Form **990** 

Department of the Treasury

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) 2011 Open to Public

OMB No. 1545-0047

Inter	nal Revenue	e Service	I he organization	i may have to use a copy of this return	to satisfy	state reporting	g requiremen	nts.		inspectic	11
Α	For the	2011 calend	dar year, or tax year begin	ning	, 2011, a	and ending			,		
в	Check if ap	plicable:	C Name of organization PYT	HON SOFTWARE FOUND	ATION		1	D Employ	er Identifi	cation Number	
	X Addre	ss change	Doing Business As					04-3	35945	98	
		change		if mail is not delivered to street addr)		Room/su	ite	E Telephor			
	Initial	-	1550 SW JAY ST #	90772				(603	8) 56	9-0493	
			City, town or country	20112	State	ZIP code + 4		(005	, 50	9 0195	
	Termi						010	<b>c</b> .			G
		ded return	BEAVERTON		OR	97006-6	<b>I(a)</b> Is this a g			965,58	
	Applic	ation pending	<b>F</b> Name and address of principal of		-		i(a) is this a g i(b) Are all aff				es <u>X</u> No
				e Chavez Blvd, unit 30PORTLAND		97214		tach a list. (s		tions)	es No
I	Tax-exe	empt status	X 501(c)(3) 501(c) (	) < (insert no.) 4947	(a)(1) or	527					
J	Websi	ite:► WW	W.PYTHON.ORG			н	I(c) Group ex	emption nur	nber ►		
κ	Form of	organization:	X Corporation Trust	Association Other ►	L Ye	ear of Formation	n: 2001	M s	tate of leg	al domicile: C	R
Pa	rt I	Summar	V	· ·							
				or most significant activities:	ТО	DEVELO	P AND	CONTRO	DL TH	IE PYTHO	N
				ELLECTUAL PROPERTY,							
			OF PYTHON.								
	2 Ch	neck this bo	x	discontinued its operations or o	disposed	of more the	an 25% of	its net as	sets.		
	_			ng body (Part VI, line 1a)					3		13
				f the governing body (Part VI, I					4		13
				alendar year 2011 (Part V, line					5		2
	<b>6</b> To	tal number	of volunteers (estimate if ne	cessary)					6		100
	<b>7 a</b> To	otal unrelate	d business revenue from Pa	rt VIII, column (C), line 12					7 a		0.
	b Ne	et unrelated	business taxable income fro	m Form 990-T, line 34					7 b		
							Pri	ior Year		Current	Year
	<b>8</b> Co	ontributions	and grants (Part VIII, line 1h	)				110,3	31.		7,615.
Revenue											4,412.
Ver		0	· · ·	lines 3, 4, and 7d)				<u>592,3</u> 8	80.		1,249.
æ				5, 6d, 8c, 9c, 10c, and 11e)				2,5			2,310.
			( )	nust equal Part VIII, column (A)				706,1			5,586.
				column (A), lines 1-3)				55,3			7,558.
				$(A)$ , line 4) $\cdots$				55,5	51.	0	7,550.
								() (	1 -		<b>F</b> 000
ŝ				enefits (Part IX, column (A), lin				63,6	15.	1	5,999.
Expenses	<b>16a</b> Pr	ofessional f	undraising fees (Part IX, colu	umn (A), line 11e) .....							
çpe	<b>b</b> To	otal fundraisi	ing expenses (Part IX, colum	nn (D), line 25) ►		Ο.					
ш	17 Ot	her expense	es (Part IX, column (A), lines	11a-11d, 11f-24e).				536,5	00.	65	8,544.
				ual Part IX, column (A), line 25)				655,4			2,101.
		•	· ·	from line 12				50,6			3,485.
F 8	13 1.0	Evenue less	expenses. Subtract line 10		<u></u>		Doginging			End of	
Net Assets or Fund Balances	20 To	tal agasta (l	Dort V line 16)				Beginning	357,5			1,682.
Asse Bali		•	Part X, line 16) · · · · · · ·			• • • • • •		129,8			
Ind A			(Part X, line 26)								0,498.
_				21 from line 20				227,7	01.	39	1,184.
Pa	rt II	Signatur	e Block								
Unde	er penalties	of perjury, I dec	lare that I have examined this return,	including accompanying schedules and st formation of which preparer has any know	atements, a	and to the best	of my knowled	dge and beli	ef, it is tru	e, correct, and	
COM	Dete. Decial		er (other than onicer) is based on all ir	normation of which preparer has any know	wiedge.						
								/12/1	2		
Sig	ŋn	Signatu	re of officer				Date	•			
Here		KUR:	F B.KAISER				TREASU	URER			
		Type or	print name and title.								
		Print/Type pr	reparer's name	Preparer's signature		Date	C	Check	if P	TIN	
Pa	ы	BRTAN	WENDROFF	BRIAN WENDROFF		11/15/1		self-employe	- 1_	0072767	8
	eparer	Firm's name		SSOCIATES, LLC		/_//	>		~ 11	55,2101	<u>~</u>
Us	e Only								• o c	1164007	
03	c ciny	Firm's addre			0000	001-				1164007	
		<u> </u>	ARLINGTON	VA		-2345		Phone no.	(703		
May	/ the IRS	discuss this	s return with the preparer sho	own above? (see instructions)						X Yes	No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

 Form 990 (2011)
 PYTHON
 SOFTWARE
 FOUNDATION

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A.	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	3		Х
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? If 'Yes,' complete Schedule C, Part II	4		Х
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? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV</i>	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
ä	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	11 a	Х	
ł	Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		Х
(	Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
(	<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		Х
e	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12 a	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a		Х
ł	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12 b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
ł	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b	x	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
20 :	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
I	<b>b</b> If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Form 990 (2011) Part IV Checklist of Required Schedules (continued)	Page 4
	Yes No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II</i>	21
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23
24 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d
25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disistalifietbptbsaboutricgd\$5,9out?cl/imperisation/cd/fbpdraboh,dRaring the year? If 'Yes,' complete Schedule L, Part I	25ccount other than a ref

Form <b>990</b>	(2011)							
Part V Statements Regarding Other IRS Filings and Tax Compliance								
	Check if Schedule O contains a response to any question in this Part V							
1 a								

Yes No

rm <b>990</b> (2011)			Page 6
art VI Governance, Management and Disclosure For each 'Yes' response a 'No' response to line 8a, 8b, or 10b below, describe the circumstanc Schedule O. See instructions.	to lines 2 through 7b below ses, processes, or changes	w, and for in	
Check if Schedule O contains a response to any question in this Part VI			
ection A. Governing Body and Management			
		Yes	No
1 a Enter the number of voting members of the governing body at the end of the tax year 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.	1a		
${f b}$ Enter the number of voting members included in line 1a, above, who are independent	1 b		
2 Did any officer, director, trustee, or key employee have a family relationship or a business rela officer, director, trustee or key employee?	ationship with any other		
3 Did the organization delegate control over management duties customarily performed by or un of officers, directors or trustees, or key employees to a management company or other person	าder the direct supervision า?		
4 Did the organization make any significant changes to its governing documents			
since the prior Form 990 was filed?			
5 Did the organization become aware during the year of a significant diversion of the organizatio	on's assets?		
6 Did the organization have members or stockholders?			
7 a Did the organization have members, stockholders, or other persons who had the power to elec members of the governing body?	ct or appoint one or more		
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) mem stockholders, or other persons other than the governing body?	ibers,		
8 Did the organization contemporaneously document the meetings held or written actions under the following:	taken during the year by		
a The governing body?		8 a	
<b>b</b> Each committee with authority to act on behalf of the governing body?		8 b	
9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cann organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	ot be reached at the	9	
ection B. Policies (This Section B requests information about policies not required by the	Internal Revenue Code.)		
		Yes	No
<b>0 a</b> Did the organization have local chapters, branches, or affiliates?		10 a	
<b>b</b> If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliate operations are consistent with the organization's exempt purposes?		10 b	
1 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing t	the form?	11 a	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
2a Did the organization have a written conflict of interest policy? If 'No,' go to line 13			
<b>b</b> Were officers, directors or trustees, and key employees required to disclose annually interests to conflicts?	that could give rise		
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy <i>Schedule O how this is done</i>	/? If 'Yes,' describe in		
3 Did the organization have a written whistleblower policy?			
4 Did the organization have a written document retention and destruction policy?			
5 Did the process for determining compensation of the following persons include a review and a persons, comparability data, and contemporaneous substantiation of the deliberation and deci			
a E)10301xgidyljizezziliumise22.2001xfoxkededstiktepDildestk(hycer)pojzierTeshatgehtgelolopefunitedstitteetKik(KS)ojerT	ñBâlkı0aUDfireedivstinlee2at.pColagionknuckatt	iyoiææadynthuis)	<i>Facer and</i>
b Other officers of key employees of the organization			
If $\frac{1}{2}$ (as' to line 15s or 15s, describe the pressure in Schedule O (See instructions)			
If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)			

