## Form 990-T

## Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

| OMB No. | 154 | 5-068 |
|---------|-----|-------|
| 20      | 11  | 2     |

, 2012,

For calendar year 2012 or other tax year beginning

ZU I Z

and ending Open to Public Inspection for 501(c)(3) Organizations Only Department of the Treasury Internal Revenue Service See separate instructions. Check box if address changed Check box if name changed and see instructions.) Employer identification number (Employees' trust, see instructions.) OWASP Foundation Print Exempt under section 1200-C Agora Drive #232 or

× 501( c )( 3 ) 20-0963503 Type Bel Air, MD 21014 Unrelated business activity codes (see instructions.) 408(e) 220(e) 408A 530(a) 529(a) 541800 Book value of all assets at end of year F Group exemption number (See instructions.)▶ G Check organization type..... ► X 501(c) corporation ]501(c) trust 401(a) trust Other trust 722,914.

Describe the organization's primary unrelated business activity.

Advertising and publications

During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ... If 'Yes,' enter the name and identifying number of the parent corporation...

Telephone number > 301-604-4882 The books are in care of ▶ Management Part Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1 a Gross receipts or sales . . b Less returns and allowances . . . c Balance► 1 c 2 Cost of goods sold (Schedule A, line 7)...... 2 3 3 Gross profit. Subtract line 2 from line 1c..... 4a Capital gain net income (attach Schedule D) ..... 4 a 4 b 4 c Income (loss) from partnerships and S corporations (attach statement)..... 5 6 Rent income (Schedule C) ..... Unrelated debt-financed income (Schedule E)..... Interest, annuities, royalties, and rents from controlled organizations (Schedule F)..... 8 9 Investment income of a section 501(c)(7), (9), or (17) organization (Sch G)... Exploited exempt activity income (Schedule I)..... 10 Advertising income (Schedule J)..... 11 11,928 13,304. -1,376. Other income (See instructions; attach statement)...... 12 13 Total. Combine lines 3 through 12..... 13 11,928. 13,304. -1,376.

Part | Deductions Not Taken Elsewhere (see instructions for limitations on deductions.) (except for contributions, deductions must be directly connected with the unrelated business income)

| 14 | Compensation of officers, directors, and trustees (Schedule K)  | 14      |         |
|----|---|---------|---------|
| 15 | Salaries and wages  | 15      | †1911 . |
| 16 | Repairs and maintenance   | 16      |         |
| 17 | Bad debts   | 17      |         |
| 18 | Interest (attach statement)   | 18      |         |
| 19 | Taxes and licenses  | 19      |         |
| 20 | Charitable contributions (See instructions for limitation rules)  | 20      |         |
| 21 | Depreciation (attach Form 4562)   | DE TYRE |         |
| 22 | Less depreciation claimed on Schedule A and elsewhere on return   | 22 b    |         |
| 23 | Depletion   | 23      |         |
| 24 | Contributions to deferred compensation plans  | 24      |         |
| 25 | Employee benefit programs   | 25      |         |
| 26 | Excess exempt expenses (Schedule I)   | 26      |         |
| 27 | Excess readership costs (Schedule J).   | 27      |         |
| 28 | Other deductions (attach statement)   | 28      |         |
| 29 | Total deductions. Add lines 14 through 28   | 29      |         |
| 30 | Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13  | 30      | -1,376. |
| 31 | Net operating loss deduction (limited to the amount on line 30). See Statement 1  | 31      |         |
| 32 | Unrelated business taxable income before specific deduction. Subtract line 31 from line 30  | 32      | -1,376. |
| 33 | Specific deduction (generally \$1,000, but see line 33 instructions for exceptions.).   | 33      |         |
| 34 | Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32. | 34      | -1,376. |

