Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation

Do not enter social security numbers on this form as it may be made public.

► Go to www.irs gov/Form990PF for instructions and the latest information.

		ment of the Treasury I Revenue Service						ecurity numbers or m990PF for inst			•					으 Public I	nspection
F	or ca	alendar year 2017	or	tax							, and end			-			, 2017
_	Name	of foundation									<u> </u>		Α	Employer iden	ufication	number	
	THE	CROWDSTRIKE	F	OUN	DATIC	N							ŀ	82-15159	43		
_	Numb	er and street (or P O b	ох п	umb	er if mail is	s not deliver	ed to stre	et address)			Room/sui	te	В	Telephone nun	ber (see	ınstructio	ns)
	150) MATHILDA PL	ACI	E							300			(715) 8	29-23	360	
	City o	r town, state or provinc	e, co	ountr	y, and ZIP	or foreign p	ostal code	е									
													C	If exemption applipending, check he	ication is		▶□(
	SUN	NYVALE, CA 9	408	86										pending, check ne			
G	Ch	eck all that apply		Х	Initial re	eturn		Initial return	of a f	ormer (public cha	irity	0	1 Foreign organiz	rations che	eck here	. ▶
					Final re	turn	Γ	Amended re	eturn				-	2 Foreign organi	zations me	eting the	• • —
					Address	s change	[Name chang	ge			•		85% test, check computation			. ▶□
Н	Che	eck type of organiz	atio	n	X Se	ection 50°	1(c)(3)	exempt private	found	ation	()L	i	_			•	: -
1		Section 4947(a)(1) n	one	xem	pt charit	able trust		Other taxable p	rıvate	founda	_{ition} U	}	-	If private foundat under section 507			~ ! !
ī	Fai	r market value of	fa	ll as	ssets at	t J Acc			Cash	X Ac	crual		F	If the foundation			
	end	d of year (from Pa	rt II,	, col	(c), line	• 🗀 (Other (specify)						under section 507			
_	16)	▶ \$	104	1,9	67.	(Part	l, colum	n (d) must be on c	ash bas	sis)			L				
E	art	Analysis of Rev					e (a) Revenue and		N1 - 4						Disburs	
		total of amounts in may not necessar						expenses per	(b)	Net inv	estment ne	(C) A	Adjusted net income	'	for char purpo:	
_		column (a) (see ins						books					_			ash bas	
	1	Contributions, gifts, grant						111,000						KECIE	<u>YED</u>		
	2					required to							Г			C	
	3	Interest on savings an	d te	mpor	ary cash ir	nvestments.	<u> </u>					18	L	NOV 19	2 3197	S	
	4	Dividends and inter	rest	from	n securitie	es						TQ.		110 7 10	6919	الم	
	5a	Gross rents							ļ <u>. </u>			<u> </u>	_		-	18	•
	b	Net rental income or (I	loss)										(JGDEN	LUT	•	
e	6a	Net gain or (loss) from	n sal	le of a	assets not	on line 10	<i>-</i>		<u> </u>							لنسيد	<u> </u>
e	b	Gross sales price for a assets on line 6a	ii			-	ļ										- 1
Revenue	7	Capital gain net inc	ome	e (fro	om Part I	V, line 2) .	<u> </u>				0.			•			. !
Œ	8	Net short-term cap	ıtal ç	gaın.			ļ										·
	9	Income modification Gross sales less return		٠,٠						-					ļ		t
	104	and allowances		.			1		-								•
		Less Cost of goods so							ļ		····			- *	ļ		<u> </u>
	С	Gross profit or (loss															
	11	Other income (attac	ch s	chec	dule)		<u> </u>	111,000.	<u> </u>		0.				<u> </u>		
_	12	Total. Add lines 1 t						111,000.			0.				.		Ţ
Ņ	13	Compensation of offic						<u> </u>	 						-		
Ses	14	Other employee sal							1								
pen	15	Pension plans, emp	-				-	60,000.	-								
X	16 a	Legal fees (attach s						4,800.									
é	16 a b c 17 18 19 20 21 22	Accounting fees (at					-	1,000.	 								
aţi	17	Other professional t		•		•	_		 								
str	17	Taxès (attach sched					<u> </u>		1						+		
Ë	10	•	•	•					 						+		1
투	20	Depreciation (attack			•	•									+		
Ž	21	Travel, conferences											_		+		
Ĕ	22	Printing and publication			_				<u> </u>						+		
Ď,	23	Other expenses (att						533.					_		+-		533.
텵	23 24 25	Total operating and							 								
era		Add lines 13 through				•		65,333.									533.
۾	25	-						7,000.							+		5,500.
J	25 26	Contributions, gifts, Total expenses and disbu	-		•		-	72,333.	 		-				+		6,033.
_	27	Subtract line 26 fro				a 44 aliu 25	1		<u> </u>	·					+		
		Excess of revenue over e				amante		38,667.			İ						}
		Net investment inc					-		_		0.			···	+		
		Adjusted net incom													+		
		nanyork Reduction		_	•			<u> </u>	1					_		-000	DE (2017)

