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DLN: 93493319059780

Form **990**

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)

OMB No 1545-0047

Open to Public

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

								Inspection
			ndar yeaı	, or tax year beginning 01-01-200 C Name of organization	09 and ending 12-31-200	9	D Employer	identification number
	eck if ap dress cha		lease se IRS	PYTHON SOFTWARE FOUNDATION				
_		la	bel or	Doing Business As			04-3594 E Telephone	
_	me chan	ty	rint or /pe. See				(603) 569	9-0493
_	tıal returı	In	pecific istruc-	Number and street (or P O box if ma PO BOX 37	ıl ıs not delivered to street addre	ss) Room/suite	G Gross receip	
Teı _	mınated	tic	ons.					
Am	ended re	return		City or town, state or country, and ZI WOLFEBORO FALLS, NH 038960037	P + 4			
Apı	plication	pending						
				e and address of principal officer		H(a) Is the	• ıs a group ret	urn for
				HOLDEN MALLARD CREEK TRAIL		affilia	tes?	ΓYes Γ Nο
				X,VA 22033		H(b) Are al	l affiliates incl	uded?
						1 ' '		st (see instructions)
Та	x-exem _l	pt status 🔽	√ 501(c)	(3) ◀ (insert no)	r 「 527	H(c) Grou	ip exemption	number 🟲
W	ebsit e:	· www	PYTHON	ORG/PSF				
C For	m of ora	anization 🔽	Corporati	on Trust Association Other		L Year of fo	rmation 2001	M State of legal domicile NH
	rt I	Summa		on, mast, mossiation, other		1 1041 01 10		Trotate or logal defined in
		Briefly des	cribe the	organization's mission or most :				
				CONTROL THE PYTHON PROG E OF PYTHON	GRAMMING LANGUAGE I	NTELLECTUA	L PROPERT	Y, AND ADVANCE AND
aoyemance		PROMOTE	THEOS	SEOFFINON				
<u> </u>								
Į.				_				
5			,	if the organization discontinued				
٥ ٥			_	embers of the governing body (P				3
ŭ				dent voting members of the gove		o)	•	4
samunan Acmunes				ployees (Part V, line 2a)				5
₹				unteers (estimate if necessary) ed business revenue from Part V				6
		_			7a			
	Ь	Net unrela	itea busii	ness taxable income from Form 9	90-1, line 34			7Ь
	8	Contribut	tions and	grants (Bart VIII line 1h)		Prio	12,548	Current Year 82,995
ā	9			grants (Part VIII, line 1h) . evenue (Part VIII, line 2g) .	532,766	· · · · · · · · · · · · · · · · · · ·		
Reyenue	10	-		ne (Part VIII, column (A), lines 3			4,580	<u> </u>
Æ	11			art VIII, column (A), lines 5, 6d,	51,904	<u> </u>		
	12	Total reve	•	31,504	2,370			
							601,798	561,273
	13	Grants ar	nd sımıla	r amounts paid (Part IX, column	(A), lines 1-3)		20,326	32,486
	14	Benefits p	paid to o	for members (Part IX, column (A	4), line 4)			0
ø	15		other co	mpensation, employee benefits (Part IX, column (A), lines!	5 –	27,253	104,515
<u>3</u> 8	16a	10)	nal fundi	aising fees (Part IX, column (A),	27,233	0		
Expenses	ь			enses (Part IX, column (D), line 25) $\blacktriangleright 0$				
Δ	17			enses (Part IX, column (D), line 25) 👫 🤨 Part IX, column (A), lines 11a-1	1.d. 1.1f_2.4f\		478,960	666,880
	18	•		dd lines 13–17 (must equal Par			526,539	· · · · · · · · · · · · · · · · · · ·
	19			enses Subtract line 18 from line			75,259	· · ·
97 Se A		Kevenue	.соз ехр	chists subtract time to from fille		Beginning	g of Current	
net Assets of Fund Balances							ear ear	End of Year
3 78	20	Total ass	ets (Par	: X, line 16)			412,723	281,557
2 E	21	Total liab	oilities (P	art X, line 26)				104,546
	22	Net asset	ts or fund	i balances Subtract line 21 from	line 20		412,723	177,011
Pai	rt II	Signat	ure Blo	ck				
				jury, I declare that I have examined thi orrect, and complete Declaration of pre				
			is tiue, C	onest, and complete Decidiation of pre	parer (outer than officer) is udse	on un imollidu	on or which pie	
Sigr		*****				2010-	11-12	
Here	е	y Signatur	re of office			Date		
			AISER TRE					
		Type or	print name	e and title	•			
		Preparer's		WENDROFF		Check If self-	Preparer's ide	entifying number
Paid		signature	,					
	arer's			WENDROFF & ASSOCIATES LLC			EIN Þ	
Jse	Only	ıf self-empl address, ar		2300 9TH ST S STE 305			CTIA L.	
				ARLINGTON, VA 222042345			Phone no 🕨	(703) 553-1099

May the IRS discuss this return with the preparer shown above? (see instructions) . .

