Form **990**

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. Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection A For the 2021 calendar year, or tax year beginning and ending C Name of organization D Employer identification number

a	pplicabl	e:		1		
X	Addre:	THE OWASP FOUNDATION, INC.				
	Name chang			20-09635	03	
	Initial return	9	Room/suite	E Telephone numbe		
	Final	401 FDCFWATER DIACE	600	781-876-		
	⊣return/ termin ated			G Gross receipts \$	1,628,796.	
	Amend			H(a) Is this a group re		
	⊒return ∏Applic	·	CK	for subordinates		
	⊥tion pendir	SAME AS C ABOVE		H(b) Are all subordinates in	·····- —	
I T	-0.V. 0.V.	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) d	or 527	1	list. See instructions	
		te: NWW.OWASP.ORG	01 321	H(c) Group exemptio		
		organization: X Corporation Trust Association Other ►	I Vaar		1 State of legal domicile: MD	
	rt I	Summary	L I Gai	or formation. 2004 N	1 State of legal dofficile, 11D	
		Briefly describe the organization's mission or most significant activities: OWAS	P'S MT	SSTON IS TO	MAKE	
ce	l '	SOFTWARE SECURITY VISIBLE, SO THAT INDIV.	TDIIALS	S AND ORGANT	ZATIONS	
Governance	2	Check this box if the organization discontinued its operations or dispose				
ver	l				7	
ဗ	l .	Number of independent voting members of the governing body (Part VI, line 1a)		4	7	
S		Total number of individuals employed in calendar year 2021 (Part V, line 2a)			0	
iţie		Total number of volunteers (estimate if necessary)			13000	
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.	
Ā		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.	
		Net unrelated business taxable income norm of one 990-1, Parti, line 11	·····	Prior Year	Current Year	
_	8	Contributions and grants (Part VIII, line 1h)		524,016.	698,577.	
Revenue	l			1,623,991.	923,128.	
ve	l	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	2.	
Re		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		10,500.	6,000.	
	l .			2,158,507.	1,627,707.	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	0.	
	l .	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.	
	l	Salaries, other compensation, employee benefits (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		915,200.	1	
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.	
oeu	l loa	Total fundraising expanses (Part IX, column (A), line 11e)	13.	<u> </u>	0.	
EX	17	Total fundraising expenses (Part IX, column (D), line 25) 96,12 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,338,728.	675,668.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,253,928.	1,430,495.	
	l	Revenue less expenses. Subtract line 18 from line 12		-95,421.	197,212.	
es	19	nevertue less expenses. Subtract line 10 from line 12		ginning of Current Year	End of Year	
ets or ances	20	Total assets (Part X, line 16)		1,369,843.	1,669,244.	
Ass Ba		Total lassets (Part X, line 16) Total liabilities (Part X, line 26)		340,782.	485,739.	
Net Fund	22	Net assets or fund balances. Subtract line 21 from line 20		1,029,061.	1,183,505.	
	rt II	Signature Block				
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	ents, and to the best of m	v knowledge and belief, it is	
	-	t, and complete. Declaration of preparer (other than officer) is based on all information of wh			,	
Sigr	1	Signature of officer		Date		
Her		ANDREW VAN DER STOCK, EXECUTIVE DIRECT	TOR			
	•	Type or print name and title				
		Print/Type preparer's name Preparer's signature	П	Date Check	PTIN	
Paid	l	THOMAS F. MULDOON, CPA THOMAS F. MULDOO	on c 1	.1/14/22 if self-employ	P01561688	
	arer	Firm's name AAFCPAS, INC.	., - -	Firm's FIN	04-2571780	
	Only	Firm's address 50 WASHINGTON STREET		THIII O LIN		
	,	WESTBOROUGH, MA 01581		Phone no 50	8-366-9100	
May	the II	RS discuss this return with the preparer shown above? See instructions		11 110110 110.50	X Ves No	