3431767 PAGE 3

Pai	rt II	Balance Sheets description column should be for end-of-year	Beginning of year	En	d of year	
		amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value	
	1	Cash - non-interest-bearing		14,96	7. 14,967	
	2	Savings and temporary cash investments				
		Accounts receivable ▶			,	
		Less allowance for doubtful accounts ▶	1			
		Pledges receivable ▶ 90,000.			. ,	
		Less allowance for doubtful accounts ▶	,	90,000	90,000	
- .		Grants receivable				
- 1		Receivables due from officers, directors, trustees, and other				
- []		disqualified persons (attach schedule) (see instructions)	İ			
. .		Other notes and loans receivable (attach schedule)				
- 1		Less allowance for doubtful accounts				
S				-		
9		Inventories for sale or use		-	-	
		Prepaid expenses and deferred charges				
4 10		Investments - U.S. and state government obligations (attach schedule)				
		Investments - corporate stock (attach schedule)				
1	1	Investments - corporate bonds (attach schedule)				
		Less accumulated depreciation (attach schedule)				
12		Investments - mortgage loans				
1:		Investments - other (attach schedule)				
14		Land, buildings, and equipment basis			_	
- 1		Less accumulated depreciation (attach schedule)				
14		Other assets (describe >)				
16		Total assets (to be completed by all filers - see the				
		nstructions Also, see page 1, item I)	0.	104,967	104,967	
17		Accounts payable and accrued expenses	,	64,800).	
18		Grants payable		1,500	<u>Σ.</u>	
		Deferred revenue				
₹ 20		oans from officers, directors, trustees, and other disqualified persons.				
2 2 1		Mortgages and other notes payable (attach schedule)			\dashv .	
Liabilities		Other liabilities (describe)	-		╗	
)			⊣ ;	
23	3 -	Total liabilities (add lines 17 through 22)	0.	66,300		
+-`		Foundations that follow SFAS 117, check here		00,000	≐ !	
တ္တ		and complete lines 24 through 26, and lines 30 and 31.				
Balances 25						
E 24		Jnrestricted			- '	
E 25		Temporarily restricted			- 1	
26	5 I	Permanently restricted			┥ '	
뒤		Foundations that do not follow SFAS 117, check here			1	
틴	Č	and complete lines 27 through 31.				
رم ا	′ (Capital stock, trust principal, or current funds			-∤ .	
등 28	3 F	Paid-in or capital surplus, or land, bldg, and equipment fund,		38,667	-	
Net Assets or Fu) ;	Retained earnings, accumulated income, endowment, or other funds				
8 명) 1	Total net assets or fund balances (see instructions)	0.	38,667	<u>·</u>	
Ž 31	1	Total liabilities and net assets/fund balances (see			,	
		nstructions)	0.	104,967	·	
Par				 		
		net assets or fund balances at beginning of year - Part II			_	
		of-year figure reported on prior year's return)			0	
		r amount from Part I, line 27a			38,667.	
		r increases not included in line 2 (itemize) ▶				
4 A	\dd I	ines 1, 2, and 3		<u>4</u>	38,667.	
		eases not included in line 2 (itemize) ▶		5		
6 T	otal	net assets or fund balances at end of year (line 4 minus l	ine 5) - Part II, column (b)	, line 30 6	38,667.	