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

TO DEVELOP AND CONTROL THE PYTHON

2	Did the organization undertake any the prior Form 990 or 990-EZ? .			ear which were not listed on	┌ Yes ┌ No
	If "Yes," describe these new service	es on Schedule O			
3	Did the organization cease conduct services?	ıng, or make sıgnıfıcaı	nt changes in how i	t conducts, any program	┌ Yes ┌ No
	If "Yes," describe these changes on	Schedule O			
4	Describe the exempt purpose achie Section 501(c)(3) and 501(c)(4) or allocations to others, the total expe	ganızatıons and secti	on 4947(a)(1) trus	ts are required to report the ar	•
4a	(Code) (Expenses	5 \$ 703,056	ıncludıng grants of \$	7,316) (Revenue \$	472,057)
	PYCON 2009 WAS HELD ON MARCH 27-29 PYTHON TUTORIALS AND A PYTHON CORE DEVELOPERS OF OPEN SOURCE AND COM ADVANCES IN THE PYTHON COMMUNITY A INTEREST LIKE OBJECT ORIENTED PROGR GAME DEVELOPMENT TRAVEL GRANTS WE AFFORD TO ATTEND	DEVELOPER SUMMIT WER MERCIAL PYTHON APPLICA IND TO MEET FELLOW DEVI AMMING, STRING AND RE	E HELD PRIOR TO THE TIONS THIS CONFEREI ELOPERS OF PYTHON E GEX PROCESSING, HTT	MAIN CONFERENCE THIS PYTHON D NCE PROVIDES THEM OPPORTUNITIES EDUCATION SESSIONS ARE PRESENTE P PROTOCOLS, DATABASE ACCESS, SO	DEVELOPER CONFERENCE TARGETS S TO LEARD ABOUT SIGNIFICANT ED TO ADDRESS TOPICS OF CIENTIFIC COMPUTATION, AND
	(0.1	- t - 25 470		25 470 \ / D	
4b	(Code) (Expenses SPONSORED PYTHON CONFERENCES PRO CONFERENCES WERE PARTIALLY SPONSO	OVIDED GRANTS TO ASSIST		F LOCAL PYTHON CONFERENCES WO	RLDWIDE THE FOLLOWING MAJOR
4c	(Code) (Expenses	5 \$	including grants of \$) (Revenue \$)
4d	Other program services (Describe	e ın Schedule O)			
	(Expenses \$	including grants o	f \$) (Revenue \$)
4e	Total program service expenses►\$	728,22	.6		

Part TV	Checklist	of Re	auired	Schedule	

			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
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		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		No
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 "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasiendowments? If "Yes," complete Schedule D, Part V	10		Νο
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	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.			
	◆ 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.			
	◆ 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.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ 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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A No	ĺ		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		l No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	Yes	
15		15	Yes	
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 U S ? If "Yes," complete Schedule F, Part III	16		Νο
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	17		Νο
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		No
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		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

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Par	t IV Checklist of Required Schedules (continued)			
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? If "Yes," complete Schedule I, Parts I and II	21	Yes	
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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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		No
24a	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, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
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		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If</i> "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> " <i>Yes,"</i> complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		Νο
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νο
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note: All Form 990 filers are required to complete Schedule O	38	Yes	