Pa	rt 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 \$ 173,417. including grants of \$) (Revenue \$ 923,128.)
	THE OWASP FOUNDATION IS A NONPROFIT ORGANIZATION THAT SPANS OVER
	130 COUNTRIES GLOBALLY. WITH A COMMUNITY OF 90,000+ PARTICIPANTS
	AND 6100 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 \$ 244,830 • including grants of \$) (Revenue \$
	COMMUNITY OUTREACH AND INTERNATIONAL EDUCATION - OVER THE PAST
	YEAR OWASP HAS GROWN TO OVER 6100 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.
4c	(Code:) (Expenses \$ 547 , 843 • including grants of \$) (Revenue \$ 6 , 000 •)
	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.
	APPSEC CALI - OVER 500 IN PERSON ATTENDEES, AND MORE THAN 250
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 966,090.
	Total program service expenses

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			,
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			Х
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			Х
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	8		
9	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	Ť		
	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 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	11c		X
a	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
e	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			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			_V
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	10		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			,.
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	04		X
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Γ

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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			-110
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
04-	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			177
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	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		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
•	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f			
	"Yes," complete Schedule L, Part IV	28c		X
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			177
0.4	contributions? If "Yes," complete Schedule M	30		X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	051-		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
30	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Da	Note: All Form 990 filers are required to complete Schedule 0 rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			No
12	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	INO
b		_		
	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.			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
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).			37
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
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	_		l 🕶
	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	01		
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			Х
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Λ
b	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	7-		X
	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e		Х
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 6 7 f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
9 h	If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?	7 <u>9</u> 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
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 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
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			
	Enter the amount of reserves on hand	44-		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		 ^
	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	15		Х
	excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	ı		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
10	If "Yes," complete Form 4720, Schedule O.	10		<u> </u>
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
••	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes." complete Form 6069.			

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

	Check if Schedule O contains a response or note to any line in this Part VI			
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3	Х	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b				
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	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 reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Х	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			77
а	The organization's CEO, Executive Director, or top management official	15a	37	X
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			37
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
<u> </u>	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed MD		\ ··	- 1- 1
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only) avaıla	able
	for public inspection. Indicate how you made these available. Check all that apply.			
40	X Own website Another's website X Upon request Other (explain on Schedule O)	: ۵	!-!	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	u iinai	icial	
20	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records			
20	VIRTUAL, INC 781-876-8914			
	401 EDGEWATER PLACE, SUITE 600, WAKEFIELD, MA 01880			

Form **990** (2021)

64008___1

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 the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than one box, unless person is both an officer and a director/trustee)		Reportable	Reportable	Estimated			
	hours per	box			h an	compensation	compensation	amount of		
	week				100)	from	from related	other		
	(list any hours for	Individual trustee or director				_		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	9e or (stee			nsateo		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	ıal tru		oyee	ompe		1099-NEC)	,	and related
	below	vidual	Institutional trustee	Je.	Key employee	Highest compensated employee	ner			organizations
	line)	ib	Insti	Officer	Key	High	Former			
(1) ANDREW VAN DER STOCK	40.00			l ,				450 006		40.000
EXECUTIVE DIRECTOR	1000			X				159,996.	0.	42,828.
(2) HAROLD BLANKENSHIP	40.00							107.006		
DIRECTOR OF PROJECTS AND TECHNOLOGY	4 05					Х		127,296.	0.	37,993.
(3) SHERIF MANSOUR	1.25									
CHAIRPERSON	4 05	Х		X				0.	0.	0.
(4) VANDANA VERMA	1.25								•	
VICE CHAIRPERSON	4 05	Х		Х				0.	0.	0.
(5) GRANT ONGERS	1.25								•	•
TREASURER	1 05	Х		Х				0.	0.	0.
(6) BIL CORRY	1.25			l					•	•
SECRETARY	1 05	Х		X				0.	0.	0.
(7) OWEN PENDLEBURY	1.25								•	•
DIRECTOR	1 25	Х						0.	0.	0.
(8) MARTIN KNOBLOCH	1.25	٠,,							0	0
DIRECTOR	1 25	Х						0.	0.	0.
(9) JOUBIN JABBARI	1.25	Ι.,							0	0
DIRECTOR	ļ	Х						0.	0.	0.
										_
							\vdash			
				\vdash			\vdash			
		ł								
							\vdash			
		1								
	i							<u> </u>		- 000