(a) List and de	s and Losses for Tax on Investigation in the same state of the kind(s) of property sold (for prick warehouse, or common stock, 200	example, real estate,	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 <u>a</u>					
b					
<u>c</u>					
<u>d</u>					
е	-	-	1	<u> </u>	
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo ((e) plus (f) min	
ab					
C					
d					
e					
	showing gain in column (h) and owned	d by the foundation on 12/31/69	(h	Gains (Col (h) ga	ain minus
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		(k), but not less t Losses (from co	han -0-) or
a					
b					
C					
d					
e			 		
2 Capital gain net income	or (net canital loss)	gain, also enter in Part I, line 7 loss), enter -0- in Part I, line 7	2		
3 Net short-term capital g	jain or (loss) as defined in sections	s 1222(5) and (6)			
If gain, also enter in F	Part I, line 8, column (c) See in	istructions If (loss), enter -0- in $ig\}$			
Part I, line 8		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	3		
Part V Qualification L	<u> Under Section 4940(e) for Re</u>	educed Tax on Net Investment I	ncome		
	•	butable amount of any year in the b	ase perio	d?	Yes N
		ear, see the instructions before mak	ing any er	ntries	
(a)	(b)	(c)	1	(d)	
Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of nonchantable-use assets		Distribution ra (col (b) divided by	
2016			 	· · · · · · · · · · · · · · · · · · ·	
2015			-		
2014					
2013 2012					
2012	-,,-				
2 Total of line 1 column /	'd\		2		
		de the total on line 2 by 5 0, or by	-		
J	,	enf less than 5 years	3		
the number of years the	Toundation has been in existence	illess than 5 years			<u>-</u>
4 Enter the net value of n	oncharitable-use assets for 2017	from Part X, line 5	4		-
5 Multiply line 4 by line 3.	5				
6 Enter 1% of net investm	nent income (1% of Part I, line 27b))	6		
7 Add lines 5 and 6			7		
		x in Part VI, line 1b, and complete		t using a 1% ta	x rate See t

orm	990-PF (2017) THE CROWDSTRIKE FOUNDATION 82-15	15943	3	Page 4
Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - se	e instr	uction	<u></u>
	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1 Date of ruling or determination letter (attach copy of letter if necessary - see instructions) Domestic foundations that meet the section 4940(e) requirements in Part V, check			0.
С	here \(\subseteq \) and enter 1% of Part I, line 27b	1		ı
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			
3	Add lines 1 and 2			0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			0.
5	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0			0.
6	Credits/Payments			
а	2017 estimated tax payments and 2016 overpayment credited to 2017 6a			
	Exempt foreign organizations - tax withheld at source			•
С	Tax paid with application for extension of time to file (Form 8868) 6c			i
	Backup withholding erroneously withheld			•
	Total credits and payments Add lines 6a through 6d			0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		_	0.
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
0 1	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
2012	Enter the amount of line 10 to be Credited to 2018 estimated tax ► Refunded ► 11 t VII-A Statements Regarding Activities			
			Т.,	Τ
та	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No X
	participate or intervene in any political campaign?			+~
D		1b		х
	instructions for the definition		-	+
				i
_	published or distributed by the foundation in connection with the activities	10		x
	Did the foundation file Form 1120-POL for this year?	1c		 ``
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ▶ \$ 0. (2) On foundation managers ▶ \$ 0.			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers > \$		<u> </u>	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	- 1		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		Х
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Х
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or	-		
	By state legislation that effectively amends the governing instrument so that no mandatory directions that			1
	conflict with the state law remain in the governing instrument?	6	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	Х	
	Enter the states to which the foundation reports or with which it is registered. See instructions.	_ _		
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	-	}	
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	Х	<u> </u>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes,"	-		
	complete Part XIV	9		Х
				. —

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their

Form 990-PF (2017)

10

82-1515943

Pai	t VII-A Statements Regarding Activities (continued)			
	`		Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within	he		
	meaning of section 512(b)(13)? If "Yes," attach schedule See instructions	مما		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualif		T	Γ
	person had advisory privileges? If "Yes," attach statement See instructions	12		x
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application		Х	
	Website address ► N/A	_	1	
14	The books are in care of ▶ ARIE YTSMA Telephone no ▶ 715-8	29-236	0	
• •	Located at ▶150 MATHILDA PLACE, SUITE 300 SUNNYVALE, CA ZIP+4 ▶ 94086			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here	_		.
	and enter the amount of tax-exempt interest received or accrued during the year	1		
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?			Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name			
	the foreign country >	ŭ.		
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year, did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	·		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?		1	
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)? Yes X N	,		
	(6) Agree to pay money or property to a government official? (Exception Check "No" if the	·]
	foundation agreed to make a grant to or to employ the official for a period after			ł
	termination of government service, if terminating within 90 days) Yes	ا ا		
h	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulation	_		1
_	section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1		X
	Organizations relying on a current notice regarding disaster assistance, check here			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, the	at		
Ī	were not corrected before the first day of the tax year beginning in 2017?	1 .		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a priva			ì
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))	.		
а	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2017? Yes X	اه		
	If "Yes," list the years			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)	2)		
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)	to		
	all years listed, answer "No" and attach statement - see instructions)	l l		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			1
	•	ļ		- 1
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	ı		- 1
	at any time during the year?	5		}
b	If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation	ог		l
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by t			ſ
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse			ŀ
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if t			
	foundation had excess business holdings in 2017)			
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purpose			Х
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize	1		
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 201	72 4b	L	X

