OWASP FOUNDATION

Form 990-EZ, Exempt Tax Return

Year Ended December 31, 2008
**Short Form**

**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 612(b)(13) must file Form 990. All other organizations with gross receipts less than $1,000,000 and total assets less than $2,500,000 at the end of the year may use this form.

The organization may have to use a copy of this return to satisfy state reporting requirements.

### A For the 2008 calendar year, or tax year beginning

- **C** ORGANIZATION NAME
  - OWASP Foundation
  - 9175 Guilford Road #300
  - Columbia, MD 21046

- **D** Employer identification number
  - 20-0963503

- **E** Telephone number
  - 301-604-4882

### I Website
- www.owasp.org

### J ORGANIZATION TYPE
- X 501(c) (3)

### K Check if the organization is not a section 509(a)(2) supporting organization and its gross receipts are normally not more than $25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

### L Add lines 6b, 6c, and 7b, to line 9 to determine gross receipts; if $1,000,000 or more, file Form 990 instead of Form 990-EZ.

### Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

<table>
<thead>
<tr>
<th>Description</th>
<th>(A)</th>
<th>(B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Contributions, gifts, grants, and similar amounts received</td>
<td>1</td>
<td>1,975</td>
</tr>
<tr>
<td>2 Program service revenue including government fees and contracts</td>
<td>2</td>
<td>630,594</td>
</tr>
<tr>
<td>3 Membership dues and assessments</td>
<td>3</td>
<td>229,678</td>
</tr>
<tr>
<td>4 Investment income</td>
<td>4</td>
<td>11,625</td>
</tr>
<tr>
<td>5a Gross amount from sale of assets other than inventory</td>
<td>5a</td>
<td>873,872</td>
</tr>
<tr>
<td>5b Less: cost or other basis and sales expenses</td>
<td>5b</td>
<td></td>
</tr>
<tr>
<td>5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)</td>
<td>5c</td>
<td></td>
</tr>
<tr>
<td>6 Special events and activities (complete applicable parts of Schedule B). If any amount is from gaming, check here.</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>7a Gross sales of inventory, less returns and allowances</td>
<td>7a</td>
<td></td>
</tr>
<tr>
<td>7b Less: cost of goods sold</td>
<td>7b</td>
<td></td>
</tr>
<tr>
<td>7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)</td>
<td>7c</td>
<td></td>
</tr>
<tr>
<td>8 Other revenue (describe)</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)</td>
<td>9</td>
<td>873,872</td>
</tr>
<tr>
<td>10 Grants and similar amounts paid (attach schedule)</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>11 Benefits paid to or for members</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>12 Salaries, other compensation, and employee benefits</td>
<td>12</td>
<td>82,871</td>
</tr>
<tr>
<td>13 Professional fees and other payments to independent contractors</td>
<td>13</td>
<td>50,395</td>
</tr>
<tr>
<td>14 Occupancy, rent, utilities, and maintenance</td>
<td>14</td>
<td>4,400</td>
</tr>
<tr>
<td>15 Printing, publications, postage, and shipping</td>
<td>15</td>
<td>9,868</td>
</tr>
<tr>
<td>16 Other expenses (describe)</td>
<td>16</td>
<td>758,352</td>
</tr>
<tr>
<td>17 Total expenses (add lines 10 through 16)</td>
<td>17</td>
<td>905,886</td>
</tr>
<tr>
<td>18 Excess or (deficit) for the year (Subtract line 17 from line 9)</td>
<td>18</td>
<td>-32,014</td>
</tr>
<tr>
<td>19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year’s return)</td>
<td>19</td>
<td>383,525</td>
</tr>
<tr>
<td>20 Other changes in net assets or fund balances (attach explanation)</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>21 Net assets or fund balances at end of year. Combine lines 18 through 20.</td>
<td>21</td>
<td>351,511</td>
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</tbody>
</table>

### Part II Balance Sheets

If Total assets on line 25, column (B) are $2,500,000 or more, file Form 990 instead of Form 990-EZ.

