

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)**▶ **Do not enter social security numbers on this form as it may be made public.**▶ **Information about Form 990 and its instructions is at www.irs.gov/form990.****2016****Open to Public
Inspection**

A For the 2016 calendar year, or tax year beginning 01/01 , 2016, and ending 12/31 , 20 16														
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization Doing business as</td> <td rowspan="3">D Employer identification number 04-35 45 8</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address) 450 0772</td> <td>Room/suite</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code , , 7008</td> </tr> <tr> <td colspan="2">F Name and address of principal officer: 450 0772, , 7008</td> <td> E Telephone number 603-56 -04 3 G Gross receipts \$ 2,432,354 H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ </td> </tr> <tr> <td colspan="3"> I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 J Website: ▶ . . / / K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ L Year of formation: 2001 M State of legal domicile: </td> </tr> </table>	C Name of organization Doing business as		D Employer identification number 04-35 45 8	Number and street (or P.O. box if mail is not delivered to street address) 450 0772	Room/suite	City or town, state or province, country, and ZIP or foreign postal code , , 7008		F Name and address of principal officer: 450 0772, , 7008		E Telephone number 603-56 -04 3 G Gross receipts \$ 2,432,354 H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 J Website: ▶ . . / / K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ L Year of formation: 2001 M State of legal domicile:		
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Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: _____		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	11
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	4
	6	Total number of volunteers (estimate if necessary)	6	500
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 308,105	Current Year 312,500
	9	Program service revenue (Part VIII, line 2g)	2,075, 47	2,118, 6
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	263	6
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	574	186
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,384,88	2,432,354
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	273,0 5	385,445
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	276, 13	381,386
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,315, 63	1,425,770	
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,865, 71	2,1 2,601	
19	Revenue less expenses. Subtract line 18 from line 12	518, 18	23 ,753	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 2,082,438	End of Year 2,500,606
	21	Total liabilities (Part X, line 26)	456,460	634,874
	22	Net assets or fund balances. Subtract line 21 from line 20	1,625, 78	1,865,732

Part II Signature Block

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.

Sign Here	▶	Signature of officer	Date		
	▶	Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature		Date
	Firm's name ▶		Firm's EIN ▶		Check <input type="checkbox"/> if self-employed
	Firm's address ▶		Phone no.		PTIN

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No**For Paperwork Reduction Act Notice, see the separate instructions.**

Cat. No. 11282Y

Form **990** (2016)

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

If "Yes," describe these new services on Schedule O.

If "Yes," describe these changes on Schedule O.

4a (Code: _____) (Expenses \$ 1,623, 57 including grants of \$ 0,054) (Revenue \$ 2.0 0,26)

4b (Code:) (Expenses \$ **168,8 1** including grants of \$ **168,8 1**) (Revenue \$ **0**)

4c (Code: _____) (Expenses \$ 66,133 including grants of \$ 36,3 4) (Revenue \$ 0)

4d	Other program services (Describe in Schedule O.)		2
	(Expenses \$ 0.107 including grants of \$ 0.107) (Revenue \$ 0)		

Form **990** (2016)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Y," see Part A.</i>	1	
2 Is the organization required to complete Schedule B, Schedule C, or Schedule IV (see instructions)?	2	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Y," see Schedule C, Part I.</i>	3	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Y," see Schedule C, Part II.</i>	4	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Y," see Schedule C, Part III.</i>	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Y," see Schedule D, Part I.</i>	6	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Y," see Schedule D, Part II.</i>	7	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Y," see Schedule D, Part III.</i>	8	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian		

Part IV Checklist of Required Schedules (e ~~XXXX~~
NN)

		Yes	No
20 a	Did the organization operate one or more hospital facilities? / Y , e Se H	20a	
b			

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

Part VI Governance, Management, and Disclosure *Fr ae Y r N 2 r 7b b , a N r a N*
r N 8a, 8b, r 10b b , erb N ere N , r N , N a N N Se O. S N N e N
 Check if Schedule O contains a response or note to any line in this Part VI ☒

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 11 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b Enter the number of voting members included in line 1a, above, who are independent 1b 11		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2		<input checked="" type="checkbox"/>
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3		<input checked="" type="checkbox"/>
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		<input checked="" type="checkbox"/>
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		<input checked="" type="checkbox"/>
6 Did the organization have members or stockholders? 6	<input checked="" type="checkbox"/>	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a	<input checked="" type="checkbox"/>	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b	<input checked="" type="checkbox"/>	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? 8a	<input checked="" type="checkbox"/>	
b Each committee with authority to act on behalf of the governing body? 8b	<input checked="" type="checkbox"/>	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>I Y , r N a N a r N Se O</i> 9		<input checked="" type="checkbox"/>