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Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			

	of U.S. Information Returns . Enter -0- if not applicable	1a	2:			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable					
		1b	0	4		
С	Did the organization comply with backup withholding rules for reportable payments to gaming (gambling) winnings to prize winners?		ors and reportable	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return	2a	1	L		
b	If at least one is reported on line 2a, did the organization file all required federal emp Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file instructions)			2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during return?	_		3a		Νο
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Scho	edule (o	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a si over, a financial account in a foreign country (such as a bank account, securities account)?	count	, or other financial	4a		No
Ь	If "Yes," enter the name of the foreign country ►	Report	of Foreign Bank and	-		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during	ng the	tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		Νo
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-E Prohibited Tax Shelter Transaction?		, ,	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$10 organization solicit any contributions that were not tax deductible?			6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution services provided to the payor?			7a		N o
	If "Yes," did the organization notify the donor of the value of the goods or services pr			7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal proper file Form 8282?		which it was required to	7c		No
	If "Yes," indicate the number of Forms 8282 filed during the year	7d		-		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay benefit contract?	prem 	iums on a personal	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a perso			7f		No
	For all contributions of qualified intellectual property, did the organization file Form 8			7g		No
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization fi	le a F	orm 1098-C as	7h		No
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization, or a donor advised fund maintained by a sponsoring organization business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person	?.		9b		
10	Section 501(c)(7) organizations. Enter		1			
	Initiation fees and capital contributions included on Part VIII, line 12	10a		4		
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		-		
11	Section 501(c)(12) organizations. Enter		1			
	Gross income from members or shareholders	11a		4		
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 99	0 ın lı	eu of Form 1041?	12a		
Ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

16 ALLEN ROAD

(603) 601-6091

WOLFEBORO, NH 03894

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ection A. Governing Body and Management					
	Citon Ai Governing Dody and Flanagement		Yes	No		
1a	Enter the number of voting members of the governing body 1a	3				
b	Enter the number of voting members that are independent 1b	5				
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		No		
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		No		
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was					
_	filed?	4		No No		
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	V	No		
6	Does the organization have members or stockholders?	6	Yes			
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes			
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following					
а	The governing body?	8a	Yes			
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at th organization's mailing address? If "Yes," provide the names and addresses in Schedule O	e 9		No		
Se	ection B. Policies (This Section B requests information about policies not required by the Internal			110		
	evenue Code.)					
	,		Yes	No		
10a	Does the organization have local chapters, branches, or affiliates?	10a		No		
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b				
11						
	That the enganization promises a copy of this form yet to an intempers of its governing boar, before ming the form	11		No		
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990					
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		No		
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b				
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c				
13	Does the organization have a written whistleblower policy?	13		No		
14	Does the organization have a written document retention and destruction policy?	14		No		
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? The organization's CEO, Executive Director, or top management official	15a		N. a		
	Other officers or key employees of the organization	15a 15b		No No		
D		120		NO		
	If "Yes" to line a or b, 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		No		
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its					
	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b				
Se	ection 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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply	_				
	✓ Own website					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table					
20	State the name, physical address, and telephone number of the person who possesses the books and records of	:he orga	anızatıor	n 🕨		
	KURT B KAISER					

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

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. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. 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, or 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 the organization did n	•	ate any	curr	ent d	r fo	rmer o	ffice	r, dırector, trustee d	or key employee		
(A) Name and Title	(B) A verage hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other	
	per week	Individual trustee or director	Institutional Trustee	Highest compensated employee Key employee Officer Institutional Trustee		Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations		
KURT B KAISER TREASURER	12 00			х				30,000	0	0	
STEVE HOLDEN CHAIRMAN	3 00	х		х				0	0	0	
GUIDO VAN ROSSUM PRESIDENT	0 00			х				0	0	0	
DAVID GOODGER SECRETARY	40 00	х		х				0	0	72,000	
RAYMOND HETTINGER ASST TREASURER	2 00	х		х				0	0	0	
BRETT CANNON DIRECTOR	2 00	х						0	0	0	
STEPHAN DEIBEL DIRECTOR	2 00	Х						0	0	0	
MARTIN VON LOEWIS DIRECTOR	2 00	Х						0	0	0	
TIM PETERS DIRECTOR	2 00	Х						0	0	0	
JAMES TAUBER DIRECTOR	2 00	Х						0	0	0	

For	n 990 (2009)			Page 8
1b	Total			72,000
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶0	•		
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete Schedule <i>J</i> for such individual	3		N o
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No
S	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization			
	(A) Name and business address (B) Description of services		(C Comper	
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization •			
		F	orm 99 0	0 (2009)