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

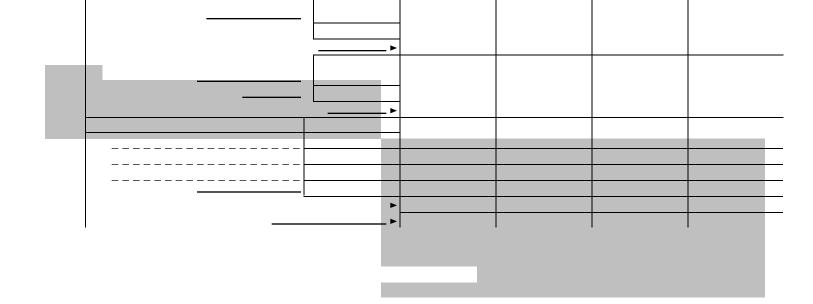
Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

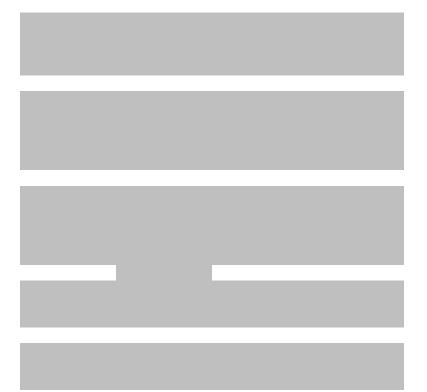
(A) Name and title	<b>(B)</b> Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	(describe hours for related organiza- tions in Schedule O)	andividual trustee or director	unstitutional trustee			(W-2/1099-MISC)	from the organization and related organizations			
(1) GUIDO VAN ROSSUM	_									
PRESIDENT	1.00			Х				0.	0.	0.
(2) STEVE HOLDEN								0	0	0
CHAIRMAN	3.00	Х		Χ				0.	0.	0.
(3) PATRICIA CAMPBELL SECRETARY	40 00			v				11 720	0.	0
(4) RAYMOND HETTINGER	40.00			Х				41,729.	0.	0.
DIRECTOR	2.00	х		Х				0.	0.	0.
(5) KURT B. KAISER	2.00	21		21				0.	0.	0.
TREASURER	15.00			х				30,000.	0.	0.
(6) VAN LINDBERG										
PYCON CONFERENCE CHAIR	10.00			Х				0.	0.	0.
(7) MARC-ANDRE LEMBURG										
DIRECTOR	2.00	Х						0.	0.	0.
(8) MARTIN VON LOEWIS										
DIRECTOR	2.00	Х						0.	0.	0.
(9) DAVID MERTZ	_									
DIRECTOR	2.00	Х						0.	0.	0.
(10) DOUG NAPOLEONE	_									
DIRECTOR	2.00	Х						0.	0.	0.
(11) JESSE NOLLER	_									
DIRECTOR	2.00	Х						0.	0.	0.
(12) TIM PETERS	_									
DIRECTOR	2.00	Х						0.	0.	0.
(13) ALISON RANDAL										-
DIRECTOR	2.00	Х						0.	0.	0.
(14) JEFF RUSH	-								-	-
DIRECTOR	2.00	Х						0.	0.	0.

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont)												
				(0	C)							
(A) Name and title		(B) Average hours per (do not check more than o box, unless person is both officer and a director/trust						<b>(D)</b> Reportable compensation from the organization	(E) Reportable compensation from related organizations		(F) Estimated nount of othe ompensation	
	week (describ e hours for related organi- zations in Sch O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1089-MISC)		from the organization and related organizations	
(15)_GREG_STEIN DIRECTOR	2.00	37						0	0			0
(16) JAMES TAUBER	2.00							0.	0			0.
(17) GLORIA WILLARDSEN	2.00							0.	0			0.
(18) BRETT CANNON	2.00							2,250.	0			0.
(19)												
(20)												
<u>(21)</u>												
(22)												
(23)												
<u>(24)</u>												
<u>(25)</u>												
1 b Sub-total.	Α							73,979.	0	-		0.
<ul> <li>d Total (add lines 1b and 1c)</li></ul>									0 000 of reportable c		ation	0.
											Yes	No
3 Did the organization list any <b>former</b> officer, director or on line 1a? <i>If 'Yes,' complete Schedule J for such indiv</i>	trustee, <i>idual</i>	key	emp	oloye	e, c	or hig	hest	t compensated em	ployee	3		X
4 For any individual listed on line 1a, is the sum of report the organization and related organizations greater than	n \$150,0	000?	lf 'Y	′es' (	com	plete	Sch	hedule J for				
<ul> <li>such individual</li></ul>	pensati	on fr	om a	anv i	unre	lated	d ora	anization or individ	lual			X X
Section B. Independent Contractors		01100		0 101	040		10011					
1 Complete this table for your five highest compensated	indeper	nden	t cor	ntrac	ctors	that	rece	eived more than \$1	00,000 of			
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)												
	Name and business address     Description of services     Compensation											
2 Total number of independent contractors (including but \$100,000 in compensation from the organization ►	t not lim	ited	to th	iose	liste	ed ab	ove	) who received mo	re than			

100,000 in com	pensation f	from the	organization	►





## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a res			( )	
Do 6b	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1			ch ponoco	general expenses	chip office c
-	and organizations in the United States. See	10 000	10.000		
•	Part IV, line 21	10,000.	10,000.		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	41,201.	41,201.		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	16,357.	16,357.		
4					
5	Compensation of current officers, directors, trustees, and key employees	70,086.	10,000.	60,086.	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)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions).				
9	Other employee benefits				
10	Payroll taxes	5,913.	0.	5,913.	0.
	Fees for services (non-employees):				
á	a Management				
ł	b Legal				
	c Accounting	13,800.	0.	13,800.	0.
	d Lobbying				
	e Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	<b>g</b> Other	10,556.	0.	10,556.	0.
12	Advertising and promotion				
13	Office expenses	1,256.	0.	1,256.	0.
14	Information technology	3,344.	0.	3,344.	0.
15	Royalties				
16	Occupancy				
17					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	596,222.	596,222.	0.	0.
20					
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,357.	0.	2,357.	0.
23	Insurance	570.	0.	570.	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.)				
á	BANK AND CREDIT CARDS CHARGES	24,667.	19,640.	5,027.	0.
	COMMUNITY AWARDS	2,500.	0.	2,500.	0.
	POSTAGE AND DELIVERY	545.	0.	545.	0.
c	PAYROLL PROCESSING FEES	1,583.	0.	1,583.	0.
	All other expenses	1,144.	0.	1,144.	0.
25	Total functional expenses. Add lines 1 through 24e	802,101.	693,420.	108,681.	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 ► if following				
	SOP 98-2 (ASC 958-720)				

A S S E T S

1	Cash – non-interest-bearing			1
2	Savings and temporary cash investments		:	2
3	Pledges and grants receivable, net		:	3
4	Accounts receivable, net			4
5	Receivables from current and former officers, directors, tr and highest compensated employees. Complete Part II o		5	
6	Receivables from other disqualified persons (as defined u persons described in section 4958(c)(3)(B), and contribut sponsoring organizations of section 501(c)(9) voluntary e			
	organizations (see instructions)			6
7	Notes and loans receivable, net			7
8	Inventories for sale or use		:	8
9	Prepaid expenses and deferred charges			9
10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
b	Less: accumulated depreciation	10 b	1	0 c
11	Investments – publicly traded securities		1	1
12	Investments – other securities. See Part IV, line 11		1	2
13	Investments – program-related. See Part IV, line 11		1	3
1en	ts			