Par	t VII-B Statements Regarding Activities	for Which Form	4720 May Be Red	uired (conti	nued)			-3
5a	During the year, did the foundation pay or incur any amo	•		•			Yes	No
•	(1) Carry on propaganda, or otherwise attempt to influe		on 4945(e))?	Yes	X No		-	, !
	(2) Influence the outcome of any specific public ele	-					•	í
	directly or indirectly, any voter registration drive?		· · · · · · · · · · · · · · · · · · ·		X No			i
	(3) Provide a grant to an individual for travel, study, or or			<u> </u>	X No			,
	(4) Provide a grant to an organization other than a					ŀ		,
	section 4945(d)(4)(A)? See instructions	• • •			X No	ŀ		1
	(5) Provide for any purpose other than religious, ch							·
	purposes, or for the prevention of cruelty to children				X No			
b	If any answer is "Yes" to 5a(1)-(5), did any of the	transactions fail to	qualify under the e	exceptions desc	ribed in	_	_	
	Regulations section 53 4945 or in a current notice regard					5b		
	Organizations relying on a current notice regarding disas	iter assistance, check	here		▶□			
С	If the answer is "Yes" to question 5a(4), does the	foundation claim e	exemption from the t	ax		_		
	because it maintained expenditure responsibility for the g				☐ No			
	If "Yes," attach the statement required by Regulations se							٠,
6a	Did the foundation, during the year, receive any fun		ectly, to pay premiur	ms				
	on a personal benefit contract?	•		Yes	X No			
ь	Did the foundation, during the year, pay premiums, dire			act?		6b	l	X
	If "Yes" to 6b, file Form 8870	•	•				i	
7a	At any time during the tax year, was the foundation a pa	arty to a prohibited ta	x shelter transaction?	Yes	X No			
b	If "Yes," did the foundation receive any proceeds or have			_		7b		
Par	t VIII Information About Officers, Director	s, Trustees, Fou	ındation Manager:	s, Highly Pa	id Employ	yees,		
1	and Contractors List all officers, directors, trustees, foundation n	nanagers and their	r compensation Sec	instructions				
•	<u> </u>	(b) Title, and average	(c) Compensation	(d) Contributio		e) Expens	e accou	ınt
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefi and deferred comp	ipians į '	other all		
ATC	H 2		0.		0.			0.
							•	
2	Compensation of five highest-paid employees "NONE."	(other than thos	se included on line	e 1 - see in	structions). If no	one, e	enter
		(b) Title, and average		(d) Contribution employee be		e) Expens	e accou	nt
(a)	Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	plans and def	erred	other all		
		·		compensat				
	NONE		•					
			•					
					1			
Total	number of other employees paid over \$50,000.						_	
, viai	named of other employees paid over woo, ood.			<u></u>				

Page 7

Part VIII	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Emploand Contractors (continued)	yees,
3 Five	highest-paid independent contractors for professional services. See instructions. If none, enter "NON	E."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE		
	<u>'</u>	
		_
Total numb	er of others receiving over \$50,000 for professional services	
Part IX-A	Summary of Direct Charitable Activities	
י מונות-ה	Cummury of Direct Character Activates	
	ndation's four largest direct chantable activities dunng the tax year. Include relevant statistical information such as the number of is and other beneficianes served, conferences convened, research papers produced, etc.	Expenses
. 1 N/A		
·		
2		
3		
4		
Part IX-B	Summary of Program-Related Investments (see instructions)	
	e two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE		
2		
•	ogram-related investments. See instructions	
3 NONE		
ı otal. Add	nes 1 through 3	<u> </u>

Form 990-PF (2017)

qualifies for the section 4940(e) reduction of tax in those years

THE CROWDSTRIKE FOUNDATION

Page 9 Form 990-PF (2017)