Section B. Policies *(T S e N B r N r a N ab N e N r r b N N a R N C .)*

	Yes	No
10a Did the organization have local chapters, branches, or affiliates? 10a		<input checked="" type="checkbox"/>
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a		<input checked="" type="checkbox"/>
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? <i>I N , N 13</i> 12a	<input checked="" type="checkbox"/>	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b	<input checked="" type="checkbox"/>	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>I Y , erb N Se O a N</i> 12c	<input checked="" type="checkbox"/>	
13 Did the organization have a written whistleblower policy? 13	<input checked="" type="checkbox"/>	
14 Did the organization have a written document retention and destruction policy? 14		<input checked="" type="checkbox"/>
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official 15a		<input checked="" type="checkbox"/>
b Other officers or key employees of the organization 15b		<input checked="" type="checkbox"/>
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a		<input checked="" type="checkbox"/>
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ►
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (*a N N Se O*)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: ►

, (603)56 -04 3

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 0				
	b	Membership dues	1b 164,476				
	c	Fundraising events	1c 0				
	d	Related organizations	1d 0				
	e	Government grants (contributions)	1e 0				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 148,024				
	g	Noncash contributions included in lines 1a-1f: \$	0				
	h	Total. Add lines 1a-1f	▶ 312,500				
Program Service Revenue				Business Code			
	2a		813 20	2,0 0,26	2,0 0,26	0	0
	b		813 20	0	0	0	0
	c		813 20	0	0	0	0
	d		813 20	28,700	28,700	0	0
	e	/	813 20	0	0	0	0
	f	All other program service revenue .		0	0	0	0
	g	Total. Add lines 2a-2f	▶ 2,118, 6				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	▶ 6	0	0	6	
	4	Income from investment of tax-exempt bond proceeds ▶	0	0	0	0	
	5	Royalties	▶ 186	186	0	0	
			(i) Real	(ii) Personal			
	6a	Gross rents	0	0			
	b	Less: rental expenses	0	0			
	c	Rental income or (loss)	0	0			
	d	Net rental income or (loss)	▶ 0	0	0	0	
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	0	0			
	b	Less: cost or other basis and sales expenses	0	0			
	c	Gain or (loss)	0	0			
	d	Net gain or (loss)	▶ 0	0	0	0	
	8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18	a 0				
	b	Less: direct expenses	b 0				
	c	Net income or (loss) from fundraising events	▶ 0		0	0	
	9a	Gross income from gaming activities. See Part IV, line 19	a 0				
	b	Less: direct expenses	b 0				
	c	Net income or (loss) from gaming activities	▶ 0	0	0	0	
	10a	Gross sales of inventory, less returns and allowances	a 0				
b	Less: cost of goods sold	b 0					
c	Net income or (loss) from sales of inventory	▶ 0	0	0	0		
Miscellaneous Revenue			Business Code				
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d	▶ 0					
12	Total revenue. See instructions.	▶ 2,432,354	2,11 ,155	0	6		