Form 990 (2011) PYTHON SOFTWARE FOUNDATION 0	4-35945	98	Page 12
Part XI Reconciliation of Net Assets			
Check if Schedule O contains a response to any question in this Part XI			X
1 Total revenue (must equal Part VIII, column (A), line 12)	1	9	65,586.
2 Total expenses (must equal Part IX, column (A), line 25)	2	8	02,101.
3 Revenue less expenses. Subtract line 2 from line 1	3	1	63,485.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	22	27,701.
5 Other changes in net assets or fund balances (explain in Schedule O)	5		-2.
6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,			
column (B))	6	3	91,184.
Part XII Financial Statements and Reporting			_
Check if Schedule O contains a response to any question in this Part XII			<u></u>
			Yes No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other		_	
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2 a Were the organization's financial statements compiled or reviewed by an independent accountant?		2.a	Х
<b>b</b> Were the organization's financial statements audited by an independent accountant?		2 b	Х
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a review, or compilation of its financial statements and selection of an independent accountant?		2 c	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued of separate basis, consolidated basis, or both:	n a		
Separate basis Consolidated basis Both consolidated and separate basis			
<b>3 a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing Audit Act and OMB Circular A-133?	le 	<u>3</u> a	x
<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits	audit	3b	
BAA		Form	<b>990</b> (2011)

SCHEDULE A	
(Form 990 or 990-E	Z

# Public Charity Status and Public Support

OMB No. 1	545-0047
204	4.4

(Form	990 or	990-EZ)							2011					
			Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.											
Departme Internal R	ent of the Revenue	Treasury Service		<ul> <li>Attach to Form 990 or Form 990-EZ. ► See separate instructions.</li> </ul>							Open to Inspe	o Publ ection	ic	
Name of	the orga	nization								Employe	r identificat	tion number		
PYTH	ON S	OFTWAF	RE FOU	NDATION						04-35	594598	3		
Part	I Re	eason fo	or Publ	ic Charity Statu	s (All organizations ι	must co	omplete	e this p	oart.) S	ee inst	ruction	S.		
The org	ganiza	ion is not	a private	foundation because	it is: (For lines 1 through <sup>,</sup>	11, checl	c only or	ne box.)						
1	Ac	hurch, cor	vention	of churches or assoc	ation of churches describ	ed in <b>se</b>	tion 17	0(b)(1)(A	A)(i).					
2	As	chool des	cribed in	section 170(b)(1)(A)	(ii). (Attach Schedule E.)	)								
3	Ah	ospital or	a cooper	ative hospital service	organization described in	section	170(b)	(1)(A)(iii	).					
4	An	nedical res	earch or	ganization operated	n conjunction with a hosp	ital desc	ribed in s	section	<b>170(b)(</b> 1	1)(A)(iii)	Enter th	e hospital's		
-	nar	ne, city, ai	nd state:											
5	An <b>170</b>	organizati (b)(1)(A)(	on opera <b>iv).</b> (Cor	ted for the benefit of mplete Part II.)	a college or university ow	ned or o	perated	by a gov	ernmen	tal unit d	escribed	in section		
6					ernmental unit described									
с Г	in s	ection 17	0(b)(1)(A	A)(vi). (Complete Pa			governr	nental u	nit or fro	m the ge	eneral pu	blic describ	ed	
8	_				0(b)(1)(A)(vi). (Complete	,								
9	fror inve	n activities estment in	s related come an	to its exempt functior	more than 33-1/3% of its as – subject to certain exo taxable income (less sec mplete Part III.)	ceptions,	and (2)	no more	than 33	3-1/3% o	f its supp	ort from gro	DSS	
10	An	organizati	on organ	ized and operated ex	clusively to test for public	safety.	See <b>sec</b> t	tion 509	(a)(4).					
11	An	organizati	on organ	ized and operated ex	clusively for the benefit of	f, to perfe	orm the f	unctions	s of, or c	arry out	the purp	oses of one	or	
_		cribes the		supporting organization	cribed in section 509(a)(1) on and complete lines 11e			a)(2). Se	e sectio	n 509(a)	<b>)(3).</b> Che	eck the box	that	
г	a	Type I		<b>b</b> Type II		I – Func	,	0			d	Type III –	Other	r
е	By	checking t	his box,	I certify that the organ	nization is not controlled d than one or more publicly	lirectly or	indirect	ly by one	e or mor	e disqua	lified per	sons		
	sec	tion 509(a	1)(2).	managers and other	that one of more publicly	Support	su organ	Izations	uescribe	eu in sec	1011 309	(a)(1) 01		
f		e organiz ck this bo			nination from the IRS that	is a Typ	е I, Туре 	e II or Ty	pe III su	pporting	organiza	ation,		. 🗆
g	Sin	ce August	17, 2006	6, has the organization	n accepted any gift or co	ntributio	n from ai	ny of the	followin	ig persoi	ns?		No.	N
	(i)				ntrols, either alone or toge ported organization?							. 11 g (i)	Yes	No
	(ii)		Ū	0, 1	ed in (i) above?							. 11 g (ii)		
	(iii)			•	escribed in (i) or (ii) above							. 11 g (iii)		
h	• • •			, ,	supported organization(s									1
		lame of supp	Ŭ	(ii) EIN	(iii) Type of organization	í I	s the	(v) Did y	ou notify	(vi)	s the	(vii) Amou	at of sup	port
	()	organization			(described on lines 1-9 above or IRC section	organiz	ation in i) listed in	the organ	nization in	organiz	ation in	(VII) Allou	it of Supp	pon
					(see instructions))	your go	verning ment?	your su		organiz U.S	mn (i) ed in the			
	Yes No Yes No Yes No													
										100				
(A)														
<u>(, ,</u>								1	1	1				
<u>(B)</u>														
(C)														
(D)														
(E)														
Total														

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

Schedule A (Form 990 or 990-EZ) 2011

04-3594598

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						,		
Cale begi	Calendar year (or fiscal year beginning in) ►         (a) 2007         (b) 2008         (c) 2009         (d) 2010         (e) 2011         (f) Total								
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.') 57,885. 61,548. 82,995. 110,331. 157,615. 470,374.								
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
3	The value of services or facilities furnished by a governmental unit to the organization without charge								
4	Total. Add lines 1 through 3	57,885.	61,548.	82,995.	110,331.	157,615.	470,374.		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						19,920.		
6	Public support. Subtract line 5 from line 4						450,454.		
Sec	tion B. Total Support								
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	<b>(d)</b> 2010	<b>(e)</b> 2011	<b>(f)</b> Total		
7	Amounts from line 4	57,885.	61,548.	82,995.	110,331.	157,615.	470,374.		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,216.	4,580.	3,205.	880.	1,249.	17,130.		
9	Net income from unrelated business activities, whether or not the business is regularly carried on								
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	3,625.	5,404.	2,578.	2,584.	2,310.	16,501.		
	Total support. Add lines 7 through 10						504,005.		
12	Gross receipts from related activiti	ies, etc (see instruc	ctions)			12	2,610,770.		
<b>13</b> First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here									
	tion C. Computation of Pu			a a luma (f))		44	00 27 0/		
14	Public support percentage for 201						89.37 % 86.65 %		
15 Public support percentage from 2010 Schedule A, Part II, line 14									
	and stop here. The organization of	qualifies as a public	ly supported organ	ization			· · · · · · ► X		
ł	o 33-1/3% support test – 2010. If t and stop here. The organization o								
17 8	<b>17 a 10%-facts-and-circumstances test</b> – <b>2011.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization								
	D10%-facts-and-circumstances te or more, and if the organization me organization meets the 'facts-and- Private foundation. If the organiz	eets the 'facts-and- circumstances' tes	circumstances' tes t. The organization	t, check this box a qualifies as a pub	nd stop here. Exp licly supported org	lain in Part IV how anization	the ►		
18 BAA		auon ulu not check		100, 100, 170, 011			90 or 990-EZ) 2011		
							, <u> </u>		

### Page 3

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	-			-	•	
	dar year (or fiscal yr beginning in) ►	<b>(a)</b> 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')						
2	Gross receipts from admis- sions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513 .						
4 5	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
~	Add lines 7a and 7b						
	Public support (Subtract line           7c from line 6.)						
Sec	tion B. Total Support						
Calen	dar year (or fiscal yr beginning in) ►	<b>(a)</b> 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add Ins 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is organization, check this box and s	s for the organizati	on's first, second, t	hird, fourth, or fifth	n tax year as a sec	tion 501(c)(3)	
	tion C. Computation of Pul			<u></u>			
15	Public support percentage for 201			Column (f))			15 %
16	Public support percentage for 201		, ,				16 %
	tion D. Computation of Inv				<u></u>		
	Investment income percentage for				F))		17 %
17 18	Investment income percentage for	•	.,				17 % 18 %
18 19 a	33-1/3% support tests – 2011. If		, ,				
	is not more than 33-1/3%, check th <b>33-1/3% support tests</b> – <b>2010.</b> If line 18 is not more than 33-1/3%, d	his box and <b>stop h</b>	ere. The organizat	ion qualifies as a	publicly supported	organization .	
20	Private foundation. If the organiz	ation did not checl	a box on line 14,	19a, or 19b, checl	k this box and see	Instructions	· · · · · · · · · ▶   !