Form 9	•	<u> </u>						Page 9
Part \	<u>/1111</u>	Statement of Revenue			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
왕	1a	Federated campaigns	1a					
gra	Ь	Membership dues		48,500				
its, air	C .	Fundraising events						
<u> </u>	d	Related organizations Government grants (contributions)						
ons sin	e f	All other contributions, gifts, grants		34,495				
buti	.	similar amounts not included abov	e <u></u>					
nt ri	g	lines 1a-1f \$						
ဝင္က	h	Total. Add lines 1a-1f		►	82,995			
<u> </u>			Busin	ess Code				
Program Service Revenue and other similar amounts	2a	CONFERENCE INCOME		813,920	472,495	472,495		
	b							
	d							
	e e							
	f	All other program service re	venue					
§ ₹				<u> </u>	472.405			
	g 3	Total. Add lines 2a-2f. Investment income (including)			472,495			
		and other similar amounts)		· •	3,205			3,205
	4	Income from investment of tax-ex	empt bond proceeds	🕨 [
	5	Royalties		•	2,578			2,578
	6a	(1) Rea	(II) P	ersonal				
	ь	Less rental						
	_c	expenses Rental income						
	d	or (loss) Net rental income or (loss)		►				
		(ı) Securi		Other				
	7a	Gross amount from sales of						
		assets other than inventory						
	b	Less cost or other basis and						
	_c	sales expenses Gain or (loss)						
	d	Net gain or (loss)		►				
	8a	Gross income from fundraisi	ng					
Other Revenue		events (not including \$						
⊕ A		of contributions reported on See Part IV, line 18						
Ţ.			а					
ŧ.	Ь	Less direct expenses .						
•	c 9a	Net income or (loss) from fu		· · •				
	34	Gross income from gaming a See Part IV, line 19						
	١.		a					
	b c	Less direct expenses . Net income or (loss) from ga						
	-	Gross sales of inventory, les						
			а					
	Ь	Less cost of goods sold . Net income or (loss) from sa		<u> </u>				
	С	Miscellaneous Revenue		ess Code				
	11a		233.110					
	ь							
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d		· •				
	12	Total revenue. See Instruct	ions	•	FC1 373	472.405		F 700
					561,273	472,495		5,783

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).								
			(B)	(D).	(D)				
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses				
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV $\!$	10,750	10,750						
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	8,112	9 112						
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	13,624	8,112 13,624						
4	Benefits paid to or for members								
5	Compensation of current officers, directors, trustees, and key employees	102,000	48,000	54,000	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 contributions (include section 401(k) and section 403(b) employer contributions)								
9	Other employee benefits				_				
10	Payroll taxes	2,515	0	2,515	0				
11	Fees for services (non-employees)								
а	Management	13,404	0	13,404	0				
b	Legal	670	0	670	0				
С	Accounting	510	0	510	0				
d	Lobbying								
e	Professional fundraising See Part IV, line 17				_				
f	Investment management fees								
g	Other	0	0	0	0				
12	Advertising and promotion								
13	Office expenses	1,093	0	1,093	0				
14	Information technology	1,005	0	1,005	0				
15	Royalties	1,000		2,000					
16	Occupancy								
17	Travel	844	844	0	0				
18	Payments of travel or entertainment expenses for any federal,	044	044	0					
10	state, or local public officials	630,229	630,229	0	0				
19	Conferences, conventions, and meetings	0	0	0	0				
20	Interest				_				
21	Payments to affiliates				_				
22	Depreciation, depletion, and amortization	3,618	3,618	0	0				
23	Insurance	567	567	0	0				
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)								
а	BANK AND CREDIT CARD CHARGES	11,422	9,209	2,213	0				
b	COMMUNITY AWARDS	3,002	3,002	0	0				
С	POSTAGE & DELIVERY	471	271	200	0				
d									
e									
f	All other expenses	45	0	45	0				
25	Total functional expenses. Add lines 1 through 24f	803,881	728,226		0				
26	Joint costs. Check here ► □ If following SOP 98-2	555,551	, 20,220	73,033					
	Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation								
					orm 990 (2009)				