Рa	rt XIII Undistributed Income (see instr	uctions) 🗻	_	<u> </u>	<u> </u>
		(a)	(b)	(c)	(d)
1	Distributable amount for 2017 from Part XI,	Corpus	Years prior to 2016	2016	2017
	Irne 7	,			106.
2	Undistributed income, if any, as of the end of 2017		•		
	Enter amount for 2016 only				1 .
h	Total for pnor years 20 15 ,20 14 ,20 13		-	· · ·	1
	Excess distributions carryover, if any, to 2017		P. 4. 2.00		
	From 2012				,
	From 2013				,
	From 2014				
	From 2015				
					'
	From 2016	<i>'</i>			
	Total of lines 3a through e				
4	Qualifying distributions for 2017 from Part XII, line 4 \(\bigverepsilon\) \$ 6,033.				
а	Applied to 2016, but not more than line 2a		ui-		
b	Applied to undistributed income of prior years				
	(Election required - see instructions)				
c	Treated as distributions out of corpus (Election required - see instructions)				
	Applied to 2017 distributable amount				106.
	Remaining amount distributed out of corpus	5,927.	··		
	Excess distributions carryover applied to 2017				
3	(If an amount appears in column (d), the same		· · · · · · · · · · · · · · · · · · ·	,	· ····································
	amount must be shown in column (a))				
6	Enter the net total of each column as indicated below:				,
		5,927.			,
	Corpus Add lines 3f, 4c, and 4e Subtract line 5	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
b	Prior years' undistributed income Subtract				
_	line 4b from line 2b,				
C	income for which a notice of deficiency has				,
	been issued, or on which the section 4942(a)				
	tax has been previously assessed		· · ·		<u> </u>
d	Subtract line 6c from line 6b Taxable				<u> </u>
_	amount - see instructions				-
е	4a from line 2a Taxable amount - see				
	instructions			_	
f	Undistributed income for 2017 Subtract lines				
	4d and 5 from line 1. This amount must be				
	distributed in 2018				<u> </u>
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				(
	170(b)(1)(F) or 4942(g)(3) (Election may be				,
	required - see instructions)				
8	Excess distributions carryover from 2012 not		•	-	'
	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2018.	E 027			;
	Subtract lines 7 and 8 from line 6a	5,927.			
10	Analysis of line 9				,
а	Excess from 2013			Ì] .
t	Excess from 2014				
c	Excess from 2015				
d	Excess from 2016				;
e	Excess from 2017 5,927.	<u></u>			<u> </u>

NONE

c Any submission deadlines

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other

NONE

Page **11**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	7
a Paid during the year				
ATCH 3				
		ĺ		
•				
•				
				!
•				1
•				
				•
				1
Total			▶ 3a	5,500.
b Approved for future payment		<u> </u>	J	,
b ripproved for fatare payment				
ATCH 4				
	ľ			
		1		
Total	<u> </u>	I .	▶ 3b	1,500.
Total			🟲 36	1,300.

JSA 7E1491 1 000

Part XVI-A Analysis of Income-Prod	lucing Act	ivities			
Enter gross amounts unless otherwise indicated	Unrela	ated business income	Excluded by	y section 512, 513, or 514	(e)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
1 Program service revenue		<u>.</u>			(Occ mandenona)
a					
b					
c					
d					-
e					
fg Fees and contracts from government agencies					
			 		
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments -		-			
4 Dividends and interest from securities		•			
5 Net rental income or (loss) from real estate a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property		··			
		-			
7 Other investment income					
• •					
9 Net income or (loss) from special events10 Gross profit or (loss) from sales of inventory	•				
11 Other revenue a					-
b					
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e)					<u>.</u>
13 Total. Add line 12, columns (b), (d), and (e)			:	13	
(See worksheet in line 13 instructions to verify calc	ulations)				
Part XVI-B Relationship of Activitie	s to the A	ccomplishment of Ex	empt Pur	poses	
Line No. Explain below how each activit accomplishment of the foundation					
		<u> </u>		-	
	<u> </u>				
			<u>.</u>		
			-		
				···	·
		·	.	··	
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				-	

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		-			-
	<u> </u>				
				-	
-					
			•		-
		-		 .	Form 990-PF (2017)