Schedule A (Form 990 or 990-EZ) 2011       PYTHON SOFTWARE FOUNDATION       04-3594598       Page 4         Part IV       Supplemental Information. Complete this part to provide the explanations required by Part II, line 10;
Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
Other Income Part II, Line 10
Description: BOOK ROYALTIES
2007: 3625.
2008: 5404.
2009: 2578.
2010: 2584.
2011: 2310.

SCHE	DULE	D
(Form	990)	

# **Supplemental Financial Statements**

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 ► Attach to Form 990.
 ► See separate instructions.

OMB No. 1545-0047 2011

Open to Public Inspection

►\$

Depart	tment of the Treasury al Revenue Service	Part IV, lines ► Atta	6, 7, 8, 9, 10, 11a, 11b, 11c, 11 ach to Form 990. ► See separ	d, 11e, 11f, 12a, or <i>'</i> rate instructions.	12b.		Open to Publ	ic
	of the organization					Employer identif		
PYI	HON SOFTWAR	E FOUNDATION				04-359459	98	
Par	t I Organizat	ions Maintaining Dono	r Advised Funds or Othe	er Similar Funds	s or Acco	ounts. Com	plete if	
			Form 990, Part IV, line 6.				•	
			(a) Donor advised f	unds	(b) F	unds and othe	r accounts	
1	Total number at e	nd of year						
2	Aggregate contrib	utions to (during year)						
3	Aggregate grants	from (during year)						
4	Aggregate value a	at end of year						
5	Did the organizati funds are the orga	on inform all donors and donor anization's property, subject to	advisors in writing that the asse the organization's exclusive lega	ts held in donor advis	sed 	🗌 Ye	s 🗌 N	0
6	used only for chai	itable purposes and not for the	and donor advisors in writing the benefit of the donor or donor ad?	lvisor, or for any othe	۶r	🗌 Ye	es 🗌 N	0
Par	t II Conserva	tion Easements. Compl	ete if the organization ans	wered 'Yes' to F	orm <u>9</u> 90,	Part IV, line	e 7.	
1	Purpose(s) of con	servation easements held by th	he organization (check all that ap	oply).				
	Preservation	of land for public use (e.g., reci	reation or education)	Preservation of ar	n historically	/ important lan	d area	
	Protection of	natural habitat		Preservation of a	certified his	toric structure		
	Preservation	of open space						
2	Complete lines 2a last day of the tax	a through 2d if the organization year.	held a qualified conservation co	ntribution in the form	of a conse	rvation easem	ent on the	
					н	eld at the End	l of the Tax Y	ear
					2 a			
			ents		2 b			
C	Number of conser	vation easements on a certified	d historic structure included in (a	l)	2 C			
C	structure listed in	the National Register	c) acquired after 8/17/06, and no		2 d			
3	Number of conser tax year ►	vation easements modified, tra	ansferred, released, extinguished	d, or terminated by th	e organizat	ion during the		
4	·	where property subject to cons	servation easement is located ►					
5	Does the organiza	ation have a written policy rega	rding the periodic monitoring, ins	spection, handling of	violations,	<b> </b> Ye	s 🗆 N	0
6			inspecting, and enforcing conse					0
7	Amount of expens ► \$	ses incurred in monitoring, insp	ecting, and enforcing conservation	on easements during	g the year			
8	Does each conse		ine 2(d) above satisfy the require			Ye	s 🗆 N	0
9	In Part XIV, descr	ibe how the organization report	ts conservation easements in its he organization's financial staten	revenue and expens	se statemer	it, and balance	sheet, and	0
	conservation ease		ne organization s intended staten	nents that describes	ine organiz	auon s accoun		
Par	t III Organiza Complete	tions Maintaining Colle if the organization answ	ections of Art, Historical ered 'Yes' to Form 990, Pa	Treasures, or O art IV, line 8.	ther Sim	ilar Assets	5.	
1 a	art, historical treas	sures, or other similar assets he	FAS 116 (ASC 958), not to report eld for public exhibition, education I statements that describes these	on, or research in furt	ement and b therance of	alance sheet v public service	works of , provide,	
t	historical treasure		FAS 116 (ASC 958), to report in for public exhibition, education, c					
	(i) Revenues inc	luded in Form 990, Part VIII, lir	ne1			▶\$		
2	If the organization amounts required	received or held works of art, to be reported under SFAS 11	historical treasures, or other sim 6 (ASC 958) relating to these ite	ilar assets for financi ms:	al gain, pro	vide the follow	ing	
а	Revenues include	d in Form 990, Part VIII, line 1				►\$		

Schedule D (Form 990) 2011 PYTHC	ON SOFTWA	RE FOU	JNDATION			04-3594	598		Page 2
Part III Organizations Mainta	ining Colle	ctions	of Art, Histo	orical Treasures, o	or Other	Similar Asso	ets (c	ontinu	ed)
3 Using the organization's acquisitior items (check all that apply):	n, accession, a	and other	records, check	any of the following that	t are a sigr	ificant use of its	collecti	on	
<b>a</b> Public exhibition			d Loan d	or exchange programs					
<b>b</b> Scholarly research			e Other	311 3					
c Preservation for future generat	tions								
<ul> <li>Provide a description of the organiz Part XIV.</li> </ul>		ions and	explain how the	y further the organization	on's exemp	ot purpose in			
<ul> <li>5 During the year, did the organization assets to be sold to raise funds rational statements.</li> </ul>	on solicit or rec	ceive dona	ations of art, his	torical treasures, or oth	er similar	Г	Yes	Г	No
Part IV Escrow and Custodia								Part IV	
line 9, or reported an a									,
<b>1 a</b> Is the organization an agent, truste included on Form 990, Part X?	e, custodian, o	or other in	termediary for d	contributions or other as	ssets not	Г	٦.,	Г	 ¬
						· · · · · L	Yes		No
<b>b</b> If 'Yes,' explain the arrangement in	Part XIV and	complete	the following ta	ble:			•		
							Amount	l	
c Beginning balance									
d Additions during the year									
e Distributions during the year									
f Ending balance							<b>-</b>		
2 a Did the organization include an am		990, Part	X, line 21?			· · · · · L	Yes		No
<b>b</b> If 'Yes,' explain the arrangement in					000 B	( )) ( )) ( )			
Part V Endowment Funds. Co									
	(a) Current	year	(b) Prior year	(c) Two years bad	ck <b>(d)</b> 1	Three years back	(e) F	our years	s back
<b>1 a</b> Beginning of year balance									
<b>b</b> Contributions									
<b>c</b> Net investment earnings, gains, and losses									
<b>d</b> Grants or scholarships									
e Other expenditures for facilities and programs									
f Administrative expenses									
<b>g</b> 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-endown	nent 🕨		00						
b Permanent endowment	6								
c Temporarily restricted endowment	•		00						
The percentages in lines 2a, 2b, ar	nd 2c should e	qual 1009	- %.						
3 a Are there endowment funds not in	the nossession	o of the o	ragnization that	are held and administe	red for the				
organization by:	110 0033033101		Iganization that				Γ	Yes	No
(i) unrelated organizations							3a(i)		
(ii) related organizations							3a(ii)		
<b>b</b> If 'Yes' to 3a(ii), are the related org	anizations liste	ed as requ	uired on Schedu	lle R?			3b		
4 Describe in Part XIV the intended u	uses of the org	anization	's endowment fu	unds.					
Part VI Land, Buildings, and	Equipment	. See F	orm 990, Pa	rt X, line 10.					
Description of property			or other basis estment)	(b) Cost or other basis (other)		cumulated reciation	(d) E	3ook va	lue
<b>1 a</b> Land		,	ŕ	4 <i>F</i>					
<b>b</b> Buildings									
c Leasehold improvements									
d Equipment			12,933.			9,396.		3	,537.
<b>e</b> Other			,		1	.,		5	
Total. Add lines 1a through 1e. (Column		l Form 99	90. Part X. colur	nn (B), line 10(c),				3	,537.
BAA			,	<u>, , , , , , , , , , , , , , , , , , , </u>			ule <b>D</b> (F		) 2011
						Concu		5 00	-, -011