- **A** Beginning of year
  - 400,653
  - 343,015

- **B** End of year
  - 82,871
  - 50,395
  - 4,400
  - 9,868
  - 758,352
  - 905,886
  - 32,014
  - 383,525
  - 351,511

- **E** Other assets (describe) | See Statement 2 |
- **F** Total assets | 431,160 |
- **G** Total liabilities (describe) | See Statement 3 |
- **H** Net assets or fund balances (line 27 of column (B) must agree with line 21) | 383,525 |

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.
Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box. □
- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 990-T.

Part I: Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only... □

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

Electronic Filing (e-file): Generally, you can electronically file Form 990-T if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 990-T electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 9970, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 990-T. For more details on the electronic filing of this form, visit www.irs.gov/eview and click on e-file for Charities & Nonprofits.

Type or print

Name of Exempt Organization
OWASP Foundation
Employer identification number
20-0963503

File by the due date for filing your return. See instructions.

9175 Guilford Road #300
City, town or post office, state, and ZIP code. For a foreign address, see instructions.
Columbia, MD 21046

Check type of return to be filed (file a separate application for each return):

- Form 990
- Form 990-BL
- Form 990-T (section 401(a) or 408(a) trust)
- Form 990-EZ (trust other than above)
- Form 990-PF

X The books are in the care of... Management

Telephone No. □ 301-604-4882 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 part of the group, check this box. □. If it is the whole group, check this box. □ and attach a list with the names and EINs of all members of the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until _______ 09 , to file the exempt organization return for the organization named above.

The extension is for the organization's return for:

- X calendar year 2008
- __________________________, 20_ and ending __________, 20_ __

2 If this tax year is for less than 12 months, check reason:

- Initial return □ Final return □ Change in accounting period □

3a If this application is for Form 990-BL, 990-T, 990-PF, Form 9920, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. □ $ 0.

3b If this application is for Form 990-PF or Form 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. □ $ 0.

3c Balance Due: Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. □ $ 0.

Caution: If you are going to make an electronic fund withdrawal with this Form 990-T, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.
Part II  Additional (Not Automatic) 3-Month Extension of Time. You must file original and one copy.

Name of Exempt Organization
OWASP Foundation

Number, street, and room or suite number. If a P.O. box, see instructions.
9175 Guilford Road #300
Columbia, MD 21045

Check type of return to be filed (File a separate application for each return):
☐ Form 990  ☐ Form 990-PF
☐ Form 990-BL  ☐ Form 990-T (section 401(a) or 408(a) trust)
☐ Form 990-EZ  ☐ Form 990-T (trust other than above)
☐ Form 1041-A  ☐ Form 6069
☐ Form 4720  ☐ Form 8870
☐ Form 5227

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

☐ The books are in care of: Management
☐ Telephone No.:  ☐ 301-604-4882  ☐  FAX No.
☐ I request an additional 3-month extension of time until 11/15/09.
☐ For calendar year 2008, or other tax year beginning , and ending ,.
☐ If this tax year is for less than 12 months, check reason: ☐ Initial return  ☐ Final return  ☐ Change in accounting period
☐ State in detail why you need the extension. Taxpayer respectfully requests additional time to gather information necessary to file a complete and accurate tax return.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.

8b If this application is for Form 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 and any amount paid previously with Form 8868.

8c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instr. 

Signature and Verification

I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature: [Signature]

Date: 8/1/09

T.R. Klein & Company
2809 BOSTON ST
Baltimore, MD 21224
**Part III  Statement of Program Service Accomplishments (See the instructions.)**

What is the organization's primary exempt purpose? See Statement 4

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

28 See Statement 5

(Grants $ ) If this amount includes foreign grants, check here.  28a  827,682.

29

(Grants $ ) If this amount includes foreign grants, check here.  29a

30

(Grants $ ) If this amount includes foreign grants, check here.  30a

31 Other program services (attach schedule)

(Grants $ ) If this amount includes foreign grants, check here.  31a

32 Total program service expenses (add lines 28a through 31a)  32  827,682.

**Part IV  List of Officers, Directors, Trustees, and Key Employees.** (List each one even if not compensated. See the instrs.)