	4 1/11													_
Pai	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A)	(B)		(C)					(D) (E)				(F)	
	Name and title	Average	(do	Position (do not check more than one				one	Reportable Reportable			Estimated		ed
		hours per	box	box, unless person is both an officer and a director/trustee)			is bot	h an	1			ar	nount	of
		week	\vdash	cer an	u a u	recio	or/trus	iee)	from from related				other	
		(list any hours for	recto						the	organization			pensa	
		related	or di	ee			sated		organization	(W-2/1099-MIS 1099-NEC)			rom th	-
		organizations	ustee	trust		9 0	nben		(W-2/1099-MISC/ 1099-NEC)	1099-NEC))	_	janizat d relat	
		below	dual tr	tional	١. ا	yoldr	st cor	_	1033-1120)				anizati	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				l o.a.	arnzari	.0110
			Ι-	_		×	1	_						
			1											
			1											
			1											
			1											
			1				\mathbf{M}							
1b	Subtotal							▶	287,292.		0.	8	0,8	21.
	Total from continuation sheets to Part V								0.		0.			0.
d	Total (add lines 1b and 1c)								287,292.		0.	8	0,8	21.
2	Total number of individuals (including but r	not limited to th	ose	liste	ed al	bove	e) wł	no re	eceived more than \$100	,000 of reportab	le			
	compensation from the organization													2
													Yes	No
3	Did the organization list any former officer,	director, trust	ee, k	кеу е	emp	loye	e, o	hig	hest compensated emp	oloyee on				
	line 1a? If "Yes," complete Schedule J for s	such individual										3		X
4	For any individual listed on line 1a, is the su	um of reportab	le co	omp	ensa	atior	n and	d otl	her compensation from	the organization				
	and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	for such individual			4	Х	
5	Did any person listed on line 1a receive or	accrue compei	nsat	ion f	rom	any	/ unr	elat	ed organization or indiv	idual for services	3			
	rendered to the organization? If "Yes," con	nplete Schedul	e J f	or su	ıch ,	pers	son .					5		Х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	mpensated in	depe	ende	nt c	onti	racto	ors t	that received more than	\$100,000 of con	npens	ation	from	
	the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithir	n the organization's tax	year.				
	(A)								(B)				C)	
						ompe	nsatio	n						
	RTUAL, INC.							T						
40	L EDGEWATER PLACE, WAK	EFIELD,	MZ	<u>A</u> (12	<u>38</u> (0		MANAGEMENT		_	11	7,4	25.