Page	3

(2) Closely-heid equity interests	Part VII	Investments – Other Securities. See	Form 990, Part X, lir	าย 12.	
(A)		(a) Description of security or category		(c) Method of valuatior	n: value
(3) Oher	. ,				
(A)	(2) Closely	-held equity interests			
(B)	(3) Other				
(C)	(A)				
(D)	(B)				
(F)	<u>(C)</u>				
(F)	<u>(D)</u>				
(9)	<u>(E)</u>				
(1)					
(1)					
Total: (column (b) Inter 32)>>         Part VIIII Investments - Program Related. See Form 990, Part X, line 13.         (a) Description of investment type       (b) Book value       (c) Method of valuation: Cost or end-of-year market value         (1)       (a)       (b) Book value       (c) Method of valuation: Cost or end-of-year market value         (3)       (c)       (c)       (c)       (c)       (c)         (3)       (c)       (c)       (c)       (c)       (c)       (c)         (4)       (c)       (c					
Part Vill Investments - Program Related. See Form 990, Part X, line 13.           (a) Description of investment type         (b) Book value         Cost or end-of year market value           (1)					
(a) Description of investment type         (b) Book value         (c) Method of valuation: Cost or end-of-year market value           (1)         Cost or end-of-year market value         Cost or end-of-year market value           (3)         Cost or end-of-year market value         Cost or end-of-year market value           (3)         Cost or end-of-year market value         Cost or end-of-year market value           (3)         Cost or end-of-year market value         Cost or end-of-year market value           (4)         Cost or end-of-year market value         Cost or end-of-year market value           (6)         Cost or end-of-year market value         Cost or end-of-year market value           (6)         Cost or end-of-year market value         Cost or end-of-year market value           (7)         Cost or end-of-year market value         Cost or end-of-year market value           (10)         Cost or end-of-year market value         Cost or end-of-year market value           (11)         Cost or end-of-year market value         Cost or end-of-year market value           (12)         Cost or end-of-year market value         Cost or end-of-year market value           (13)         Cost or end-of-year market value         Cost or end-of-year market value           (14)         Cost or end-of-year market value         Cost or end-of-year market value           (16) <t< td=""><td></td><td></td><td></td><td></td><td></td></t<>					
Image: Cost of end-of-year market value       (1)     Cost of end-of-year market value       (2)     (1)       (3)     (1)       (4)     (1)       (5)     (1)       (6)     (1)       (7)     (1)       (8)     (1)       (9)     (1)       (10)     (1)       Total. (Column (b) must equal Form 990, Part X, column (B) line 13)>       (10)     (1)       (11)     (2)       (3)     (1)       (4)     (2)       (5)     (2)       (6)     (2)       (7)     (2)       (8)     (2)       (9)     (2)       (11)     (2)       (3)     (2)       (4)     (2)       (5)     (2)       (6)     (2)       (7)     (3)       (10)     (2)       (11)     (2)       (12)     (2)       (13)     (2)       (14)     (2)       (15)     (2)       (16)     (1)       (17)     (1)       (2)     (2)       (3)     (1)       (4)     (1)       (5)     (2)       (6) <td>Part VIII</td> <td></td> <td></td> <td></td> <td></td>	Part VIII				
(2)       (3)       (4)         (3)       (4)       (5)         (6)       (7)       (7)         (7)       (7)       (7)         (8)       (7)       (7)         (8)       (7)       (7)         (7)       (7)       (7)         (8)       (7)       (7)         (10)       (7)       (7)         (10)       (7)       (9)         (11)       (9)       (9)         (12)       (9)       (9)         (13)       (9)       (9)         (14)       (9)       (10)         (15)       (10)       (10)         (16)       (10)       (10)         (17)       (10)       (10)         (10)       (10)       (10)         (11)       (11)       (12)         (12)       (12)       (13)         (14)       (15)       (16)         (15)       (17)       (18)         (16)       (19)       (19)         (17)       (19)       (10)         (2)       PAYROLL PAYABLE       0.         (3)       (19)       (10) <tr< td=""><td></td><td>(a) Description of investment type</td><td>(b) Book value</td><td><b>(c)</b> Method of valuatior Cost or end-of-year market</td><td>n: value</td></tr<>		(a) Description of investment type	(b) Book value	<b>(c)</b> Method of valuatior Cost or end-of-year market	n: value
(3)					
(4)        (5)        (6)        (7)        (8)        (9)        (10)        Total: (Column (b) must equal Form 990, Part X, column (B) line 13)>        Part IX     Other Assets. See Form 990, Part X, line 15.       (10)     (b) Book value       (1)     (c)       (2)        (3)        (4)        (5)        (6)        (7)        (8)        (9)        (9)        (1)        (2)        (2)        (3)        (4)        (9)        (10)        Total. (Column (b) must equal Form 990, Part X, column (B), line 15.)       (1)        (a) Description of liability     (b) Book value       (1)        (2) PAYROLL PAYABLE     0					
(5)					
(6)       Image: Constraint of the set of the s					
(7)       Image: Control of Control					
(8)       (9)       (10)         (10)       (10)       (10)         Part IX       Other Assets. See Form 990, Part X, line 15.       (b) Book value         (1)       (a) Description       (b) Book value         (1)       (2)       (3)       (4)         (3)       (4)       (1)       (1)         (6)       (7)       (1)       (1)         (8)       (1)       (1)       (1)         (9)       (1)       (1)       (1)         (10)       (1)       (1)       (1)         (10)       (2)       (2)       (2)         (11)       (2)       (2)       (2)       (3)         (10)       (2)       (2)       (2)       (3)         (10)       (2)       (2)       (2)       (3)         (10)       (2)       (2)       (2)       (3)         (1)       Federal income taxes       (3)       (4)         (2)       (2)       (3)       (3)       (4)         (6)       (3)       (3)       (4)       (5)         (6)       (3)       (3)       (4)       (4)         (6)       (3)       (4)					
(9)       (10)         (10)       (10)         Total. (Column (b) must equal Form 990, Part X, column (B) line 13)       (10)         (a) Description       (b) Book value         (1)       (a) Description       (b) Book value         (1)       (a) Description       (b) Book value         (1)       (a) Description       (b) Book value         (2)       (a) Description       (b) Book value         (3)       (a) Description       (b) Book value         (4)       (b) Ender Value       (c)         (7)       (c)       (c)       (c)         (8)       (c)       (c)       (c)         (10)       Total. (Column (b) must equal Form 990, Part X, column (B), line 15.)       (c)       (c)         Total. (Column (b) must equal Form 990, Part X, column (B), line 15.)       (c)       (c)       (c)         Total. (Column (b) must equal Form 990, Part X, tine 25.       (c)       (c)       (c)         (a) Description of liability       (b) Book value       (c)       (c)         (1) Federal income taxes       (c)       (c)       (c)       (c)         (4)       (c)       (c)       (c)       (c)       (c)         (6)       (c)       (c)					
(10)       Total. (Column (b) must equal Form 990, Part X, column (B) line 13)▶         (a) Description       (b) Book value         (1)       (a) Description         (2)       (b) Book value         (3)       (c)         (4)       (c)         (5)       (c)         (6)       (c)         (7)       (c)         (9)       (c)         (10)       (c)         Total. (Column (b) must equal Form 990, Part X, column (B), line 15.)       (c)         (10)       (c)         Total. (Column (b) must equal Form 990, Part X, column (B), line 15.)       (c)         (1) Federal income taxes       (c)         (2) PAYROLL PAYABLE       0					
Total. (Column (b) must equal Form 990, Part X, column (B) line 13) ▶       (b) Book value         (a) Description       (b) Book value         (1)       (c)         (2)       (c)         (3)       (c)         (4)       (c)         (5)       (c)         (6)       (c)         (7)       (c)         (10)       (c)         Total. (Column (b) must equal Form 990, Part X, column (B), line 15.)       (c)         (10)       (c)         (11)       (c)         (12)       (c)         (13)       (c)         (14)       (c)         (15)       (c)         (16)       (c)         (17)       (c)         (18)       (c)         (19)       (c)         (10)       (c)         Total. (Column (b) must equal Form 990, Part X, column (B), line 15.)       (c)         (a) Description of liability       (b) Book value         (1) Federal income taxes       (c)         (2) PAYROLL PAYABLE       (c)         (6)       (c)         (6)       (c)         (6)       (c)         (6)       (c)					
Part IX         Other Assets. See Form 990, Part X, line 15.           (a) Description         (b) Book value           (1)         (b) Book value           (2)         (a)           (3)         (b) Book value           (4)         (c)           (5)         (c)           (6)         (c)           (7)         (c)           (8)         (c)           (10)         (c)           Total. (Column (b) must equal Form 990, Part X, column (B), line 15.)         (c)           (a) Description of liability         (b) Book value           (1) Federal income taxes         (c)           (2) PAYROLL PAYABLE         (c)           (3)         (c)         (c)           (6)         (c)         (c)           (6)         (c)         (c)           (7)         (c)         (c)           (8)         (c)         (c)					
(a) Description       (b) Book value         (1)       (2)       (3)         (2)       (3)       (4)         (3)       (3)       (4)         (4)       (5)       (7)         (6)       (7)       (7)         (8)       (7)       (7)         (9)       (7)       (7)         (10)       (7)       (7)         (10)       (7)       (10)         10)       (10)       (10)         10)       (10)       (10)         10)       (10)       (10)         10)       (10)       (10)         10)       (10)       (10)         10)       (10)       (10)         10)       (10)       (10)         10)       (10)       (10)         10)       (10)       (10)         11)       (10)       (10)         12)       (11)       (12)         13)       (11)       (12)         (3)       (12)       (13)         (4)       (13)       (14)         (5)       (14)       (14)         (6)       (14)       (14)		n (b) must equal Form 990, Part X, column (B) line 13.) ►	 no 15		
(1)	Failin				
(2)       (3)         (3)       (4)         (4)       (5)         (6)       (7)         (7)       (8)         (9)       (7)         (10)       (7)         Total. (Column (b) must equal Form 990, Part X, column (B), line 15.)       (7)         (10)       (10)         Total. (Column (b) must equal Form 990, Part X, column (B), line 25.       (6)         (1) Federal income taxes       (1) Federal income taxes         (2) PAYROLL PAYABLE       (1)         (3)       (1)         (4)       (1)         (5)       (1)         (6)       (1)         (7)       (1)         (8)       (1)	(1)	(a) De	scription		
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)       (10)         Total. (Column (b) must equal Form 990, Part X, column (B), line 15.)       >         Part X       Other Liabilities. See Form 990, Part X, line 25.         (a) Description of liability       (b) Book value         (1) Federal income taxes       0.         (2) PAYROLL PAYABLE       0.         (3)       0.         (4)       0.         (5)       0.         (6)       0.         (7)       0.         (8)       0.					
(10)       Total. (Column (b) must equal Form 990, Part X, column (B), line 15.)       ►         Part X       Other Liabilities. See Form 990, Part X, line 25.         (a) Description of liability       (b) Book value         (1) Federal income taxes       0.         (2) PAYROLL PAYABLE       0.         (3)       0.         (4)       0.         (5)       0.         (6)       0.         (7)       0.         (8)       0.					
Total. (Column (b) must equal Form 990, Part X, column (B), line 15.)         Part X       Other Liabilities. See Form 990, Part X, line 25.         (a) Description of liability       (b) Book value         (1) Federal income taxes       0.         (2) PAYROLL PAYABLE       0.         (3)       0.         (4)       0.         (5)       0.         (6)       0.         (7)       0.         (8)       0.					
Part X       Other Liabilities. See Form 990, Part X, line 25.         (a) Description of liability       (b) Book value         (1) Federal income taxes       .         (2) PAYROLL PAYABLE       0.         (3)       .         (4)       .         (5)       .         (6)       .         (7)       .         (8)       .		lumn (b) must equal Form 990, Part X, column (B),	line 15.)		
(1) Federal income taxes       0.         (2) PAYROLL PAYABLE       0.         (3)       0.         (4)       0.         (5)       0.         (6)       0.         (7)       0.         (8)       0.					
(2) PAYROLL PAYABLE       0.         (3)       (4)         (4)       (5)         (5)       (6)         (7)       (7)         (8)       (8)		(a) Description of liability	(b) Book value		
(3)       (4)       (5)       (6)       (7)       (8)	(1) Feder	ral income taxes			
(4)     (5)       (6)     (7)       (8)     (1)	(2) PAY	ROLL PAYABLE		0.	
(5)       (6)       (7)       (8)	(3)				
(6)       (7)       (8)	(4)				
(7) (8)	(5)				
(8)					
(0)					
	(9)				
(10)	(10)				
(11)	(11)				
	Total. (Colum	n (b) must equal Form 990, Part X, column (B) line 25.)	. •	0.	
	Total. (Colum	n (b) must equal Form 990, Part X, column (B) line 25.)	.►	0.	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)       ●       0					