| 55 Organizations Taxable as Corporations, (see instructions for last computation) Controlled group members, decision 1551 and 1550; check here   See instructions and: a Titler your share of the \$50,000, \$25,000, and \$9,925,000 basable income brackets (in that order): (1) [8]  |                                   | Tax Computation  |  |              |  |                   | dopty meno nice a  |                         |             |           |
|---|-----------------------------------|--|--|--------------|--|-------------------|--------------------|-------------------------|-------------|-----------|
| a Enter your share of the \$50,000, \$25,000, and \$9,925,000 tayable income brackets (in that order):  (7) [\$]  b Enter organization's share of (1) Additional 5% tax (not more than \$111,50)  |                                   |  |  |              |  |                   |                    |                         |             |           |
| C)   S  |                                   |  |  |              |  |                   |                    |                         |             |           |
| b Enter organization's share of (1) Additional 5% tax (volt more than \$11,550  |                                   |  |  | ne bracke    | ts (in that order):                            |                   |                    |                         |             |           |
| (2) Additional 3% tax (rold more than \$100,000)  |                                   |  |  |              |  |                   |                    |                         |             |           |
| C income tax on the amount on line 34   |                                   |  |  |              |  |                   |                    |                         |             |           |
| 36 Trusts taxable at trust rates, (see instructions for tax computation) income tax on the amount on line 34 from   |                                   |  |  |              |  |                   |                    |                         |             |           |
| on line 34 from:  |                                   |  |  |              |  | ▶                 | 35 c               |                         |             | <u>0.</u> |
| 37 Proxy tax. (see instructions).   37   38   Alternative minimum tax.   38   Alternative minimum tax.   38   39   0.0.    Particle   Tax and Payments   40   6   6   6   6   6   6   6    40   40   40   40   40   40   40   4  |                                   |  |  |              |  |                   |                    |                         |             |           |
| 38 Netnative minimum tax 39 Total Add lines 37 and 38 to line 35c or 36, whichever applies  90 Total Add lines 37 and 38 to line 35c or 36, whichever applies  90 Total Add lines 37 and 38 to line 35c or 36, whichever applies  90 Total Add lines 40 and 18 to line 36 to line    |                                   |  |  |              |  |                   |                    |                         |             |           |
| 230   Total. Add lines 37 and 38 to line 35c or 36, whichever applies   39   0.   |                                   |  |  |              |  |                   |                    |                         |             |           |
| Part K.   Tax and Payments  |                                   |  |  |              |  |                   |                    |                         |             |           |
| Foreign tax credit (corporations attach Form 1118), tusts attach Form 1116).   40   |                                   |  | 6, whichever applies                   |              |  |                   | 39                 |                         |             | <u>0.</u> |
| b Other credits (see instructions).  General business credit. Attach Form 3800 (see instructions).  d Credit for prior year minimum tax (attach Form 8801 or 8827).  1 Stubract line 40e from line 39.  1 Stubract line 40e from line 39.  1 Other taxes. Check if from:    Form 4255    Form 8611    Form 8697    Form 8866  |                                   |  |  |              |  |                   |                    |                         |             |           |
| c General business credit. Attach Form 3800 (see instructions). 40c    e Total credits. Add lines 4 flar through 40d. 41    Subtract line 40 from line 39    ———————————————————————————————————  |                                   |  |  |              |  |                   |                    |                         |             |           |
| d Credit for prior year minimum tax (attach Form 8801 or 8827).   40e   0.   13   |                                   |  |  |              |  |                   |                    |                         |             |           |
| e Total credits. Add lines 40a through 40d.    Subtract line 40b from line 39   1   0   0   |                                   |  | •                                      | L            | * *  |                   |                    |                         |             |           |
| A1 Subtract line 40e from line 39  A2 Other taxes. Check if from:   Form 4255   Form 8611   Form 8697   Form 8866      Other (attach statement)   |                                   |  |  |              |  |                   |                    |                         |             |           |
| 20 Other taxes. Check if from:   Form 8611   Form 8697   Form 8866   42   |                                   |  |  |              |  |                   | 40 e               |                         |             | 0.        |
| Other (attack statement).   42   43   0.   43   70 atta x. Add lines 41 and 42.   43   0.   44   Apyments: A 2011 overpayment credited to 2012.   44   a   44   b   44   b   44   c      | <b>41</b> Sul                     | btract line 40e from line 39   | <u> </u>                               |              |  |                   | 41                 |                         |             | 0.        |
| 43 Total tax. Add lines 41 and 42.  44a Payments: A 2011 overpayment credited to 2012.  44b b 2012 estimated tax payments.  5 Tax deposited with Form 8968.  44c d d d d d d d d d d d d d d d d d d  | <b>42</b> Oth                     | ner taxes. Check if from: Form 4255  | ∐ Form 8611                            | Form         | 8866   |                   |                    |                         |             |           |
| ### Ada payments: A 2011 overpayment credited to 2012 ### Ada   |                                   | , ,  |  |              |  | - 1               | 42                 |                         |             |           |
| b 2012 estimated tax payments   | 43 Tot                            | tal tax. Add lines 41 and 42   |  |              |  |                   | 43                 | •                       |             | 0.        |