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

Pa	rt V	Ш			as in this Dark VIII			
			Check if Schedule O contains a respor	ise or note to any iii	ne in this Part VIII	(B)	(C)	
					Total revenue	Related or exempt		Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
SS	4	_	Federated campaigns 1a					000110110 012 011
ant	'		Membership dues 1b	499,692.				
m. G			Fundraising events 1c	133,032.				
ifts Ir A			Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts			Government grants (contributions) 1e	112,700.				
Sir			All other contributions, gifts, grants, and					
ber		•	similar amounts not included above	86,185.				
ort		a	Noncash contributions included in lines 1a-1f					
Cor		_	Total. Add lines 1a-1f	•	698,577.			
_			Totali Add iii loo Ta Ti	Business Code	, .			
ø	2	а	CONFERENCE INCOME	900099	923,128.	923,128.		
Program Service Revenue	_	b			,	,		
Ser		c		_				
am eve		d		_				
ogr		e		_				
Pro			All other program service revenue	_				
			Total. Add lines 2a-2f		923,128.			
	3		Investment income (including dividends, in					
			other similar amounts)	>	2.			2.
	4		Income from investment of tax-exempt bor					
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
		С	Rental income or (loss) 6c					
		d	Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	es (ii) Other				
			assets other than inventory 7a					
•		b	Less: cost or other basis					
Revenue			and sales expenses					
eve			Gain or (loss) 7c					
er R			Net gain or (loss)					
Othe	8	а	Gross income from fundraising events (not					
0			including \$ of					
			contributions reported on line 1c). See					
			,	8a 8b				
			Less: direct expenses					
	0		` '	is				
	9	a	Gross income from gaming activities. See Part IV, line 19	9a				
		h		9b				
			Net income or (loss) from gaming activities					
	10		Gross sales of inventory, less returns					
		_	• • • • • • • • • • • • • • • • • • • •	10a 1,089.				
		b		10b 1,089.				
			Net income or (loss) from sales of inventor		0.			
<u>"</u>			,	Business Code				
e gori	11	а	OTHER REVENUE	900099	6,000.	6,000.		
ane		b						
Miscellaneous Revenue		С						
Mis		d	All other revenue					
		е	Total. Add lines 11a-11d		6,000.			
	12		Total revenue. See instructions	>	1,627,707.	929,128.	0.	2.

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	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		скропосо	general expenses	охроносо
2	Grants and other assistance to domestic				
2	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	202,824.	131,835.	60,848.	10,141.
6	Compensation not included above to disqualified		•		·
-	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	409,272.	258,704.	96,350.	54,218.
8	Pension plan accruals and contributions (include	,		·	, -
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	131,159.	83,015.	31,268.	16,876.
10	Payroll taxes	11,572.	7,373.	2,934.	1,265.
11	Fees for services (nonemployees):				·
а					
b		28,129.	19,690.	5,626.	2,813.
	Accounting	3,412.		3,412.	·
	Lobbying				
е	D (' 1(1 ' ' ' ' O D ' N' I' 47				
f	Investment management fees				
g					
Ū	column (A), amount, list line 11g expenses on Sch O.)	109,920.	65,375.	33,745.	10,800.
12	Advertising and promotion	7,377.	7,377.		
13	Office expenses	150,810.	125,238.	25,572.	
14	Information technology	32,213.		32,213.	
15	Royalties				
16	Occupancy				
17	Travel	3,061.		3,061.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	183,648.	183,648.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,592.		4,592.	
23	Insurance	8,949.		8,949.	
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	COMMUNITY CHAPTER OUTRE	50,672.	45,605.	5,067.	
b	BAD DEBT EXPENSE	45,000.		45,000.	
С	PROJECT EXPENSE	31,066.	31,066.		
d	MISCELLANEOUS EXPENSE	9,655.		9,655.	
е	All other expenses	7,164.	7,164.		
25	Total functional expenses. Add lines 1 through 24e	1,430,495.	966,090.	368,292.	96,113.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Га	ιλ	Dalance Sneet					
		Check if Schedule O contains a response or	note to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,200,280.	1	1,445,695.
	2	Savings and temporary cash investments				2	10,907.
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net		90,200.	4	162,809.	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t		5			
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons descri	bed in se	ction 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			39,231.	8	
Ä	9	Prepaid expenses and deferred charges			35,540.	9	49,833.
	10a	Land, buildings, and equipment: cost or othe					
		basis. Complete Part VI of Schedule D	10a	75,455.			
	b	Less: accumulated depreciation		75,455.	4,592.	10c	0.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, lir	e 11			12	
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must e	qual line :	33)	1,369,843.	16	1,669,244.
	17	Accounts payable and accrued expenses			115,869.	17	54,675.
	18	Grants payable			18		
	19	Deferred revenue			112,213.	19	431,064.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	te Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or for					
≣		trustee, key employee, creator or founder, su	bstantial	contributor, or 35%			
Liabilities		controlled entity or family member of any of t	nese pers	ons		22	
_	23	Secured mortgages and notes payable to un	related th	ird parties	110 500	23	
	24	Unsecured notes and loans payable to unrela			112,700.	24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	nes 17-24). Complete Part X			
		of Schedule D			240 702	25	105 720
	26	Total liabilities. Add lines 17 through 25			340,782.	26	485,739.
S		Organizations that follow FASB ASC 958, o	heck he	e 🕨 🔼			
Š		and complete lines 27, 28, 32, and 33.			860,464.	0=	1,125,192.
Sala	27				168,597.	27	58,313.
ğ	28	Net assets with donor restrictions			100,397.	28	30,313.
Ξ		Organizations that do not follow FASB ASC	958, cn	eck nere			
Net Assets or Fund Balances	00	and complete lines 29 through 33.	do	-		00	
ets	29	Capital stock or trust principal, or current fun				29	
\SS	30	Paid-in or capital surplus, or land, building, or				30	
et/	31	Retained earnings, endowment, accumulated			1,029,061.	31	1,183,505.
Z	32	Total lie bilities and not assets (fund balances			1,369,843.	32	1,669,244.
	33	Total liabilities and net assets/fund balances			I,307,0I3.	33	T,009,244.