2 FIN 48 (ASC 740) Footnote. In Part XIV, 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).

Sche	dule D (Form 990) 2011 PYTHON SOFTWARE FOUNDATION	04-3594598	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		
2	Total expenses (Form 990, Part IX, column (A), line 25)		
3	Excess or (deficit) for the year. Subtract line 2 from line 1		
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities		
6			
7	Prior period adjustments		
8	Other (Describe in Part XIV.)		
9	Total adjustments (net). Add lines 4 through 8		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue per		
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	Net unrealized gains on investments		
	Donated services and use of facilities		
	Recoveries of prior year grants		
	I Other (Describe in Part XIV.)	-	
	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV.)		
	Add lines <b>4a</b> and <b>4b</b>	· . 4c	
	Total revenue. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 12.</i> )		
	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses		
1	Total expenses and losses per audited financial statements.		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	Donated services and use of facilities		
	Prior year adjustments		
	Other losses		
	I Other (Describe in Part XIV.)		
	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
	Other (Describe in Part XIV.)		
С	Add lines 4a and 4b	4 c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Par	t XIV Supplemental Information		
Part \	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, line V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this additional information.	s 1b and 2b; part to provide	

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04-3594598

(	Complete if the ord	anization answe	red 'Yes' to Form 990, Part IV,	line 14b, 15, or 16.	2011
Department of the Treasury Internal Revenue Service	' ► A	ttach to Form 990	0. ► See separate instruction	s.	Open to Public Inspection
Name of the organization				Employer ide	ntification number
PYTHON SOFTWARE F				04-3594	
	mation on Activiti Part IV, line 14b.	ies Outside th	e United States. Comple	ete if the organization	on answered 'Yes'
the grantees' eligibility f	or the grants or assista	nce, and the selec	ostantiate the amount of its gran tion criteria used to award the g	rants or assistance?	X Yes No
United States.	-		res for monitoring the use of its	-	ance outside the
3 Activities per Region. (1	he following Part I, line	e 3 table can be du	plicated if additional space is ne	eeded.)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed ir (d) is a program service, describe specific type of service(s) in region	expenditures for and investments in region
(1) East Asia and Paci	fic 0	0	GRANTMAKING	PYTHON CONF SUPPOR	RT 3,159.
<b>(2)</b> Europe	0	0	GRANTMAKING	PYTHON CONF SUPPOR	RT 8,228.
(3) North America	0	0	GRANTMAKING	PYTHON CONF SUPPOR	RT 1,500.
(4) South America	0	0	GRANTMAKING	PYTHON CONF SUPPOR	RT 3,400.
(5) Sub-Saharan Afr	ica O	0	GRANTMAKING	PYTHON CONF SUPPOR	RT 70.
_(6)					
(7)					
(8)					
(9)					
<u>(10)</u>					
(11)					
<u>(12)</u>					
(13)					
(14)					
<u>(15)</u>					
<u>(16)</u>					
<u>(17)</u>					
<b>3 a</b> Sub-total		0			16,357.
<b>b</b> Total from continuation sheets to Part I					16.000
c Totals (add lines 3a and 3b)	0	0			16,357.

Statement of Activities Outside the United States

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

Schedule F (Form 990)

OMB No. 1545-0047

2011

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	<b>(c)</b> Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(I) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
2 En the	nter total number of recipient organizate grantee or counsel has provided as	ations listed above that a section 501(c)(3) equiva	are recognized as cleancy letter	harities by the for	eign country, recogr	nized as tax-exemp	t by the IRS, or for v	vhich ►	
	nter total number of other organization								
BAA								Schedule	<b>F</b> (Form 990) 2011

(d) Purpose

(e) Amount of

### Schedule **F** (Form 990) 2011 PYTHON SOFTWARE FOUNDATION Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 . . . . . .

(b) IRS code

Part II can be duplicated if additional space is needed.