| c Tax deposited with Form 8868. d Foreign organizations: Tax paid or withheld at source (see instructions). d Foreign organizations: Tax paid or withheld at source (see instructions). d Form 4136   |                                   |  |  |              | 44 a   |                   |                    |                         |             |           |
| d Foreign organizations: Tax paid or withheld at source (see instructions).  e Backup withholding (see instructions).  f Credit for small employer health insurance premiums (Attach Form 8941)   |                                   |  |  | L            | 44 b   |                   |                    |                         |             |           |
| e Backup withholding (see instructions).  f Credit for small employer health insurance premiums (Attach Form 8941)  g Other credits and payments:   |                                   |  |  |              | 44 c   |                   |                    |                         |             |           |
| g Other credits and payments:   | <b>d</b> For                      | reign organizations: Tax paid or withheld  | d at source (see instructions).        | [            | 44 d   |                   |                    |                         |             |           |
| Gither credits and payments:  |                                   |  |  |              |  |                   |                    |                         |             |           |
| Form 4136   |                                   |  |  | 1) [         | 44 f   |                   |                    |                         |             |           |
| Total payments. Add lines 44a through 44g  6 Estimated tax penalty (see instructions). Check if Form 2220 is attached.  7 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed.  8 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid.  9 Enter the amount of line 48 you want: Credited to 2013 estimated tax   Part V Statements Regarding Certain Activities and Other Information (see instructions)  1 At any time during the 2012 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If 'Yes', the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If 'Yes', enter the name of the foreign country here  2 During the tax year, did the organization receive a distribution from, or was it the granter of, or transferor to, a foreign trust? If 'Yes', see instructions for other forms the organization may have to file.  3 Enter the amount of tax-exempt interest received or accrued during the tax year \$ 0.  Schedule A — Cost of Goods Sold. Enter method of inventory valuation   1 Inventory at beginning of year.  1 Inventory at beginning of year.  1 Inventory at beginning of year.  3 Cost of labor.  4 a Additional section 263A costs (attach statement)  4 b Other costs  1 (and thing panaltes of party). Jectaire that I have examined this return, including accompanying schedules adleneats, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than laxpayer) is based on all information of which preparer has any knowledge.  1 Inventory and party of the party of the party of the organization?  1 Inventory and party of the party of the party of the proper of the proper of the proper of the party of the prope | <b>g</b> Oth                      | ner credits and payments:  | orm 2439                               | <b></b>      |  |                   |                    |                         |             |           |
| Estimated tax penalty (see instructions). Check if Form 2220 is attached.    46   |                                   | Form 4136 Ot   | ther To                                | otal ►       | 44 g   |                   |                    |                         |             |           |
| 47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed.  48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid.  49 Enter the amount of line 48 you want: Credited to 2013 estimated tax    Fart V Statements Regarding Certain Activities and Other Information (see instructions)  1 At any time during the 2012 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes", the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If "Yes", enter the name of the foreign country here  2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?. If "Yes", see instructions for other forms the organization may have to file.  3 Enter the amount of tax-exempt interest received or accrued during the tax year * \$ 0.  Schedule A — Cost of Goods Sold. Enter method of inventory valuation *   | 45 Tol                            | tal payments. Add lines 44a through 44g  | g                                      |              |  |                   | 45                 |                         |             | 0.        |
| 47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed.  48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid.  49 Enter the amount of line 48 you want: Credited to 2013 estimated tax    Fart V Statements Regarding Certain Activities and Other Information (see instructions)  1 At any time during the 2012 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes", the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If "Yes", enter the name of the foreign country here  2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?. If "Yes", see instructions for other forms the organization may have to file.  3 Enter the amount of tax-exempt interest received or accrued during the tax year * \$ 0.  Schedule A — Cost of Goods Sold. Enter method of inventory valuation *   |                                   |  |  |              |  |                   | 46                 |                         |             |           |
| 48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid.    48 Enter the amount of line 48 you want: Credited to 2013 estimated tax ▶    Part Y Statements Regarding Certain Activities and Other Information (see instructions)  1 At any time during the 2012 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If 'Yes', the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If 'Yes', enter the name of the foreign country here  2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?    X X If 'Yes', see instructions for other forms the organization may have to file.  3 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ 0.  Schedule A — Cost of Goods Sold. Enter method of inventory valuation ▶  1 Inventory at beginning of year.  |                                   |  |  |              |  | L                 | 47                 |                         |             |           |
