    |  |  |
| (2)   |                                  |                              |                                       |       |     |    |  |  |
|   |                                  |                              |                                       |       |     |    |  |  |
| (3)   |                                  |                              |                                       |       |     |    |  |  |
| (4)   |                                  |                              |                                       |       |     |    |  |  |
| \ 'J  |                                  |                              |                                       |       |     |    |  |  |
| (5)   |                                  |                              |                                       |       |     |    |  |  |
| (6)   |                                  |                              |                                       |       |     |    |  |  |
| <u>Uj</u>   |                                  | ı                            |                                       |       |     |    |  |  |

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

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

| (a)                    | (b)              | (c)               | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e)          | (f)      | (g)         | (h)                 | (i)  | (j)           | (k)        |
|------------------------|------------------|-------------------|---|--------------|----------|-------------|---------------------|--|---------------|------------|
| Name, address, and EIN | Primary activity | Legal domicile    | Predominant income  | partners sec | Share of | Share of    | Dispropo<br>tionate | r-<br>amount in box 20<br>of Schedule K-1<br>(Form 1065) | General o     | Percentage |
| of entity              |                  | (state or foreign | excluded from tax under   | orgs.?       | total    | end-of-year | allocation          | of Schedule K-1  | partner?      | ownership  |
|                        |                  | country)          | sections 512-514)   | Yes No       | income   | assets      | Yes N               | (Form 1065)  | Yes No        | ,          |
|                        |                  |                   |   |              |          |             |                     |  |               |            |
|                        |                  |                   |   |              |          |             |                     |  |               |            |
|                        |                  |                   |   |              |          |             |                     |  |               |            |
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|                        | 7                |                   |   |              |          |             |                     |  |               |            |
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|                        |                  |                   | l   | -            | <u> </u> | 1           |                     | Cabadul  |               |            |

#### UNRELATED BUSINESS INCOME

## **CARRYOVER DATA TO 2021**

| Name THE OWASP FOUNDATION, INC.  | Employer Identification Number  **-**3503 |
|--|---|
| Based on the information provided with this return, the following are possible carryover amounts to next year. |   |
| FEDERAL POST-2017 NET OPERATING LOSS - MERCHANDISE S   | ALES 10,403.                              |
| FEDERAL FOST-2017 NET OFERATING LOSS - MERCHANDISE S   | 10,403.                                   |
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#### Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit <a href="https://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits">www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits</a>.

| 3  | , ,   |                          | ,                                      |               |                     |              |  |  |  |
|--|---|--------------------------|--|---------------|---------------------|--------------|--|--|--|
| Autom                                    | atic 6-Month Extension of Time. Only subm   | nit origin               | al (no copies needed).                 |               |                     |              |  |  |  |
| All corpo                                | rations required to file an income tax return other than Fo   | orm 990-T                | (including 1120-C filers), partnership | ps, REMIC     | s, and trusts       |              |  |  |  |
| nust use                                 | Form 7004 to request an extension of time to file incom   | e tax retu               | rns.                                   |               |                     |              |  |  |  |
| Type or                                  | e or Name of exempt organization or other filer, see instructions.  Taxpayer identification number (TI  |                          |  |               |                     |              |  |  |  |
| orint                                    | THE OWASP FOUNDATION, INC.  | 20-0963503               |  |               |                     |              |  |  |  |
| ile by the                               | Number, street, and room or suite no. If a P.O. box, s  |                          | 20 07033                               |               |                     |              |  |  |  |
| lue date for<br>lling your<br>eturn. See | 1200-C AGORA DRIVE, NO. 232   |                          |  |               |                     |              |  |  |  |
| nstructions.                             | n. See  |                          |  |               |                     |              |  |  |  |
| Enter the                                | Return Code for the return that this application is for (file   | e a separa               | ate application for each return)       |               |                     | 0 1          |  |  |  |
| Applicati                                | ion   | Return                   | Application                            |               |                     | Return       |  |  |  |
| s For                                    |   | Code                     | Is For                                 |               |                     | Code         |  |  |  |
| orm 990                                  | or Form 990-EZ  | 01                       | Form 990-T (corporation)               |               |                     | 07           |  |  |  |
| orm 990                                  |   | 02                       | Form 1041-A                            |               |                     | 08           |  |  |  |
| orm 472                                  | 20 (individual)   | 03                       | Form 4720 (other than individual)      |               |                     | 09           |  |  |  |
| orm 990                                  |   | 04                       | Form 5227                              |               |                     |              |  |  |  |
|  | 0-T (sec. 401(a) or 408(a) trust)   | 05                       | Form 6069 11                           |               |                     |              |  |  |  |
| orm 990                                  | O-T (trust other than above)  VIRTUAL, INC.   | 06                       | Form 8870                              |               |                     | 12           |  |  |  |
| Teleph                                   | books are in the care of $\blacktriangleright$ $401$ EDGEWATER In the case of $500$ and $500$ are in the case of $500$ and $500$ are in the case of $500$ and $500$ are in the case of business is for a Group Return, enter the organization's four digit $1000$ . If it is for part of the group, check this box $1000$ | s in the Ur<br>Group Exe | Fax No. ▶                              | If this is fo | r the whole group   | , check this |  |  |  |
|  | quest an automatic 6-month extension of time until  |                          | 15 0001                                |               | npt organization re |              |  |  |  |
| the                                      | organization named above. The extension is for the org. $\boxed{X}$ calendar year $2020$ or   |                          |  | o ano oxon    | ,pr organization re | AGIII IO     |  |  |  |
|  | tax year beginning  | , an                     | d ending                               |               | •                   |              |  |  |  |
| 2 If th                                  | ne tax year entered in line 1 is for less than 12 months, c   | heck reas                | on: Initial return                     | Final retur   | n                   |              |  |  |  |
| 3a If th                                 | nis application is for Forms 990-BL, 990-PF, 990-T, 4720.   | . or 6069.               | enter the tentative tax, less          |               |                     |              |  |  |  |
|  | nonrefundable credits. See instructions.  | \$                       | 0.                                     |               |                     |              |  |  |  |
|  | nis application is for Forms 990-PF, 990-T, 4720, or 6069   | , enter an               | y refundable credits and               |               |                     |              |  |  |  |
|  | imated tax payments made. Include any prior year overp  |                          |  | 3b            | \$                  | 0.           |  |  |  |
| c Bal                                    | lance due. Subtract line 3b from line 3a. Include your pa   | yment wit                | th this form, if required, by          |               |                     |              |  |  |  |
|  | ng EFTPS (Electronic Federal Tax Payment System). See   |                          |  | 3с            | \$                  | 0.           |  |  |  |
|  | If you are going to make an electronic funds withdrawal   |                          |  | 3453-EO ar    | nd Form 8879-EO     | for payment  |  |  |  |
| nstructio                                | ns.   |                          |  |               |                     |              |  |  |  |

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

Form 8868 (Rev. 1-2020)