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		X		
1	Total revenue (must equal Part VIII, column (A), line 12)		1,62				
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,43				
3	Revenue less expenses. Subtract line 2 from line 1	3			12.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,02	9,0	<u>61.</u>		
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	-4	2,7	68.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	1,18	3,5	05.		
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 on Schedule	e O.					
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	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		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,					
	consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c				
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule O.					
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 Audit					
	Act and OMB Circular A-133?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				
			Form	990	(2021)		

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization THE OWASP FOUNDATION, INC. 20-0963503 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).) 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. 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 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	- пососи пососи, расс	р.с.с. т ц.г	,			
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	(4) 2011	(5) 2010	(0) 2010	(4) 2020	(6) 2021	(i) rotal
	membership fees received. (Do not						
	include any "unusual grants.")	572,993.	468,411.	452,510.	588,516.	698,577.	2,781,007.
2	Tax revenues levied for the organ-	•	,	· · · · · · · · · · · · · · · · · · ·		, i	
	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	572,993.	468,411.	452,510.	588,516.	698,577.	2,781,007.
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)						
	Public support. Subtract line 5 from line 4.						2,781,007.
	ction B. Total Support	1					
	ndar year (or fiscal year beginning in) 🕨	(a) 2017 572, 993.	(b) 2018	(c) 2019 452,510.	(d) 2020 588,516.	(e) 2021 698, 577.	(f) Total
	Amounts from line 4	572,993.	468,411.	452,510.	588,516.	698,577.	2,781,007.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						0
	and income from similar sources					2.	2.
9	Net income from unrelated business						
	activities, whether or not the	1 170					1 170
	business is regularly carried on	1,170.					1,170.
10	Other income. Do not include gain						
	or loss from the sale of capital			43,671.	10,500.		54,171.
	assets (Explain in Part VI.)			43,071.	10,300.		2,836,350.
	Total support. Add lines 7 through 10	ata (asa inaturati				10 10	,404,593.
12	Gross receipts from related activities, First 5 years. If the Form 990 is for the			fourth or fifth tox			, 404, 3336
13	organization, check this box and stor	•		·		30 T(C)(3)	ightharpoonup
Sec	etion C. Computation of Publ		rcentage				
	Public support percentage for 2021 (column (f))		14	98.05 %
	Public support percentage from 2020					15	98.72 %
	33 1/3% support test - 2021. If the o					L	
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact	-					
	meets the facts-and-circumstances to						
b	10% -facts-and-circumstances tes	-		*	-		
	more, and if the organization meets the	-					
	organization meets the facts-and-circ				-		>
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	and see instructions	s >

Schedule A (Form 990) 2021

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.)