Part IX Statement of Functional Expenses

501(c)(3) or 501(c)(4) organization. Check if Schedule O contains a response or note to any line in this Part IX ☐ (A).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	68,355	68,355		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	5,651	5,651		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	221,43	221,43		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	157,000	78,500	78,500	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	185,244	128,122	57,122	0
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0	0	0	0
9 Other employee benefits	18,120	10,600	10,600	0
10 Payroll taxes	20,500	10,475	10,475	0
11 Fees for services (non-employees):				
a Management	0	0	0	0
b Legal	12,045	0	12,045	0
c Accounting	4,576	0	4,576	0
d Lobbying	0	0	0	0
e Professional fundraising services. See Part IV, line 17	0			0
f Investment management fees	0	0	0	0
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	38,770	34,500	4,270	0
12 Advertising and promotion	0	0	0	0
13 Office expenses	10,680	3,400	7,100	0
14 Information technology	38,171	387,320	10,770	0
15 Royalties	0	0	0	0
16 Occupancy	553	0	553	0
17 Travel	15,321	3,487	11,834	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	83,858	835,783	4,075	0
20 Interest	0	0	0	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	832	0	832	0
23 Insurance	5,365	1,720	3,330	0
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	77,430	68,326	617	0
b	10,000	0	10,000	0
c	2,500	2,500	0	0
d				
e All other expenses	147	0	147	0
25 Total functional expenses. Add lines 1 through 24e	2,126,010	1,408,088	243,513	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year	(B) End of year
Assets	1 Cash—non-interest-bearing	1	
	2 Savings and temporary cash investments	2	1,012,333
	3 Pledges and grants receivable, net	3	
	4 Accounts receivable, net	4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	6	
	7 Notes and loans receivable, net	7	
	8 Inventories for sale or use	8	
	9 Prepaid expenses and deferred charges	9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	
	b Less: accumulated depreciation	10b	10c
	11 Investments—publicly traded securities	11	
	12 Investments—other securities. See Part IV, line 11	12	
	13 Investments—program-related. See Part IV, line 11	13	
	14 Intangible assets	14	
	15 Other assets. See Part IV, line 11	15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	16		
Liabilities	17 Accounts payable and accrued expenses	17	
	18 Grants payable	18	
	19 Deferred revenue	19	
	20 Tax-exempt bond liabilities	20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	22	
	23 Secured mortgages and notes payable to unrelated third parties	23	
	24 Unsecured notes and loans payable to unrelated third parties	24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	25	
	26 Total liabilities. Add lines 17 through 25	26	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	27 Unrestricted net assets	27	
	28 Temporarily restricted net assets	28	
	29 Permanently restricted net assets	29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.		
	30 Capital stock or trust principal, or current funds	30	
	31 Paid-in or capital surplus, or land, building, or equipment fund	31	
	32 Retained earnings, endowment, accumulated income, or other funds	32	
	33 Total net assets or fund balances	33	
34 Total liabilities and net assets/fund balances	34		

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,432,354
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,1 2,601
3	Revenue less expenses. Subtract line 2 from line 1	3	23 ,753
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,625, 78
5	Net unrealized gains (losses) on investments	5	0
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,865,732

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
b Were the organization's financial statements audited by an independent accountant? . . . If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . .		✓
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2016

Open to Public Inspection

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Do not check this box unless the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Name of the organization

Employer identification number

Part I Reason for Public Charity Status (A)

- 1 ☐ A section 170(b)(1)(A)(i).
- 2 ☐ A section 170(b)(1)(A)(ii). (A E (F 990 or 990-E).)
- 3 ☐ A section 170(b)(1)(A)(iii).
- 4 ☐ A section 170(b)(1)(A)(iii). E.
- 5 ☐ A section 170(b)(1)(A)(iv). (P r II.)
- 6 ☐ A section 170(b)(1)(A)(v).
- 7 ☐ A section 170(b)(1)(A)(vi). (P r II.)
- 8 ☐ A section 170(b)(1)(A)(vi). (P r II.)
- 9 ☐ A section 170(b)(1)(A)(ix).
- 10 ☐ A (1) 33 1/3% (2) 33 1/3% 511
- 11 ☐ A section 509(a)(2). (P r II.)
- 12 ☐ A section 509(a)(1) section 509(a)(2). section 509(a)(3).
- a ☐ Type I. A () You must complete Part IV, Sections A and B.
- b ☐ Type II. A () You must complete Part IV, Sections A and C.
- c ☐ Type III functionally integrated. A () You must complete Part IV, Sections A, D, and E.
- d ☐ Type III non-functionally integrated. A () You must complete Part IV, Sections A and D, and Part V.
- e ☐ C IR I, II, III
- f E
- g P

(i) N

(ii) EIN

(iii)

1-10

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

(Other than private foundations and private inurement or private inurement organizations described in Section 509(a)(2)(B))

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) 2017
1 Grants to or for the care, relief, or education of the needy, for the advancement of religion, or for other charitable purposes (Section 513)						
2 Grants to or for the care, relief, or education of the needy, for the advancement of religion, or for other charitable purposes (Section 513)						
3 Grants to or for the care, relief, or education of the needy, for the advancement of religion, or for other charitable purposes (Section 513)						
4 Grants to or for the care, relief, or education of the needy, for the advancement of religion, or for other charitable purposes (Section 513)						
5 Grants to or for the care, relief, or education of the needy, for the advancement of religion, or for other charitable purposes (Section 513)						
6 Total. A 1 5						
7a A 1, 2, 3						
b A 2 3 \$5,000 1%						
c A 7 7						
8 Public support. (7 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) 2017
9 A 6						
10a Grants to or for the care, relief, or education of the needy, for the advancement of religion, or for other charitable purposes (Section 511)						
b 511 30, 1975						
c A 10 10						
11 N 10						
12 O D (E P I.)						
13 Total support. (A 9, 10, 11, 12.)						
14 First five years. I Form 990 501 () (3) stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 p 2016 (8, () 13, ()	15	%
16 p 2015 A, P III, 15	16	%