<table>
<thead>
<tr>
<th>(a) Name and address</th>
<th>(b) Title and average hours per week devoted to position</th>
<th>(c) Compensation (if not paid, enter -0-)</th>
<th>(d) Contributions to employee benefit plans and deferred compensation</th>
<th>(e) Expense account and other allowances</th>
</tr>
</thead>
<tbody>
<tr>
<td>David Wichers</td>
<td>Treasurer</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
</tr>
</tbody>
</table>
| 9175 Guilford Road #300  
Columbia, MD 21046 |                                                      |                                          |                                                     |                                       |
| Jeff Williams       | President                                             | 1.00                                     | 0.                                                   | 0.                                    |
| 9175 Guilford Road #300  
Columbia, MD 21046 |                                                      |                                          |                                                     |                                       |
| Jim Brennan         | Director                                              | 1.00                                     | 0.                                                   | 0.                                    |
| 2175 Guilford Road #300  
Columbia, MD 21046 |                                                      |                                          |                                                     |                                       |
| Sebastian Deleersnyder | Director                                          | 1.00                                     | 0.                                                   | 0.                                    |
| 9175 Guilford Road #300  
Columbia, MD 21046 |                                                      |                                          |                                                     |                                       |
| Denis Cruz          | Director                                              | 1.00                                     | 0.                                                   | 0.                                    |
| 9175 Guilford Road #300  
Columbia, MD 21046 |                                                      |                                          |                                                     |                                       |
**Part V | Other Information** (Note the statement requirement in General Instruction V.)

33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity.  
33  

34 Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conforming copy of the changes.  
34  

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.  
35 a  

b If 'Yes,' has it filed a tax return on Form 990-T for this year?  
35 b  

36 Was there a liquidation, dissolution, termination, or substantial contraction during the year?  
36  

37a Enter amount of political expenditures, direct or indirect, as described in the instructions.  
37a  

b Did the organization file Form 1120-POL for this year?  
37 b  

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?  
38 a  

b If 'Yes,' complete Schedule L, Part II and enter the total amount involved.  
38 b  

39 501(c)(7) organizations: Enter  
39  

a Initiation fees and capital contributions included on line 9.  
39 a  

b Gross receipts, included on line 9, for public use of club facilities.  
39 b  

40a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4941.  
40a  

b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year?  
40 b  

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.  
40 c  

d Enter amount of tax on line 40c reimbursed by the organization.  
40 d  

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T.  
40 e  

41 List the states with which a copy of this return is filed.  
None  

42a The books are in care of  
Management  
Located at  
9175 Guilford Road #300  
Baltimore MD 21204  
Telephone no.  
301-604-4882  
Yes No  
42 b  

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  
42 b  

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.  
42 c  

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here.  
43  

and enter the amount of tax-exempt interest received or accrued during the tax year.  
43  

44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.  
44  

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.  
45  

BAA
Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

See Statement 6

6 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. 

46 Yes  X

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II.

47 X

48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. 

48 X

49a Did the organization make any transfers to an exempt non-charitable related organization? 

49a X

49b If 'Yes,' was the related organization(s) a section 527 organization? 

49b

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter 'None.'

<table>
<thead>
<tr>
<th>(a) Name and address of each employee paid more than $100,000</th>
<th>(b) Title and average hours per week devoted to position</th>
<th>(c) Compensation</th>
<th>(d) Contributions to employee benefit plans and deferred compensation</th>
<th>(e) Expense account and other allowances</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
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</tbody>
</table>

Total number of other employees paid over $100,000

51 Complete this table for the five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter 'None.'

<table>
<thead>
<tr>
<th>(a) Name and address of each independent contractor paid more than $100,000</th>
<th>(b) Type of service</th>
<th>(c) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
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</tbody>
</table>

Total number of other independent contractors receiving over $100,000

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer

Date 

Preparer's identifying number (see instructions)

Preparer's signature

Paid Preparer's Use Only

Firm's name for yours if self-employed, address, and ZIP + 4

2809 BOSTON ST

Baltimore, MD 21224

Check if still employed □

52-1602955

(410) 675-2727

May the IRS discuss this return with the preparer shown above? See instructions

□ X Yes  □ No

Form 990-EZ (2008)
Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

Attach to Form 990 or Form 990-EZ. See separate instructions.