80	qualify under the tests listed b	elow, please com	plete Part II.)				
	etion A. Public Support		1 "			1 ,,,,,,,,	1 (0 = : :
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	: Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						_
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	tion,
_	check this box and stop here						_
Sec	ction C. Computation of Publ	ic Support Pe	ercentage				
15	Public support percentage for 2021 (I	ine 8, column (f),	divided by line 13,	column (f))		15	%
16	Public support percentage from 2020					16	%
	ction D. Computation of Inves						_
17	Investment income percentage for 20					17	%
18	Investment income percentage from 2	2020 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2021. If the	organization did	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 $1/3\%$, check this box as	nd stop here. The	organization quali	fies as a publicly s	supported organiz	ation	▶□
b	33 1/3% support tests - 2020. If the	organization did	not check a box or	n line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	nization qualifies a	as a publicly supp	orted organization	▶□
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see in	structions	

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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

1		Yes	No
	1		
	2		
	За		
	- Gu		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	0.		
	9b		
	0-		
	9с		
	10-		
	10a		
	10h		
416	10b		2021

132024 01-04-21

Par	t IV Supporting Organizations (continued)			
	(Carrier of the carr		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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion 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 o	r		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers	5,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supporte	a		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	u		
	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		
Sect	tion C. Type II Supporting Organizations	•		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on 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	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction)	ons).		
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	ee instructio		
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	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	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. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

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

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oxdot Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A	(Form 990)	2021

1

2

3

<u>4</u> 5

6

Enter 0.85 of line 1.

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

3

5

1 Adjusted net income for prior year (from Section A, line 8, column A)

Minimum asset amount for prior year (from Section B, line 8, column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
а	From 2016			
b	From 2017			
c	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i_	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2017			
b	Excess from 2018			
c	Excess from 2019			
d	Excess from 2020			
e	Excess from 2021			

Schedule A (Form 990) 2021

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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 20-0963503

Pai	t I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		Funds or Acco	unts.Complete if the
	organization answered Tes Off Offices, Fartiv, in	(a) Donor advised funds	(b) Fu	nds 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 don	or advised funds	
	are the organization's property, subject to the organization's	_		Yes No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other p	ourpose conferring	
	impermissible private benefit?			Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on For	m 990, Part IV, line	7.
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).		
	Preservation of land for public use (for example, recrea	ition or education) 🕍 Preserv	ation of a historically	y important land area
	Protection of natural habitat	Preserv	ation of a certified h	istoric structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in t	he form of a conserv	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			
b	Total acreage restricted by conservation easements			
	Number of conservation easements on a certified historic str			
d	Number of conservation easements included in (c) acquired			
	listed in the National Register			
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminate	d by the organization	on during the tax
	year ▶			
4	Number of states where property subject to conservation ea		 .	
5	Does the organization have a written policy regarding the per		dling of	
_	violations, and enforcement of the conservation easements i			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforc	ing conservation ea	sements during the year
-				and a selection of the second
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing c	onservation easeme	ents during the year
	▶ \$ Does each conservation easement reported on line 2(d) above	va action, the requirements of cost	tion 170(h)/(1)/(D)/i)	
8				Yes No
9	and section 170(h)(4)(B)(ii)?			
9	-		•	
	balance sheet, and include, if applicable, the text of the footi organization's accounting for conservation easements.	lote to the organization's illiancia	i statements that de	scribes trie
Pai	t III Organizations Maintaining Collections o	f Art. Historical Treasures	s. or Other Simi	lar Assets.
	Complete if the organization answered "Yes" on Form	•	,	
	If the organization elected, as permitted under FASB ASC 95		ement and balance	sheet works
	of art, historical treasures, or other similar assets held for pul	•		
	service, provide in Part XIII the text of the footnote to its final	· ·		. 1
b	If the organization elected, as permitted under FASB ASC 95			et works of
	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:	,	,	,
	(i) Revenue included on Form 990, Part VIII, line 1		•	\$
				\$
2	If the organization received or held works of art, historical tre			
•	the following amounts required to be reported under FASB A		3, [
а	Revenue included on Form 990, Part VIII, line 1	_	>	\$
	Assets included in Form 990, Part X			