Section D. Computation of Investment Income Percentage

17 I 2016 (10, () 13, ()	17	%
18 I 2015 A, P III, 17	18	%
19a 33 1/3% support tests—2016. I 17 33 1/3%, stop here. ▶ <input type="checkbox"/>		
b 33 1/3% support tests—2015. I 18 33 1/3%, stop here. ▶ <input type="checkbox"/>		
20 Private foundation. I 14, 19 19 ▶ <input type="checkbox"/>		

Part IV Supporting Organizations

(C) B.1. 12 P. I. I. 12 P. I. A C.1. 12 P. I. A D, E. I. 12 P. I. A D, P. I.)

Section A. All Supporting Organizations

	Yes	No
1 Are the supported organizations designated by class or purpose? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization determine that the supported organization was described in section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization use the support of the supported organization for (b) and (c) below?		
b Did the organization use the support of the supported organization for (b) and (c) below?		
c Did the organization use the support of the supported organization for (b) and (c) below?		
4a If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
b Did the organization have such control and discretion despite being controlled or supervised by or in connection with its supported organizations?		
c Did the organization use the support of the supported organization for (b) and (c) below?		
5a Did the organization use the support of the supported organization for (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only.		
c Substitutions only.		
6 Did the organization use the support of the supported organization for (b) and (c) below?		

Part IV Supporting Organizations (continued)

		Yes	No
11	H		
a	A		
b	A		
c	A 35%		

If "Yes" to a, b, or c, provide detail in **Part VI**.

Section B. Type I Supporting Organizations

		Yes	No
1	D		
2	D		

Section C. Type II Supporting Organizations

		Yes	No
1			

Section D. All Type III Supporting Organizations

		Yes	No
1	D		
2			
3	B		

Section E. Type III Functionally Integrated Supporting Organizations

		Yes	No
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	<input type="checkbox"/> Complete line 2 below.		
b	<input type="checkbox"/> Complete line 3 below.		
c	<input type="checkbox"/> Describe in Part VI how you supported a government entity (see instructions).		
2	A Answer (a) and (b) below.		
a	D		
b	D		
3	P Or Answer (a) and (b) below.		
a	D		
b	D		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ C instructions. A III P U N . 20, 1970 (P l). See A U E.

Section A - Adjusted Net Income		(A) Prior	(B) Current
1 Net	1		
2 R	2		
3 O ()	3		
4 A 1 3	4		
5 D	5		
6 P ()	6		
7 O ()	7		
8 Adjusted Net Income (5, 6, 7)	8		
Section B - Minimum Asset Amount		(A) Prior	(B) Current
1 A ()			
a A	1a		
b A	1b		
c F	1c		
d Total (1, 1, 1)	1d		
e Discount (Part VI):			
2 A	2		
3 2 1	3		
4 C E 1-1/2% 3 ()	4		
5 N (4 3)	5		
6 M 5 .035	6		
7 R	7		
8 Minimum Asset Amount (7 6)	8		
Section C - Distributable Amount			Current
1 A (A, 8, O A)	1		
2 E 85% 1	2		
3 M (B, 8, O A)	3		
4 E 2 3	4		
5 L	5		
6 Distributable Amount. (5 4)	6		
7 <input type="checkbox"/> C			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions			Current Year
1	A		
2	A		
3	A		
4	A		
5	Q	() IR	
6	O	() Part VI.	
7	Total annual distributions. A 1 6.		
8	D	() Part VI.	
9	D	2016 C, 6	
10	L 8	L 9	

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	D 2016 C, 6			
2	() P I).			
3	E 2016:			
a				
b				
c	F 2013			
d	F 2014			
e	F 2015			
f	Total 3			
g	A			
h	A 2016			
i	C 2011 ()			
j	R 3, 3, 3, 3			
4	D 2016			
	D, 7: \$			
a	A			
b	A 2016			
c	R 4, 4, 4			
5	R 2016, 3, 4 2. F P I.			
6	R 2016. 3			
	4 1. F P I.			
7	Excess distributions carryover to 2017. A 3			
	4			
8	B 7:			
a				
b	E 2013			
c	E 2014			
d	E 2015			
e	E 2016			

Part VI

Supplemental Information.