**Part I: Reason for Public Charity Status**

(All organizations must complete this part.)

The organization is not a private foundation because it is: (Please check only one organization.)

1. A church, convention of churches or association of churches described in section 170(b)(1)(A)(i).
3. A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)
4. 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. (Attach Schedule H.)
5. 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)(v). (Complete Part II.)
6. A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). (Complete Part II.)
7. An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
8. A community trust described in section 170(b)(1)(A)(vii). (Complete Part II.)
9. 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.)
10. An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (See instructions)
11. An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry on 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 that describes the type of supporting organization and complete lines 11(e) through 11(h).
   a. Type I
   b. Type II
   c. Type III — Functionally integrated
   d. Type III — Other

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box.

g. Since August 17, 2005, has the organization accepted any gift or contribution from any of the following persons?

Yes | No
--- | ---
11 g (i) |  
11 g (ii) |  
11 g (iii) |  

h. Provide the following information about the organizations the organization supports.

<table>
<thead>
<tr>
<th>(i) Name of Supported Organization</th>
<th>(ii) EIN</th>
<th>(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))</th>
<th>(iv) Is the organization in col. (i) listed in your governing document?</th>
<th>(v) Did you notify the organization in col. (i) of your support?</th>
<th>(vi) Is the organization in col. (i) organized in the U.S.?</th>
</tr>
</thead>
<tbody>
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</tr>
</tbody>
</table>

Total

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

Schedule A (Form 990 or 990-EZ) 2008
### 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)

#### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning on)</th>
<th>(a) 2004</th>
<th>(b) 2005</th>
<th>(c) 2006</th>
<th>(d) 2007</th>
<th>(e) 2008</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Gifts, grants, contributions and membership fees received. (Do not include unusual grants.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Total. Add lines 1-3.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Public support. Subtract line 5 from line 4.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning on)</th>
<th>(a) 2004</th>
<th>(b) 2005</th>
<th>(c) 2006</th>
<th>(d) 2007</th>
<th>(e) 2008</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Amounts from line 4.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Net income from unrelated business activities, whether or not the business is regularly carried on.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Other income. Do not include gain or loss form the sale of capital assets (Explain in Part IV).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Total income. Add lines 7 through 10.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Gross receipts from related activities, etc. (see instructions).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
<th>(a) 2004</th>
<th>(b) 2005</th>
<th>(c) 2006</th>
<th>(d) 2007</th>
<th>(e) 2008</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Public support percentage for 2007 Schedule A, Part IV-A, line 26f</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

- **16a 33-1/3% support test — 2008.** If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.

- **16b 33-1/3% support test — 2007.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.

- **17a 10%-facts-and-circumstances test — 2008.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. The organization qualifies as a publicly supported organization.

- **17b 10%-facts-and-circumstances test — 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. The organization qualifies as a publicly supported organization.

- **18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.
### Part III
**Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I.)

#### Section A. Public Support

<table>
<thead>
<tr>
<th>Item</th>
<th>(a) 2004</th>
<th>(b) 2005</th>
<th>(c) 2006</th>
<th>(d) 2007</th>
<th>(e) 2008</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Gifts, grants, contributions, and membership fees received. Do not include 'unusual grants.'</td>
<td>28,950</td>
<td>51,603</td>
<td>149,641</td>
<td>231,653</td>
<td>461,847</td>
<td></td>
</tr>
<tr>
<td>2. Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose</td>
<td>113,180</td>
<td>275,913</td>
<td>371,106</td>
<td>630,594</td>
<td>1,390,793</td>
<td></td>
</tr>
<tr>
<td>3. Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>6. Total.</strong></td>
<td><strong>0</strong></td>
<td><strong>142,130</strong></td>
<td><strong>327,516</strong></td>
<td><strong>520,747</strong></td>
<td><strong>862,247</strong></td>
<td><strong>1,852,640</strong></td>
</tr>
<tr>
<td>7a. Amounts included on lines 1, 2, 3 received from disqualified persons</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Add lines 7a and 7b</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>8. Public support</strong></td>
<td><strong>0</strong></td>
<td><strong>142,130</strong></td>
<td><strong>327,516</strong></td>
<td><strong>520,747</strong></td>
<td><strong>862,247</strong></td>
<td><strong>1,852,640</strong></td>
</tr>
</tbody>
</table>

#### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal yr beginning in)</th>
<th>(a) 2004</th>
<th>(b) 2005</th>
<th>(c) 2006</th>
<th>(d) 2007</th>
<th>(e) 2008</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. Amounts from line 6</td>
<td>0</td>
<td>142,130</td>
<td>327,516</td>
<td>520,747</td>
<td>862,247</td>
<td>1,852,640</td>
</tr>
<tr>
<td>10a. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources</td>
<td>350</td>
<td>5,257</td>
<td>12,126</td>
<td>11,625</td>
<td>29,358</td>
<td></td>
</tr>
<tr>
<td>10b. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10c. Add lines 10a and 10b</td>
<td>0</td>
<td>350</td>
<td>5,257</td>
<td>12,126</td>
<td>11,625</td>
<td>29,358</td>
</tr>
<tr>
<td>11. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on,</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Other income. Do not include gain or loss from the sale of capital assets. See Part IV.</td>
<td>-2,894</td>
<td>-2,894</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>13. Total support.</strong></td>
<td><strong>1,879,104</strong></td>
<td>1,879,104</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th>(a) 2004</th>
<th>(b) 2005</th>
<th>(c) 2006</th>
<th>(d) 2007</th>
<th>(e) 2008</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>15. Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))</td>
<td>15%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Public support percentage from 2007 Schedule A, Part IV-A, line 27g</td>
<td>16%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section D. Computation of Investment Income Percentage

<table>
<thead>
<tr>
<th>(a) 2008</th>
<th>(b) 2007</th>
<th>(c) 2006</th>
<th>(d) 2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>17. Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))</td>
<td>17%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Investment income percentage from 2007 Schedule A, Part IV-A, line 27h</td>
<td>18%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **a 33-1/3% support tests — 2008.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
- **b 33-1/3% support tests — 2007.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

20. Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.
Part IV | Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)
### Part III, Line 12 - Other Income

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Revenue</td>
<td>$1,975</td>
<td>$-2,894</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Total</td>
<td>$1,975</td>
<td>$-2,894</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>
Statement 1
Form 990-EZ, Part I, Line 16
Other Expenses

Conferences, Conventions, and Meetings .................................. $589,879.
Depreciation .............................................................................. 942.
Insurance ................................................................................ 5,248.
Internet expense ........................................................................ 27,363.
Miscellaneous ........................................................................... 35,389.
Office Expenses ......................................................................... 3,142.
Program expense ........................................................................ 88,428.
Telephone .................................................................................. 1,212.
Travel ....................................................................................... 6,749.
Total $758,352.

Statement 2
Form 990-EZ, Part II, Line 24
Other Assets

Beginning Ending
Accounts Receivable .......................................................... $28,978 $25,500.
Machinery and Equipment ................................................. 1,529 2,121.
Total $30,507 $27,621.

Statement 3
Form 990-EZ, Part II, Line 26
Total Liabilities

Beginning Ending
Accounts Payable and Accrued Expenses ......................... $47,635 $19,125.
Total $47,635 $19,125.

Statement 4
Form 990-EZ, Part III
Organization’s Primary Exempt Purpose

The mission of the Organization is to make application security visible, so that people and organizations can make informed decisions about true application security risks.

Statement 5
Form 990-EZ, Part III, Line 28
Statement of Program Service Accomplishments

The Open Web Application Security Project (OWASP) is dedicated to finding and fighting the causes of insecure software. Our open source projects and local chapters produce free, unbiased, open-source documentation, tools, and standards. The OWASP community also facilitates conferences, local chapters, articles, papers, and message forums.
Statement 6
Form 990-EZ, Part VI
Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? No
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? No