132051 10-28-21

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

Pai	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tr	easures, o	or Other	r Similar As	ssets(con	tinued)	g-
3	Using the organization's acquisition, accession	on, and other records	s, check	any of the	following tha	ıt make siç	gnificant use o	f its		
	collection items (check all that apply):									
а	Public exhibition	d		oan or exc	hange progra	am				
b	Scholarly research	е		ther						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how the	ey further t	he organizati	on's exem	npt purpose in	Part XIII.		
5	During the year, did the organization solicit or	receive donations o	f art, his	torical trea	asures, or oth	er similar a	assets			_
	to be sold to raise funds rather than to be ma	intained as part of th	ne organ	ization's co	ollection?			Yes		No
Pai	t IV Escrow and Custodial Arrang	gements. Complet	te if the o	organizatio	on answered	"Yes" on F	Form 990, Part	IV, line 9,	or	
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for c	ontributior	ns or other as	sets not ir	ncluded		_	,
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII a									
								Amou	nt	
С	Beginning balance						1c			
	Additions during the year									
е	Distributions during the year									
f	Ending balance				,		1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line 2	21, for es	scrow or c	ustodial acco	unt liabilit	y?	Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	olanation	n has been	provided on	Part XIII			L	
Pai	t V Endowment Funds. Complete if	the organization ans	wered "	Yes" on Fo						
		(a) Current year	(b) Pri	or year	(c) Two year	rs back (c	d) Three years b	ack (e) Fo	ur years	back
1a	Beginning of year balance									
b	Contributions									
С	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 balance	e (line 1g	, column (a	a)) held as:	•		•		
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Term endowment > 9	6								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
За	Are there endowment funds not in the posses	ssion of the organiza	tion that	are held a	and administe	red for the	e organization			
	by:								Yes	No
	(i) Unrelated organizations							3a(i		
	(ii) Related organizations)	
b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	ed on Sc	hedule R?)			3b		
4	Describe in Part XIII the intended uses of the									
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990,	Part IV,	line 11a. 9	See Form 990), Part X, li	ne 10.			
	Description of property	(a) Cost or ot	her	(b) Cost	t or other	(c) Acc	cumulated	(d) Bo	ok valu	<u>——</u>
	,	basis (investm			(other)	depr	eciation	. ,		
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment				5,455.	,	45,455.			0.
е	Other		<u> </u>	3	0,000.		30,000.			0.
	. Add lines 1a through 1e. (Column (d) must ed		. columi				•			0.

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 THE OWASP FC	OUNDATION, IN	IC. 20	-0963503 Page 3
Part VII Investments - Other Securities.			J
Complete if the organization answered "Yes" or			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	I-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o		<u> </u>	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	I-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)		/	
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.		-	
Complete if the organization answered "Yes" o	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) D	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	•	
Part X Other Liabilities.	<i>/</i>		
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			

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

Schedule D (Form 990) 2021

(7) (8)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Pa	·			
	Complete if the organization answered "Yes" on Form 990, Part			
1	Total revenue, gains, and other support per audited financial statement	s	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	5 , ,			
b				
С	. , , ,			
d	,			
e	• • • • • • • • • • • • • • • • • • • •		- I	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1		
a	, , , , , , , , , , , , , , , , , , , ,			
b	,	·	4.	
c				
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, lin rt XII Reconciliation of Expenses per Audited Financia			
ıu	Complete if the organization answered "Yes" on Form 990, Part	-	ises per ricturii.	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		······	
a		2a		
b				
c	·			
d				
e			2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а		4a		
b				
	Other (Describe in Part XIII.)	4b		
c	, , , , , , , , , , , , , , , , , , , ,		4c	
	Add lines 4a and 4b			
с 5	Add lines 4a and 4b			
с 5 Ра	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I	ine 18.)	5	t XI,
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, I</i> rt XIII Supplemental Information.	and 4; Part IV, lines 1b and 2b; I	5	t XI,
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2b; I	5	t XI,
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2b; I	5	t XI,
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2b; I	5	t XI,
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2b; I	5	t XI,
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2b; I	5	t XI,
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2b; I	5	t XI,
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2b; I	5	i XI,
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2b; I	5	ż XI,
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2b; I	5	t XI,
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2b; I	5	t XI,
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2b; I	5	ż XI,
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2b; I	5	t XI,
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2b; I	5	i XI,
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2b; I	5	t XI,
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2b; I	5	t XI,
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2b; I	5	ż XI,
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2b; I	5	i XI,
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2b; I	5	ż XI,
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2b; I	5	t XI,
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2b; I	5	i XI,
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2b; I	5	i XI,
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2b; I	5	ż XI,