| ## Part V Statements Regarding Certain Activities and Other Information (see instructions)  1 All any time during the 2012 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If 'Yes', the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If 'Yes', enter the name of the foreign country here  2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  1 Inventory at beginning of year.  2 Purchases.  3 Cost of Goods Sold. Enter method of inventory valuation  1 Inventory at beginning of year.  4 Additional section 263A costs (attach statement)  4 Additional section 263A costs (attach statement)  5 Total. Add lines 1 through 4b.  5 Total. Add lines 1 through 4b.  5 Inventory at penalties of perpuy, I dectare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all immission of which preparer is name  Print/Type preparer's name  Carol H. Collins, CPA  Firm's address  Printy address  Printy address  Firm's address  Printy address  Plone no.  (410) 675-2727  |                                   |  |  |              |  |                   | 48                 |                         |             |           |
| At any time during the 2012 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If 'Yes', the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If 'Yes', enter the name of the foreign country here  2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?.  If 'Yes', see instructions for other forms the organization may have to file.  3 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ 0.  Schedule A — Cost of Goods Sold. Enter method of inventory valuation ▶  1 Inventory at beginning of year.   |                                   |  |  |              |  | ,                 |                    |                         |             |           |
| 1 At any time during the 2012 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes", the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If "Yes", enter the name of the foreign country here  2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?. If "Yes", see instructions for other forms the organization may have to file.  3 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ 0.  Schedule A — Cost of Goods Sold. Enter method of inventory valuation ▶  1 Inventory at beginning of year. 1   6 Inventory at end of year.   6    2 Purchases.   2   7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2.   7    4 a Additional section 263A costs (attach statement)   4 a   8   Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?   X    Sign   Under penalties of perjury, I dectare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than laxipayer) is based on all information of which prepare has any knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than laxipayer) is based on all information of which prepare has any knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than laxipayer) is based on all information of which prepare has any knowledge and belief, it is true, correct, and complete. Declaration of preparer signature   Date   Check  |                                   |  |  |              |  |                   | 75                 |                         |             |           |
| financial account (bank, securities, or other) in a foreign country? If 'Yes', the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If 'Yes', enter the name of the foreign country here  2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  X X If 'Yes', see instructions for other forms the organization may have to file.  3 Enter the amount of tax-exempt interest received or accrued during the tax year \$ 0.  Schedule A — Cost of Goods Sold. Enter method of inventory valuation \$   | The state of the same of the same |  |  |              |  |                   |                    |                         | 1           | NI.       |
| Report of Foreign Bank and Financial Accounts. If "Yes', enter the name of the foreign country here  2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?.  If "Yes', see instructions for other forms the organization may have to file.  3 Enter the amount of tax-exempt interest received or accrued during the tax year \$ 0.  Schedule A — Cost of Goods Sold. Enter method of inventory valuation \$ 0.  Schedule A — Cost of Goods Sold. Enter method of inventory valuation \$ 0.  Inventory at beginning of year.  1 Inventory at beginning of year.  2 Purchases.  2 7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2  |                                   |  | =                                      |              | _  | _                 |                    | 0001                    | Yes         | NO        |
| 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?.  If 'Yes', see instructions for other forms the organization may have to file.  3 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$  Schedule A — Cost of Goods Sold. Enter method of inventory valuation ▶  1 Inventory at beginning of year.  |                                   |  |  |              |  | Tile Form I       | D F 90             | J-22.1 <b>,</b>         | CONTRACTOR  | Y EX SO   |
| If 'Yes', see instructions for other forms the organization may have to file.  3 Enter the amount of tax-exempt interest received or accrued during the tax year \$ 0.  Schedule A — Cost of Goods Sold. Enter method of inventory valuation \$ 1 Inventory at beginning of year  |                                   |  |  |              |  | <b></b>           |                    |                         | <u> </u>    |           |
| Teles in the amount of tax-exempt interest received or accrued during the tax year ▶ \$ 0.  Schedule A — Cost of Goods Sold. Enter method of inventory valuation ▶  1 Inventory at beginning of year.   | <b>2</b> Du                       | ring the tax year, did the organization re   | eceive a distribution from, or         | was it the   | grantor of, or tra                             | ensferor to, a    | a forei            | gn trust?.              |             |           |
| Schedule A — Cost of Goods Sold. Enter method of inventory valuation  1   | lf "                              | Yes', see instructions for other forms the or  | ganization may have to file.           |              |  |                   |                    |                         |             | 7.036000  |
| 1 Inventory at beginning of year  | <b>3</b> En                       | ter the amount of tax-exempt interest re   | eceived or accrued during the          | tax year     | ▶ \$   | 0.                |                    |                         |             |           |
| 2 Purchases 2 3 Cost of labor 3 4 Additional section 263A costs (attach statement)  4 Additional section 263A costs (attach statement)  5 Other costs (att. simt.) 5 Total. Add lines 1 through 4b 5 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? X  Sign Here  1 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and the preparer shown below (see instructions)? X Yes No  Paid Preparer's name  Carol H. Collins, CPA  Primt/Type preparer's name  T.R. Klein & Company  Firm's address  T.R. Klein & Company  Firm's address  Phone no. (410) 675–2727  | Sched                             | ule A — Cost of Goods Sold. Ent  | er method of inventory valuation       | n 🕨          |  |                   |                    |                         |             |           |