Form 99	0-PF (2				FOUNDATION			82-151			ge 13
Part	XVII	Information R Exempt Organ	egarding Tra	ansfers to	and Transa	ctions a	nd Relation	ships With Nonc	hari	table	
ir	n sec	organization direct tion 501(c) (other cations?	-		-	-				aeY	No
аT	ransfe	ers from the reportin	g foundation to	a noncharit	able exempt or	ganization	of			.	
(1) Cas	ih		<i>.</i>					1a(1)		Х
•	•	er assets							1a(2)		X
		ransactions		_		•			ļ		х
		es of assets to a no									$\frac{x}{x}$
		chases of assets fro ntal of facilities, equi									Х
		mbursement arrange									Х
		ins or loan guarantee									X
(4	6) Per	formance of service	s or membersh	nip or fundra	ising solicitation:	s			1b(6)		Х
	_	of facilities, equipm	-			-					_ X
		answer to any of the									
		n any transaction or									
(a) Line		(b) Amount involved			cempt organization	<u> </u>		fers, transactions, and sha			
		N/A				N/A					

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	_										
	\rightarrow										
						-					
	$\overline{}$										
			<u></u>	***							
				—					•		
d	escrib	foundation directly (led in section 501(c) "complete the follow (a) Name of organization	(other than sec wing schedule	ction 501(c)(n 527?		-		es X	No
		(a) Name of organization	''	(0)	Type of organization	1	'	(c) Description of leations	шр		
										•	
	Under	penalties of perjury I decis	re that I have evam	ned this return .	actuding tecomotows	o schadulas n	ad stolements and t	a the best of my kenydade	a and b	aliat it	in Inia
		hengeoneithe oppolaration of		axpayer) is based o	on all information of wh			to the best of the knowledg	0 2/10 0	51181, IL	15 1100,
Sign		Burt podber		114	Novis	Tr	easure	May the IRS	discus:		muter Swelet
Here	Sign	THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE S		Date		Title		See instruction:	·	_	No
	1	Print/Type preparer's na	me	Preparer's	signature	-	Date	Check If F	MIT		
Paid		VALERIE J. BAI	LL		Viewo9&	u	11/12/	8 self-employed	2001	7811	4
Prepa			MG LLP					Firm's EIN ▶13-55	6520	7	
Use C	Only	1	75 FREEDOM NTA CLARA,	CIRCLE I	DR, SUITE 1		5054	Phone no 408-36	57-57	764	

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

Name of the organization		Employer identification number							
THE CROWDSTRIKE FOU	NDATION								
·	<u> </u>	82-1515943							
Organization type (check on	e)								
Filers of:	Section:								
Form 990 or 990-EZ	501(c)() (enter number) organization								
	4947(a)(1) nonexempt charitable trust not treated as a private	foundation							
-									
Form 990-PF	•								
	4947(a)(1) nonexempt charitable trust treated as a private foun	dation							
	501(c)(3) taxable private foundation								
Check if your organization is	covered by the General Rule or a Special Rule.								
•	7), (8), or (10) organization can check boxes for both the General Rule and	a Special Rule See							
General Rule									
~	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contr or property) from any one contributor. Complete Parts I and II. See instru contributions								
Special Rules									
regulations under second 13, 16a, or 16b, al \$5,000, or (2) 2% For an organization contributor, during	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III								
contributor, during contributions totale during the year for General Rule appli	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year								
990-EZ, or 990-PF), but it mi	t isn't covered by the General Rule and/or the Special Rules doesn't file Soust answer "No" on Part IV, line 2, of its Form 990, or check the box on ling to certify that it doesn't meet the filing requirements of Schedule B (Form 9).	e H of its Form 990-EZ or on its							

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

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

Name of organization THE CROWDSTRIKE FOUNDATION

Employer identification number 82-1515943

Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
1_	CROWDSTRIKE, INC. 150 MATHILDA PLACE, SUITE 300 SUNNYVALE, CA 94086	\$ 100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
2	DMITRI ALPEROVITCH 150 MATHILDA PLACE, SUITE 300 SUNNYVALE, CA 94086	\$ \$,000.	Person Payroll Noncash (Complete Part II for noncash contributions)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
3	GEORGE KURTZ 150 MATHILDA PLACE, SUITE 300 SUNNYVALE, CA 94086	\$ \$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)	
(a) No.	(b) , Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
			Person Payroll Noncash (Complete Part II for noncash contributions)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)	

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name.of organization THE CROWDSTRIKE FOUNDATION