Part X Balance Sheet (A) (B) End of vear Beginning of year 412.723 96.329 1 Cash—non-interest-bearing 1 2 128,599 2 3 3 4 4 25.610 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 Notes and loans receivable, net 7 8 Inventories for sale or use Prepaid expenses and deferred charges 22,577 9 12.060 Land, buildings, and equipment cost or other basis Complete Part 10a 10a VI of Schedule D 10b 3.618 8.442 b Less accumulated depreciation 10c 11 11 12 Investments—other securities See Part IV, line 11 12 13 13 Investments—program-related See Part IV, line 11 . . 14 14 15 15 412,723 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 281,557 17 30.456 17 Accounts payable and accrued expenses 18 18 74,090 19 19 Tax-exempt bond liabilities 20 20 Liabilities 21 21 Escrow or custodial account liability $Complete\ Part\ IV\ of\ Schedule\ D$. . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 0 26 104,546 Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 Balances through 29, and lines 33 and 34. 27 27 Unrestricted net assets 28 28 Temporarily restricted net assets Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here 🕨 🔽 and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds Assets Paid-in or capital surplus, or land, building or equipment fund 31 31 32 412,723 177,011 Retained earnings, endowment, accumulated income, or other funds 32 ¥ 412,723 177,011 33 Total net assets or fund balances 33 34 Total liabilities and net assets/fund balances 412,723 281.557 34

			Yes	No
L	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b		Νo
c	If "Yes," to 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	2c		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separated basis			
За	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?	3a		Νo
Ь	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	3b		

Form **990** (2009)

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is $\,$ (For lines 1 through 11, check only one box)

SCHEDULE A Public

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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. ▶ See separate instructions.

2009

Open to Public Inspection

Name of the organization PYTHON SOFTWARE FOUNDATION Employer identification number