| 2 Purchases 2 3 Cost of labor 3 4 Additional section 263A costs (attach statement)  4 Additional section 263A costs (attach statement)  5 Other costs (att. simt.) 5 Total. Add lines 1 through 4b 5 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? X  Sign Here  1 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and the preparer shown below (see instructions)? X Yes No  Paid Preparer's name  Carol H. Collins, CPA  Primt/Type preparer's name  T.R. Klein & Company  Firm's address  T.R. Klein & Company  Firm's address  Phone no. (410) 675–2727  | <b>1</b> Inv                      | ventory at beginning of year   | 1                                      | 6 Inve       | ntory at end of y                              | ear               | 6                  |                         |             |           |
| 3 Cost of labor. 3 line 6 from line 5. Enter here and in Part I, line 2   |                                   |  | 2                                      |              | -  |                   |                    |                         |             |           |
| A a Additional section 263A costs (attach statement)  b Other costs (att. simt.).  Total. Add lines 1 through 4b.  Sign Here    Ves   No  | _                                 |  |  |              |  |                   |                    |                         |             |           |
| b Other costs (att. stmt.).  5 Total. Add lines 1 through 4b.  Sign Here    Vest   No   |                                   |  |  | and          | in Part I, line 2.                             |                   | 7                  |                         |             |           |
| b Other costs (att. stimt).  5 Total. Add lines 1 through 4b.  5 Total. Add lines 1 through 4b.  5 Total. Add lines 1 through 4b.  5 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  Treasurer    May the iRS discuss this return with the preparer shown below (see instructions)?   X Yes   No   No   Paid Preparer   Carol H. Collins, CPA   Preparer's signature   Date   Check   if self-employed   P01081550     Firm's name   T.R. Klein & Company   Firm's EIN   52-1602955     Signature of officer   PTIN   Self-employed   P01081550     Phone no. (410) 675-2727  | 4 a Auu                           | nnona: accuon 2007 costs (anaon statement)   | 1.0                                    |              |  | ,                 |                    |                         | Yes         | No        |
| Sign   Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.    Signature of officer   Date   Treasurer   Title   Title   May the IRS discuss this return with the preparer shown below (see instructions)?   X Yes   No   | <b>h</b> Oth                      | or costs   |  | 8 Dot        | the rules of section                           | n 263A (wit       | h resp             | ect to                  |             |           |
| Sign Here    Vinder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.    Treasurer   | (att.                             | . stmt.)   |  | prop         | perty produced or                              | acquired fo       | r resa             | le) apply               |             |           |
| Paid Preparer   Signature of officer   Date   Treasurer   Title   Titl  | 5 To                              | <del>-</del>   | <del>-</del>                           |              | •  |                   |                    |                         |             | Х         |
| Paid Preparer   Signature of officer   Date   Treasurer   Title   Titl  |                                   | Under penalties of perjury, I declare that I have belief, it is true, correct, and complete. Declarati | examined this return, including accomp | anying sched | lules and statements, a information of which o | and to the best o | f my kn<br>knowlei | owledge and<br>lae.     |             |           |
| Paid Preparer's name Preparer's signature of Officer Date Title Instructions)? X Yes No  Paid Preparer's name Carol H. Collins, CPA Date Check if Self-employed P01081550  Firm's name Firm's name Firm's address 2809 BOSTON ST  Only Baltimore, MD 21224  Phone no. (410) 675-2727  | Sign                              |  |  |              |  |                   | May the            | RS discuss              | this return | with      |
| Paid Preparer's name Preparer's signature Date Check if self-employed P01081550  Preparer Use Only Firm's address Paltimore, MD 21224  Proparer Baltimore, MD 21224  Proparer's signature Date Check if self-employed P01081550  Firm's name Firm's address Preparer's signature Preparer's signature P10 Note No. (410) 675-2727   | Here                              | Signature of officer   | Date                                   |              |  | -                 | the pre            | parer shown b<br>ions)? | elow (see   | ٦         |
| Paid Prepaid Preparer Use Only         Carol H. Collins, CPA         Self-employed Self-employed P01081550         P01081550           Firm's name Firm's address         T. R. Klein & Company Firm's EIN ► 52-1602955         52-1602955           Baltimore, MD 21224         Phone no. (410) 675-2727   |                                   |  |  |              |  |                   |                    | X 1                     | es          | Пио       |
| Pre-parer Use Only         Carol H. Collins, CPA   Self-employed   P01081550   Firm's name   T.R. Klein & Company   Firm's ell   52-1602955   | Paid                              | Print/Type preparer's name   | Preparer's signature                   | Da           | ate  | Check if          | Ъ                  | TIN                     |             |           |
| parer Use Only         Firm's address         T.R. Klein & Company         Firm's EIN 52-1602955           2809 BOSTON ST         Phone no. (410) 675-2727  |                                   | Carol H. Collins, CPA  |  |              |  | self-employed     | P                  | 010815                  | 50          |           |
| Use Only         2809 BOSTON ST         Phone no.         (410) 675-2727  |                                   |  | Company                                |              |  | Firm's EIN        |                    |                         |             |           |
| Only Baltimore, MD 21224 Phone no. (410) 675-2727   | Ùse                               |  |  |              |  |                   |                    |                         |             |           |
|   |                                   |  |  |              |  | Phone no.         | ŧΔ                 | 10) 679                 | 5-272       | 7         |
|   | RΔΔ                               | DOTETHOLE, MD  |  | 4/13         |  |                   | (4                 |                         |             |           |