Employer identification number

82-1515943

Part II	Noncash Property (see instructions) Use duplicate copies of	of Part II if additional space is ne	eded
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-hep-			,
(a) No. from Part I	(b) — Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	-		
			1

Name of organization THE CROWDSTRIKE FOUNDATION

Employer identification number

82-1515943

Part III	the following line entry For organizat	the year from any lons completing Par e year (Enter this in	one contributor. t III, enter the tota formation once	Cribed in section 501(c)(7), (8), or Complete columns (a) through (e) and I of exclusively religious, charitable, etc See instructions) ►\$	
(a) No from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
	Transferee's name, address, ar	(e) Transi	_	onship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
	Transferee's name, address, ar	(e) Transi	_	onship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
	(e) Transfer of gift				
	Transferee's name, address, ar	nd ZIP + 4	Relatio	onship of transferor to transferee	
(a) No from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
		(e) Transf	er of gift		
	Transferee's name, address, ar	nd ZIP + 4	Relatio	onship of transferor to transferee	

- OTHER EXPENSES PART, I FORM 990PE, REVENUE AND EXPENSES PER BOOKS DESCRIPTION
BANK FEES
SECRETARY OF STATE FEE
OFFICE EXPENSE

30.

533.

TOTALS

30. PURPOSES 362.

CHARITABLE

533.

ATTACHMENT 1 PAGE 20

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

ATTACHMENT 2

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					•
EXPENSE ACCT AND OTHER ALLOWANCES		· 0	.0	.0	0
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	.0	.0	.0	.0	0.
COMPENSATION		.0	.0	.0	0
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	DIRECTOR, CHAIRMAN OF THE BOARD 3.00	DIRECTOR, PRESIDENT 3.00	DIRECTOR, SECRETARY	DIRECTOR, TREASURER 3.00	GRAND TOTALS
NAME AND ADDRESS	GEORGE KURTZ 150 MATHILDA PLACE, SUITE 300 SUNNYVALE, CA 94086	DMITRI ALPEROVITCH 150 MATHILDA PLACE, SUITE 300 SUNNYVALE, CA 94086	COLIN BLACK 150 MATHILDA PLACE, SUITE 300 SUNNYVALE, CA 94086	BURT PODBERE 150 MATHILDA PLACE, SUITE 300 SUNNYVALE, CA 94086	

FOUNDATION	
CROWDSTRIKE	
THE	

2017 FORM 990-PF

82-1515943

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
PENN STATE UNIVERSITY 2583 GATEWAY DRIVE, SUITE 130 STATE COLLEGE, PA 16801-3098	NOT RELATED GOV	PENN STATE EASTERN REGIONAL PEN TESTING COMPETITION SPONSORHIP	3, 500
RIVER DELL HACK-A-THON 55 PYLE STREET ORADELL, NJ 07649-2599	NOT RELATED GOV	SPONSOR HIGH SCHOOL HACK-A-THON	1,000
FBI AGENTS ASSOCIATION MEMORIAL COLLEGE FUND P O BOX 320215 ALEXANDRIA, VA 22320	NOT RELATED PC	PROVIDES COLLEGE EDUCATION FUNDS TO CHILDREN OF DECEASED FBI EMPLOYEES	1,000

٠,

5,500 TOTAL CONTRIBUTIONS PAID

ATTACHMENT 3 PAGE 22

3431767

7763NI 2546 11/9/2018

FOUNDATION	
CROWDSTRIKE	
THE	

2017 FORM 990-PF

82~1515943

FORM 990PF, PART XV - CONTRIBUTIONS APPROVED FOR FUTURE PAYMENT

7763NI 2546 11/9/2018

3431767

PAGE 23 ATTACHMENT 4

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ELA	
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AND

FOUNDATION STATUS OF RECIPIENT

NOT RELATED PC

DOMESTIC SECURITY ALLIANCE COUNCIL

1200 G ST NW, SUITE 800 WASHINGTON, DC 20005

RECIPIENT NAME AND ADDRESS

PURPOSE OF GRANT OR CONTRIBUTION

SPONSORSHIP TO THE NEW YORK CORPORATE SECURITY FORUM, THE DASC EXECUTIVE ACADEMY GRADUATE

1,500

AMOUNT

ATTACHMENT 4

PROGRAM AND THE DSAC REGIONAL SYMPOSIUM

TOTAL CONTRIBUTIONS APPROVED

1,500