1

04-3594598

(h) Description of

(g) Amount of

(f) Manner

Page 2

►X

(i) Method

04-3594598

Page 3

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

(a) Type of grant or assistance	<b>(b)</b> Region	(c) Number of recipients	<b>(d)</b> Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
10)							
11)							
12)							
13)							
14)							
(15)							
(16)							
(17)							
(18) BAA						Cabadula	F (Form 990) 201

1598	F

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)	X No
2	Did the organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization may be required to 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).	X 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)	X 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)	X 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)	X 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 file Form 5713, International Boycott Report (see Instructions for Form 5713)	X No

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Schedule **F** (Form 990) 2011

Schedule F (Form 990) 2011	PYTHON SOFTWARE FOUNDATION	04-3594598 Page <b>5</b>
Part V Supplementa Complete this 3, column (f) (a (accounting m recipients), as	I Information part to provide the information required by Part I, line 2 (mon accounting method; amounts of investments vs expenditures ethod); Part III (accounting method); and Part III, column (c) applicable. Also complete this part to provide any additional	itoring of funds); Part I, line per region); Part II, line 1 (estimated number of information (see instructions).
Pt_I_Line_2	SEVERAL GRANTS WERE MADE TO PARTIALLY SPONS	OR INTERNATIONAL
	CONFERENCES RELATED TO THE ESTABLISHMENT AN	D PROMOTION OF THE
	FREE AND OPEN SOURCE PROGRAMMING LANGUAGE "	PYTHON". THESE GRANTS WERE
	FIXED DOLLAR AMOUNTS APPROVED BY A MAJORITY	VOTE OF THE
	PYTHON SOFTWARE FOUNDATION BOARD MEMBERS.	
		Y AGGREGATING
	THE AMOUNTS OF FUNDS TRANSFERRED BY WIRE AN	D BANK CHECKS.

SCHEDULE I		G	rants and Otl	oor Assistance (	o Organization	e	L	OMB No. 1545-0047				
(Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States											
Department of the Treasury Internal Revenue Service		Comple	te if the organizatio	on answered 'Yes' to Fo ► Attatch to Form 99		1 or 22.		Open to Public Inspection				
Name of the organization Employer identification												
PYTHON SOFTWAR	VYTHON SOFTWARE FOUNDATION 04-3594598											
Part I General In												
the selection criter	ria used to award the	grants or assistance?		or assistance, the grantee		s or assistance, and		X Yes No				
				unds in the United States		to if the organizat	ion answered 'Ver	e' to				
Form 990,	Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed											
<b>1 (a)</b> Name and addre or govern	ess of organization	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
(1) SOFTWARE FREI 137 MONTAGUE NEW YORK NY			501(C)3	10,000.	0.	NONE	NONE	PYPY DEVELOPME				
(1)	11201		501(0)5	10,0001								
(3)												
<u>(4)</u>												
<u>(5)</u>												
<u>(6)</u>												
<u>(7)</u>												
<u>(8)</u>												
				 e line 1 table 				 •				

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

Schedule I (Form 990) (2011)

#### Schedule I (Form 990) (2011) PYTHON SOFTWARE FOUNDATION

04-3594598

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
PYCON TRAVEL ASSISTANCE	22	24,443.	0.	NONE	NONE
PYTHON CORE DEVELOPMENT	3	6,090.	0.	NONE	NONE
rt IV Supplemental Information. Con		vide the information	a required in Dort L	line 2 and any other s	
THESE AWARDS	ARE DETERMINED	BY A PYCON VOL	UNTEER COMMITT	EE. PAYMENTS	
	RECEIPTED_EXPE	NSES_UP_TO_AN_I	NDIVIDUALLY AP	PROVED LIMIT.	
	RECEIPTED EXPEN	NSES_UP_TO_AN_I	NDIVIDUALLY AP	PROVED_LIMIT	
	RECEIPTED EXPEN	NSES_UP_TO_AN_I	NDIVIDUALLY AP	PPROVED LIMIT.	
	RECEIPTED EXPEN	NSES UP TO AN I	NDIVIDUALLY AF	PPROVED_LIMIT	
	<u>RECEIPTED</u> EXPEN	NSES_UP_TO_AN_I	<u>NDIVIDUALLY</u> <u>AP</u>	PPROVED_LIMIT	
	RECEIPTED_EXPEN	NSES UP TO AN I	NDIVIDUALLY AP	PPROVED_LIMIT	

Schedule I (Form 990) (2011)

SCH	EDUL	EL
(Form	990 or	990-F7

Department of the Treasury Internal Revenue Service

(9)

### **Transactions With Interested Persons**

 Complete if the organization answered
 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
 Attach to Form 990 or Form 990-EZ. ► See separate instructions. OMB No. 1545-0047

Open to Public Inspection

Name of the organization				Employer i	dentifica	ation nu	mber		
PYTHON SOFTWARE FOUNDATION				04-359	9459	8			
Part I Excess Benefit Transact Complete if the organization ans						o.			
1 (a) Name of disqualified pers			(b) Description of transaction					(c) Corr	rected?
1 (a) Name of disqualined pers	5011		(b) Description of transaction	1				Yes	No
(1)									
(2)									L
(3)									L
(4)									L
(5)									<u> </u>
(6)									1
Part II Loans to and/or From In Complete if the organization an (a) Name of interested person and purpose	swered 'Yes'		r Form 990-EZ, Part V (d) Balance due		a. lefault?	(f) App by bo comm	ard or	<b>(g)</b> W agreer	
	То	From		Yes	No	Yes	No	Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									

(10)					
Total		 		 	 
	-	-	-	 	 

# Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance			
(1) BRETT CANNON	DIRECTOR	2,250. GRANT			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

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

Schedule L (Form 990 or 990-EZ) 2011

# Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person

(b) Relationship between interested person and the organization (c) Amount of transaction

(d) Description of transaction

(e) Sharing of organization's revenues?

Yes No

(1) (2)

#### SCHEDULE O (Form 990 or 990-EZ)

# 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.

2011

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service	Form 990 or 990-EZ of to provide any additional information. ► Attach to Form 990 or 990-EZ.	Inspection	
Name of the organization PYTHON SOFTWARE F	OUNDATION	Employer identification 04-3594598	
Pt_VI,_Line_6	THE ORGANIZATION HAS MEMBERS		
Pt_VI, Line_7a	THE ORGANIZATION HAS NOMINATED AND SPONSOR MEMBE	ERSTHE	
	_NOMINATED MEMBERS ARE THE PYTHON SOFTWARE DEVELO	OPERS. THE	<u>RE</u>
	IS NO MEMBERSHIP FEE FOR THEM. THE SPONSOR MEMBI	ERS_ARE	
	CORPORATE MEMBERS WHO PAY A YEARLY FEE. THESE TV	WO CLASSES	
	OF MEMBERS CAN VOTE TO NOMINATE AND ELECT NEW M	EMBERS	
	AND_THE_BOARD_OF_DIRECTORS		
Pt_VI,_Line_7b	NEW SPONSOR APPLICATIONS ARE SUBJECT TO RECOMMEND	NDATIONS	
	BY A MAJORITY VOTE OF THE BOARD. THEY ARE THEN I	PENDING ANI	)
	ARE SUBJECT TO A VOTE BY A QUORUM OF THE FULL M	EMBERSHIP,	
	TYPICALLY AT THE ANNUAL MEETING. TERMINATION OF	AN INDIVII	DUAL
	_MEMBER_ALSO_REQUIRES_A_MAJORITY_VOTE_BY_A_QUORUM	M_OF_THE	
	_MEMBERSHIP		
Pt_VI,_Line_11a_	FORM 990 AND ASSOCIATED SCHEDULES ARE PREPARED I	BY AN INDER	PENDENT
	_CPA_AND_THE_FOUNDATION'S_TREASURERFOUNDATION'S	S_CHAIRMAN	
	IS INCLUDED ON DISTRIBUTION OF ALL CORRESPONDENCE	CE, INCLUDI	ING
	THE DRAFT AND FINAL VERSION OF THE RETURN.		
 _Pt_XI	ROUNDING ADJUSTMENT		
Pt_VI, Line 19	THE ORGANIZATION'S 990S AND GOVERNING DOCUMENTS	ARE AVAIL	ABLE
	ON-LINE AT WWW.PYTHON.ORG/PSF/RECORDS. FINANCIAL	Ŀ	
	STATEMENTS ARE AVAILABLE UPON WRITTEN REQUEST.		
SCH L - PART V			

### Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF

# 2011

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Name	0	une	organization	

PYTHON SOFTWARE FOUNDATION		04-3594598
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	<ul> <li>X 501(c)( <u>3</u>) (enter number) organization</li> <li>4947(a)(1) nonexempt charitable trust <b>not</b> treated as a privation</li> <li>527 political organization</li> </ul>	ate foundation
Form 990-PF	501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private for 501(c)(3) taxable private foundation	oundation

Check if your organization is covered by the General Rule or a Special Rule.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

x For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

#### **Special Rules**

For a section 501(c)(3) organization 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), and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not total to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively

**Caution:** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it **must** answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B	(Form 990	, 990-EZ,	or 990-PF)	(2011)
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						OMB No. 154	5-0172
Form <b>4562</b>		201	1				
Department of the Treasury Internal Revenue Service (99)	► See s	eparate instructions.	Attach to yo	ur tax returr	1.	Attachment Sequence No.	179
Name(s) shown on return						Identifying number	
PYTHON SOFTWARE Business or activity to which this form						04-3594598	3
Form 990 / Form							
Part I Election To	Expense Certain	Property Under Se omplete Part V before yo	ction 179 ou complete Part I.				
1 Maximum amount (se	e instructions)					1	
		rvice (see instructions) .				2	
		reduction in limitation (se				3	
		e 2. If zero or less, enter			•••••••••••••••••••••••••••••••••••••••	4	
		m line 1. If zero or less, e				5	
6	(a) Description of property		(b) Cost (business	s use only)	(C) Elected cost		
7 Listed property. Enter				· · · · · · · · · · · · · · · · · · ·		0	
		amounts in column (c), 5 or line 8 · · · · · · · ·				8 9	
		of your 2010 Form 4562				-	
•		of business income (not l				-	
		nd 10, but do not enter m	,	•	· · · · · · · · · · · · · · · · · · ·	2	
		d lines 9 and 10, less line					
Note: Do not use Part II or							
Part II Special De	preciation Allowan	ce and Other Depr	eciation (Do n	ot include lis	ted property.) (Se	e instructions.)	
		operty (other than listed p				4	
15 Property subject to se	ction 168(f)(1) election .				1	5	
16 Other depreciation (in	cluding ACRS)				1	6	
Part III MACRS De	epreciation (Do not in	nclude listed property.) (S	See instructions.)				
		Section	on A			1	
17 MACRS deductions for	or assets placed in servic	e in tax years beginning	before 2011		· · · · · · · · <u>1</u>	7	2,357.
		in service during the tax			• 🗆 🗌		
		in Service During 2011					
(a) Classification of property	<b>(b)</b> Month and year placed in service	(C) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depr deduc	
19a 3-year property	<u></u>						
<b>b</b> 5-year property	<u></u>						
<b>c</b> 7-year property							
d 10-year property							
e 15-year property							
f 20-year property			05		G /T		
g 25-year property h Residential rental	• • •		25 yrs 27.5 yrs	D.C.D.C	S/L S/L		
property			27.5 yrs 27.5 yrs	MM MM	S/L S/L		
i Nonresidential real	· · ·		39 yrs	MM	S/L		
property			JJ YIS	MM	S/L S/L		
		Service During 2011 T	ax Year Using th	1	1 .	ivstem	
20 a Class life					S/L		
<b>b</b> 12-year			12 yrs		S/L		
<b>c</b> 40-year			40 yrs	MM	S/L		
	See instructions.)						
21 Listed property. Enter	amount from line 28				21		
22 Total. Add amounts from li the appropriate lines of you	ine 12, lines 14 through 17, lin ur return. Partnerships and S c	es 19 and 20 in column (g), ar corporations — see instruction	nd line 21. Enter here Is	and on	22		2,357.
		during the current year, 263A costs		23			

BAA For Paperwork Reduction Act Notice, see separate instructions.

#### Form 4562 (2011) PYTHON SOFTWARE FOUNDATION

	n <b>4562</b> (2011)	PYTHON SC	FTWARE FC	UNDAT	ION								04-35	594598		Page 2
Pa		Property (Indon, or amusemer		les, certa	in other v	vehicles,	certain	com	puters,	and p	roperty	used fo	r enterta	inment,		
	Note: F	or any vehicle fo s (a) through (c) o	r which you are of Section A, all	using the of Section	e standar on B, and	rd mileag Section	ge rate o n C if ap	or de plical	ducting ble.	lease	expens	se, com	olete <b>onl</b>	<b>y</b> 24a, 24	b,	
	Secti	on A – Depreci	ation and Othe	er Inform	nation (C	aution:	See the	e insti	ructions	s for lir	nits for	passen	ger autor	nobiles.)		
24 a	<b>a</b> Do you have evide	nce to support the b	usiness/investmen	t use claim	ed?		Yes		No 24	<b>1b</b> If 'Ye	es,' is the	evidence	written?.		Yes	No
Ţ	(a) ype of property (list vehicles first)	<b>(b)</b> Date placed in service	( <b>c</b> ) Business/ investment use percentage	<b>(d</b> Cost other b	or	(busine	(e) or deprecia ess/investr ise only)	ation nent	Rec	( <b>f)</b> overy eriod	Me	( <b>g)</b> ethod/ vention	Depr	( <b>h)</b> eciation uction	Ele secti	(i) ected ion 179 cost
25	Special deprec	ation allowance		ed prope	rty place	d in serv	rice duri	ng th	e tax y	ear an	d					
	used more thar	n 50% in a qualifi	ed business us	e (see in	structions	s)						25				
26	Property used i	nore than 50% ir	n a qualified bu	siness us	se:	1			-				1			
															+	
27	Property used 6	I 50% or less in a d	I I	CC UCO:											<u> </u>	
21	Flopenty used t			55 USE.									Γ			
															-	
															-	
28	Add amounts in	column (h), line	s 25 through 27	7. Enter h	ere and	on line 2	1, page	1.				28			-	
29	Add amounts in	column (i), line	26. Enter here a	and on lir	ne 7, pag	e1								29		
				Section	B – Info	rmation	on Use	e of V	/ehicle	s						
	plete this section														nicles	
to yo	our employees, fi	rst answer the qu	uestions in Sect					otion		pleting				-		
30	Total business/	investment miles	s driven		a)	•	<b>b)</b>		(c)		•	d)	(e		(f	
	during the year	( <b>do not</b> include es)		ven	icle 1	veni	cle 2		Vehicle	3	veni	cle 4	veni	cle 5	Vehicle 6	
31	0	niles driven during th		-												
32	0	sonal (noncomm	5													
02	miles driven															
33	Total miles driv lines 30 throug	en during the yean 32	ar. Add				I									
				Yes	No	Yes	No	Ye	es l	No	Yes	No	Yes	No	Yes	No
34	during off-duty	e available for pe hours?														
		or related perso	by a more n?													
36	Is another vehic personal use?	cle available for														
		Section	C – Questions	for Emp	oloyers V	Nho Pro	ovide Ve	ehicle	es for I	Use by	/ Their	Employ	/ees			
Ansv 5% d	wer these question owners or related	ons to determine persons (see in	if you meet an structions).	exceptior	n to comp	oleting S	ection E	B for v	vehicle	s used	by em	ployees	who are	not more	) than	
37	Do you maintai by your employ	n a written policy ees?													Yes	No
38	Do you maintai employees? Se	n a written policy e the instructions	statement that s for vehicles us	prohibits	persona	I use of	vehicles	s, exc s, or	ept coi 1% or r	mmutir more c	ng, by y wners .	our				
39		use of vehicles b		•	•											
40		more than five v tain the informat														
41		e requirements c iswer to 37, 38, 3										•••				
Pa	-	ization			,											
		(a)			(b)		(c)			(d	)		(e)		(f)	
	De	scription of costs			nortization egins		Amortizab amount			Coo secti		pe	rtization riod or centage		nortizatior r this year	
42	Amortization of	costs that begin	s during your 2	011 tax y	ear (see	instructi	ons):									
						_										
4-	A /1 /1			0443												
43		f costs that bega ounts in column														
44	i utal. Adu am	ounts in column	(i). See the mst		IOI WITEFE	- to tepo	<u></u> .	• •	<u>· · ·</u> ·			<u> </u>	- 44	I		

### Form 4562 (2011)

Schedule O (Form 990) Supplemental Information to Form 990 Form 990, Page 6, Line 9 (continued)

Name	Address	City	St	ZIP
GUIDO VAN ROSSUM	516 DAVY GLEN RD	BELMONT	CA	94002
STEVE HOLDEN	1620 SE CESAR E CHAVEZ BLVD, UNIT 306	PORTLAND	OR	97214