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► 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

Department of the Treasury

Internal Revenue Service

THE OWASP FOUNDATION, INC. **Employer identification number** 20-0963503

Pa	art I Questions Regarding Compensation			
	·		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			37
a	The organization?	5a		X
b	Any related organization?	5b		_^
_	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			v
a	The organization?	6a		X
b	Any related organization?	6b		Λ
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			v
-	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			77
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	l	l

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

Schedule J (Form 990) 2021

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

		(B) Breakdown of W	J-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) ANDREW VAN DER STOCK	(i)	159,996.	0.	0.	0.		202,824.	0.	
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.		0.	
(2) HAROLD BLANKENSHIP	(i)	127,296.	0.	0.	0.	37,993.		0.	
DIRECTOR OF PROJECTS AND TECHNOLOG		0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i) (ii)								
	(i)								
	(ii)								
-	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. 2021
Open to Public Inspection

Name of the organization

THE OWASP FOUNDATION, INC.

Employer identification number 20-0963503

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 2021.

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:

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

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

132211 11-11-21

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page **2**

Name of the organization

THE OWASP FOUNDATION, INC.

Employer identification number 20-0963503

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.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

DISSOLUTION OF FOREIGN ENTITY

-42,768.

UNRELATED BUSINESS INCOME

CARRYOVER DATA TO 2022

Name THE OWASP FOUNDATION, INC.	Employer Identification Number 20-0963503
Based on the information provided with this return, the following are possible carryover amounts to next year.	
FEDERAL POST-2017 NET OPERATING LOSS - MERCHANDISE SA	ALES 10,403.

ame: 1	THE OWASP FOU	NDATION, INC.								FEIN:	20-09635
Type and Section 382	d Entity: MER	CHANDISE SALE	S POST-2017 NO Section 382 Carryove	OL FED	DETAIL C	ARRYOVER SCH	EDULE				
Year Origi- ated 2018	Original Carryover Amount 6,369. 4,034.	Total Amount Used	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amoun Used fo
2019	4,034.										
E	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amou
etail S ype B C	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used 1

Form **8868**

(Rev. January 2022)

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

Form 8868 (Rev. 1-2022)

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Taxpayer identification number (TIN) Type or Name of exempt organization or other filer, see instructions. print THE OWASP FOUNDATION, INC. 20-0963503 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 401 EDGEWATER PLACE, 600 return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. WAKEFIELD, MA 01880 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return Application Return Is For Is For Code Code Form 1041-A Form 990 or Form 990-EZ 01 80 Form 4720 (individual) Form 4720 (other than individual) 09 03 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) 07 VIRTUAL, INC. The books are in the care of ► 401 EDGEWATER PLACE, SUITE 600 - WAKEFIELD, MA 01880 Telephone No. ► 781-876-8914 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)
 If this is for the whole group, check this box 🕨 💹 . If it is for part of the group, check this box 🕨 🔛 and attach a list with the names and TINs of all members the extension is for. NOVEMBER 15, 2022, to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: ► X calendar year 2021 or tax year beginning , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return L Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За **b** If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment

123841 01-12-22

instructions.

LHA

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