Part II, Line 10; Part II, Line 17; Part III, Line 12; Part I, Line A, 1, 2, 3, 3, 4, 4, 5, 6, 9, 9, 9, 11, 11, 11; Part I, Line B, 1, 2; Part I, Line C, 1; Part I, Line D, 2, 3; Part I, Line E, 1, 2, 3, 3; Part I, Line 1; Part I, Line B, 1; Part I, Line D, 5, 6, 8; Part I, Line E, 2, 5, 6. A

Schedule A, Part II, Line 10 - Python Cookbook Royalties

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization

Python Software Foundation

Employer identification number

04-3594598

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	
4 Number of states where property subject to conservation easement is located ▶	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ (ii) Assets included in Form 990, Part X ▶ \$	
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 ▶ \$ b Assets included in Form 990, Part X ▶ \$	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations

- d** ☐ Loan or exchange programs
e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ **Yes** ☐ **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ **Yes** ☐ **No**

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ **Yes** ☐ **No**

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ %
b Permanent endowment ▶ %
c Temporarily restricted endowment ▶ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	0		0
b Buildings	0	0	0	0
c Leasehold improvements	0	93,952	8,168	4,784
d Equipment	0	0	0	0
e Other	0	0	0	0
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,784

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►		

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) _____	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities		

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization

Python Software Foundation

Employer identification number

04-3594598

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) Central America and the Caribbean	0	0	Grantmaking		3,060
(2) East Asia and the Pacific	0	0	Grantmaking		39,311
(3) Europe (including Iceland and Greenland)	0	0	Grantmaking		102,372
(4) Middle East and North Africa	0	0	Grantmaking		6,750
(5) North America (including Canada and Mexico)	0	0	Grantmaking		1,397
(6) Russia and the newly independent states	0	0	Grantmaking		6,323
(7) South America	0	0	Grantmaking		21,895
(8) South Asia	0	0	Grantmaking		11,957
(9) Sub-Saharan Africa	0	0	Grantmaking		28,374
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	0	0			221,439

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

[illegible]

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) Develop conference registration	East Asia and the Pacific	1	10,440	Wire transfers	0	N/A	N/A
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926).* ☐ Yes ☒ No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990).* . . . ☐ Yes ☒ No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471).* ☐ Yes ☒ No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621).* ☐ Yes ☒ No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865).* ☐ Yes ☒ No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990).* ☐ Yes ☒ No

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Schedule F, Part I, Line 2 - Grants were made to partially sponsor international conferences and workshops related to the establishment and promotion of the free and open source programming language Python and related applications and libraries. Grants were also made to support Python education workshops worldwide. These grants were fixed amounts approved by a majority vote of the Python Software Foundation board or Grants working group board committee members. Travel to PyCon may be partially reimbursed for individuals who could not otherwise attend; these reimbursements are determined by a PyCon volunteer committee based on financial need. These expenditures are accounted/reported by aggregating the amounts of funds transferred by wire, PayPal, and bank checks. Funds granted are compared to Board/working group approvals to ensure accuracy. Accounts related to expenditure of grant funds are reconciled by the Treasurer or Controller of Python Software Foundation. There were no non-cash expenditures.

SCHEDULE I
(F 990)

Department of the Treasury
Internal Revenue Service
Name of the organization

Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States

C a a a Y F 990, Pa IV, 21 22.
A ac F 990.
I a ab Sc I (F 990) a c a www.irs.gov/form990.

OMB No. 1545-0047

2016

O P b c
I c

E d ca b

Part I General Information

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Y ☐ N
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Organizations, Governments, and Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	() Amount of non-cash assistance	() Method of valuation (book, FMV, appraisal, other)	() Description of noncash assistance	() Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							

Part III **G a a d O A a c D c l d d a** . Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 / 0	135	90,054	0	N/A	/
2	2	4,166	0	N/A	/
3	1	1,431	0	N/A	/
4					
5					
6					
7					

Pa	IV	S	a	I	a	. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.
-----------	-----------	----------	----------	----------	----------	---

Handwriting practice paper with a blue dashed line and a red dashed line. The blue dashed line contains the text "2-" and the red dashed line contains the text "1-". The rest of the page is blank.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

Employer identification number

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Return was timely filed in accordance with an extension granted by the IRS.

Python development: The foundation sponsors programming efforts to advance the core Python language, its associated libraries, and significant allied projects central to the Python community.	33,208	33,208	0
Other service expense: The foundation made a number of grants in 2016 to support education in Python technology. Many of these objectives involved education directed to women and teenage children. The Foundation made nearly one hundred small grants to support workshops and outreach efforts worldwide. All grants are voted on by the Board of Directors.	56,899	56,899	0
	0,10	0,10	0