| 1 Description of property   | me (From Real P   | roperty and  | u Persoi                               | nai Property   | Lease  | ed With Rea   | ı Prop                     | (see instructions)   |  |
|---|---|--|--|--|--|---|----------------------------|--|--|
| (1)   |   |  |  |  |  |   |                            |  |  |
| (2)   |   |  |  |  |  |   |                            |  |  |
| (3)   |   |  |  | <del> ,- ,- ,- ,-</del>  |  |   |                            |  |  |
| (4)   |   |  |  |  |  |   |                            |  |  |
|   | 2 Rent received   | or accrued   |  |  |  |   |                            |  |  |
| (a) From personal p<br>(if the percentage of ren<br>property is more than<br>more than 50°        | entage of<br>ceeds 50%  | ersonal property<br>rent for persona<br>% or if the rent i<br>or income) | /<br>al<br>is                          | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach statement) |  |   |                            |  |  |
| (1)   |   |  |  |  |  |   |                            |  |  |
| (2)   |   |  |  |  |  |   |                            |  |  |
| (3)   |   |  |  |  |  |   |                            |  |  |
| (4)   |   |  |  |  |  |   |                            |  |  |
| Total   | Tot   | al   |  |  |  | (la) Takal da da da di  | Fulso                      |  |  |
| (c) Total income. Add totals o here and on page 1, Part I, lin                                    | ne 6, column (A)  | <b>&gt;</b>  |  |  |  | (b) Total deduction<br>here and on page 1<br>I, line 6, column (E                             | . Part                     |  |  |
| Schedule E — Unrelated  | l Debt-Financed I   | ncome (see   | instructio                             | ns)  | 1  |   |                            | ···  |  |
| 1 Description of o  | debt-financed propert   | У  | or alloc                               | income from<br>able to debt-   |  | debt-   | financed                   | cted with or allocable to diproperty                                     |  |
|   |   |  | Tinanc                                 | ed property  | depre  | a) Straight line<br>ciation (attach s   | stmt)                      | (b) Other deductions<br>(attach statement)                               |  |
| (1)   |   |  |  |  |  |   |                            | ·  |  |
| (2)   | <del></del> .   |  |  |  |  |   |                            |  |  |
| (4)   |   |  |  |  |  |   |                            |  |  |
| 4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) | acquisition debt on or allocable to debt-financed property (attach statement) |  | 6 Column 4<br>divided by r<br>column 5 |  |  | 7 Gross income<br>reportable (column 2 x<br>column 6)   |                            | 8 Allocable deductions<br>(column 6 x total of<br>columns 3(a) and 3(b)) |  |
| (1)   |   |  |  | 8  |  |   |                            |  |  |
| (2)   |   |  |  | %  |  |   |                            | <del></del>  |  |
| (3)   |   |  |  | %  |  |   |                            |  |  |
| (4)   |   |  | 1                                      | 왕  |  |   |                            |  |  |
| Totals  |   |  |  | •  | Part I   | here and on pa<br>, line 7, columi  | age 1,E<br>n (A). P        | nter here and on page 1<br>Part I, line 7, column (B).                   |  |
| Total dividends-received ded  | uctions included in co  |  |  |  |  |   | <b>&gt;</b>                |  |  |
| Schedule F — Interest, A  |   |  |  |  |  |   |                            | unations)  |  |
| Schedule i — litterest, F   | Aminines, Noyald  | Exempt Con   |  |  | Uiga   | inizations (S   | ee msu                     | uctions)   |  |
| 1 Name of controlled organization   | 2 Employer identification number  | 3 Net unr<br>income (los<br>instructi                                    | related<br>ss) (see                    | 4 Total of spe<br>payments m   | ecified<br>nade  | cified ade 5 Part of column 4 that is included in the controlling organization's gross income |                            | connected with income in column 5  |  |
| (1)   |   |  |  |  |  |   |                            |  |  |
| (2)   |   |  |  |  |  |   |                            |  |  |
| (3)   |   |  |  |  |  |   |                            |  |  |
| (4)   |   | <u></u>  |  |  |  |   |                            |  |  |
| Nonexempt Controlled Organi   | zations   |  |  |  |  |   |                            |  |  |
| <b>7</b> Taxable Income   | 8 Net unrelated income (loss) (see instructions)                              |  | ments made inclu                       |  | 10 Part of column 9 th<br>included in the control<br>rganization's gross inc |   | controlling connected with |  |  |
| (1)   |   |  | <u> </u>                               |  |  |   |                            | <u> </u>   |  |
| (2)   |   |  |  |  |  |   |                            |  |  |
| (3)   |   |  |  |  |  |   |                            |  |  |
| (4)   |   |  |  |  |  |   |                            |  |  |
| Totale  |   |  |  | here and or  | nns 5 ar<br>1 page<br>column   | nd 10. Enter<br>1, Part I, line<br>(A).   |                            | columns 6 and 11. Enter<br>and on page 1, Part I, line<br>8, column (B). |  |
| Totals  |   |  | <b></b>                                | . }  |  |   | I                          |  |  |

| Schedule G — Investment Inco                                     | ome of a Section   | n <b>501(</b>                   | c)(7), (9   | ), or (17) Orga  | nization (see in:   | structio        | <u>903303</u><br>ns)   | - Ggo -   |
|--|--|---------------------------------|---|--|---|-----------------|--|---|
| 1 Description of income  | 2 Amount of income dire  |                                 | 3<br>direc  | Deductions<br>ctly connected<br>ch statement)  | 4 Set-asides<br>(attach statement)  |                 | 5 Total deductions and<br>set-asides (column 3<br>plus column 4) |   |
| (1)  |  |                                 |   |  |   |                 |  |   |
| (2)  |  |                                 |   |  |   |                 |  |   |
| (3)  |  |                                 |   |  |   |                 |  |   |
| (4)  |  |                                 |   |  |   |                 |  |   |
| Totals   | Enter here and on<br>Part I, line 9, colu                      | page 1,<br>mn (A).              |   |  |   |                 |  | re and on page 1,<br>ne 9, column (B).  |
| Schedule I - Exploited Exemp                                     | nt Activity Incon  | 10 Oth                          | aer Thai  | n Advertisina  | Income (see ins   | truction        | <u> </u>   |   |
| Concedit 1 Exploited Exemp                                       | 2 Gross  |                                 |   |  |   |                 |  | 1   |
| 1 Description of exploited activity                              | unrelated<br>business<br>income from<br>trade or<br>business   | conne<br>prod<br>of u           | ses directly<br>ected with<br>duction<br>nrelated<br>ess income | 4 Net income (loss)<br>from unrelated trade<br>or business (column<br>2 minus column 3).<br>If a gain, compute<br>columns 5 through 7. | 5 Gross income from<br>activity that is not<br>unrelated<br>business income | attribi<br>coli | penses<br>utable to<br>umn 5                                     | 7 Excess exempt<br>expenses (column<br>6 minus column 5,<br>but not more than<br>column 4). |
| (1)  |  |                                 |   |  |   |                 |  |   |
| (2)  |  |                                 |   |  |   |                 |  |   |
| (3)  |  |                                 |   |  |   |                 | -  |   |
| (4)  |  |                                 |   |  |   |                 |  | · · · · · · ·   |
|  | Enter here and<br>on page 1,<br>Part I, line 10,<br>column (A) | on p<br>Part I                  | here and<br>page 1,<br>, line 10,<br>mn (B).                    |  |   |                 |  | Enter here and<br>on page 1,<br>Part II, line 26.   |
| Totals   | <u> </u>   |                                 |   |  |   | 200             | Section 1  |   |
| Schedule J - Advertising Inco                                    |  |                                 |   |  |   | -               |  | <del></del>   |
| Part I Income From Periodic                                      | als Reported or  | ı a Co                          | nsolida   | ted Basis  |   |                 |  |   |
| 1 Name of periodical   | 2 Gross<br>advertising<br>income                               | 3 E<br>adve                     | Direct<br>ertising<br>osts                                      | 4 Advertising gain or<br>(loss) (col. 2 minus<br>col 3). If a gain,<br>compute col 5<br>through 7.                                     | 5 Circulation income  |                 | adership<br>osts   | 7 Excess readership costs (col 6 minus col 5, but not more than col 4).                     |
| (1)Website   | 11,928.  | 1                               | 3,304.  | anough 7.  |   |                 |  |   |
| (2)  |  | i – –                           | -,  |  |   |                 |  |   |
| (3)  |  |                                 |   |  |   |                 |  |   |
| (4)  |  |                                 |   |  |   |                 |  | erene e   |
|  |  |                                 |   |  | 1   |                 |  |   |
| Totals (carry to Part II, line (5)) Part II Income From Periodic |  |                                 | 3,304.  | -1,376.  |   | <u></u>         | en : I   |   |
| 7 on a line-by-line basis.)                                      | ais Reported of  | 1 a 36                          | parate  | oasis (For each  | periodicai listed in  | ı Part II       | , till in col  | umns 2 through  |
| 1 Name of periodical   | <b>2</b> Gross<br>advertising<br>income                        | adve                            | Direct<br>ertising<br>osts                                      | 4 Advertising gain or<br>(loss) (col. 2 minus<br>col. 3). If a gain,<br>compute cols. 5<br>through 7.                                  | 5 Circulation<br>income   |                 | adership<br>costs  | 7 Excess readership costs (col 6 minus col 5, but not more than col 4).                     |
| (1)  |  |                                 |   |  |   |                 |  |   |
| (2)<br>(3)   |  |                                 |   |  |   |                 |  |   |
|  |  |                                 |   | <u></u>  |   |                 |  |   |
| (4)  |  |                                 |   |  |   |                 |  |   |
| (5) Totals from Part I   | 11,928.  | 1                               | 3,304.  |  | i au tari   |                 |  |   |
| Totals, Part II (lines 1-5)                                      | Enter here and on page 1, Part I, line 11, column (A)  11,928. | Enter<br>on p<br>Part l<br>colu | here and<br>page 1,<br>I, line 11,<br>mn (B).<br>3,304.         |  |   |                 |  | Enter here and<br>on page 1,<br>Part II, line 27.   |
| Schedule K — Compensation  | ot Otticers, Dire  | ctors,                          | and Tri   | ustees (see inst   | ructions)   |                 |  |   |
| 1 Name   |  |                                 |   | <b>2</b> Title   | 3 Percent of time devote to busines   | ed              |  | ation attributable<br>ated business   |
|  |  |                                 |   |  |   | 8               |  |   |
|  |  |                                 |   |  |   | 8               |  |   |
|  |  |                                 |   |  |   | 8               |  |   |
|  |  |                                 |   | <del> </del>   |   | 8               |  | · <del>-</del> ·  |
| Total. Enter here and on page 1. Part                            | II line 14   | -!                              |   |  | <u> </u>  | <u>,</u>        |  |   |

| $\sim$ | ^ | 4 |   |
|--------|---|---|---|
| _      | u |   | 1 |

## **Federal Statements**

Page 1

Client 1

**OWASP Foundation** 

**20-0963503** 11:39AM

11/11/13

Statement 1 Form 990-T, Part II, Line 31 Net Operating Loss Deduction

| Loss Year<br>Ending                  | 0          | riginal<br>Loss                         | F      | Loss<br>reviously<br>Used | oss<br>ilable                |
|--------------------------------------|------------|---|--------|---------------------------|------------------------------|
| 12/31/09<br>12/31/11                 | \$         | 32,347.<br>29,322.                      | \$     | 7,912.<br>0.              | \$<br>24,435.<br>29,322.     |
| Net Operating Loss<br>Taxable Income | Available. | * |        |                           | <br>\$<br>53,757.<br>-1,376. |
| Net Operating Loss                   | Deduction  | (Limited to T                           | axable | Income)                   | \$<br>0.                     |