04-3594598

Name of (II) (described on col (i) listed in col (i) of your col (i) organized Amo	A church, convention of churches, or association of churches section 170(b)(1)(A)(i).								1								
A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives a substantial part of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purpose one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). (the box that describes the type of supporting organization and complete lines 11 et through 11 h a Type I b Type II c Type III - Functionally integrated d Type III - Other than one or more publicly supported organizations described in section 509(a)(1) section 509(a)(2) section 509(a)(2) f Here organization received a written determination from the IRS that it is a Type I, Type III or Type III supporting organization organization organization organization in colling persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (i) T		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)									2						
hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gros receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gors investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. Seesection 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purpose one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). (the box that describes the type of supporting organization and complete lines 11e fruggli11 - Of the box that describes the type of supporting organization and complete lines 11e fruggli11 or organization of the first organization organization and complete lines 11e fruggli11 - Of the organization of the organization and complete lines 11e fruggli11 or organization of the thing of the properties of the first organization organization of the organization of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) for organization in col (i) listed in col (i) listed in col (i) listed in col (i) organized organization in col (i) listed in col (i) organized organization in col (i) li		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							Γ	3							
section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). A organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part III) A community trust described in section 170(b)(1)(A)(vi) (Complete Part III) A community trust described in section 170(b)(1)(A)(vi) (Complete Part III) A community trust described in section 170(b)(1)(A)(vi) (Complete Part III) A community trust described in section 130(1)(A)(vi) (Complete Part III) A community trust described in section 509(a)(2). (Complete Part III) A community trust described in section 509(a)(2). (Complete Part III) A community trust described in section 509(a)(2). (Complete Part III) A community trust described in section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety Sesection 509(a)(4). A norganization organized and operated exclusively to test for public safety Sesection 509(a)(4). A norganization organized and operated exclusively to test for public safety Sesection 509(a)(2). See section 509(a)(3). (the box that describes the type of supporting organization and complete lines 11e through 11h A roganization organized and operated exclusively to the benefit of, to perform femicions of, or to carry out the purpose one or more publicly supported organization section 509(a)(3). (the box that describes the type of supporting organization in norganization received a written determination from the IRS that it is a Type II, Type III or Type III or Type III supporting organization organization in col (i) a family member of a person described in	ter the	(iii). Ente	on 170(b)(1)(A	ribed in sect	hospital desc	tion with a	d in conjunc	•			Γ	4					
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described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gros receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposition of the proposition of the function of the functions of, or to carry out the purposition of the public of the public safety Seesection 509(a)(4). The proposition organization again and complete lines 11e through 11h a Type I b Type II c Type III c Type III - Functionally integrated d Type III - Othe By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified perso other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type III or Type III supporting organization (ii) a person who directly or indirectly controls, either alone or together with persons described in (ii) a person who directly or indirectly controls, either alone or together with persons described in (ii) for a purpor organization in col (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) o			(A)(v).	n 170(b)(1)	rıbed ın sectio	al unit desc	governmenta	ocal government or o	al, state, or l	A federa	Γ	6					
A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) A norganization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gros receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purpose one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). One or more publicly supported organization and complete lines 11e through 11h a Type II b Type II c Type III - Functionally integrated d Type III - Other State of the purpose other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization and (iii) below, the governing body of the the supported organization? (ii) a family member of a person described in (i) above? (iii) a family member of a person described in (i) above? (iii) a family member of a person described in (i) above? (iii) a family member of a person described in (i) above? (iii) a family member of a person described in (i) above? (iii) a family member of a person described in (i) above? (iii) a family member of a person described in (i) above? (iv) Jisted organization in col (i) listed in col (i) organization in the U S? (v) Jisted organization (col (i) organization in the U S	al public	described in									▽	7					
An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gros receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. Seesection 509(a)(4). An organization organized and operated exclusively to test for public safety. Seesection 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purpose one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). (the box that describes the type of supporting organization and complete lines 11e through 11h a Type II b Type II c Type III - Functionally integrated d Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persor other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type III or Type III supporting organization check this box. Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (ii) a family member of a person described in (i) above? (iii) a family member of a person described in (i) above? (iii) a family member of a person described in (i) above? (iii) a family member of a person described in (i) above? (iii) a family member of a person described in (i) above? (iii) a family member of a person described in (i) above? (iv)										Г	8						
its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. Seesection 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purpose one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). One or more publicly supported exclusively for the benefit of, to perform the functions of, or to carry out the purpose one or more publicly supported exclusively for the benefit of, to perform the functions of, or to carry out the purpose one or more publicly supported exclusively for the benefit of, to perform the functions of, or to carry out the purpose one or more publicly supported functions of, or to carry out the purpose one or more publicly supported organization section 509(a)(2). By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified person other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) if the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization check this box. Since A ugust 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? (ii) a family member of a person described in (i) above? (iii) a family member of a person described in (i) above? (iii) a family member of a person described in (i) above? (iv) Is the organization in col (i) organized in col (i) organized in the US? (v) Organization in col (i) organized i												<u> </u>					
acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. Seesection 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purpose one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). (In the box that describes the type of supporting organization and complete lines 11e through 11h a	% of	in 331/3%	d (2) no more tha	ceptions, an	t to certain ex	ns—subjec	empt functio	ties related to its exe	from activit	receipts							
An organization organized and operated exclusively to test for public safety. Seesection 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purpose one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). One or more publicly supported organization and complete lines 11 ethrough 11h a	ınesses	om busin	ection 511 tax) f	ome (less se	ss taxable ınc	ated busine	e and unrela	ss investment incom	ort from gro	ıts supp							
An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purpose one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Get the box that describes the type of supporting organization and complete lines 11e through 11h a			III)	mplete Part	509(a)(2). (Co	e section !	30,1975 Se	anızatıon after June 3	d by the orga	acquire							
one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). One of the box that describes the type of supporting organization and complete lines 11e through 11h a			09(a)(4).	See section 5	oublic safety	to test for _l	exclusively [.]	anızed and operated	nızatıon orga	An orga	\sqcap	10					
Type of organization (described on supported organization organization organization (see	Yes No	Type II: isqualified section 50 pporting of	a 11h d by one or more cons described in II or Type III su	11e through / integrated or indirectly d organization ype I, Type n from any o	complete lines - Functionally colled directly dicly supporte S that it is a T or contributio ogether with pation?	zation and of Type III is not conting more publication the IR ited any gift r alone or the dorganization of the continuity of the continui	rting organiz c rganization i er than one o ermination f ation accept ntrols, eithe the support ed in (i) abov described in	be the type of suppo b Type II x, I certify that the o on managers and other eccived a written det 006, has the organiz ectly or indirectly co loverning body of the r of a person describe ed entity of a person	that describ Type I king this bot an foundation 509(a)(2) ganization rous box ugust 17, 20 g persons? son who dire below, the g mily member 5% controlle	By checother the section of the or check to Since A following (i) a peand (iii) a fair (iii) a 3	Γ	f g					
	(vii) A mount of support?	e d	Is the organization col (i) organi	ion in your	Did you no organizat col (i) ot	Is the organization in col (i) listed in your governing		Type of organization of (ii) (described on ed EIN lines 1-9 above			Name suppo	Name suppo					
		No	Yes	No	Yes	No	Yes	•									
	+		+	-													
Total	+		+ +	+							<u> </u>						

Support Schedule for Organizations Described in IRC 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.)

	(Complete only if yo	u checked the	box on line 5, 7	7, or 8 of Part I.	.)			
	ection A. Public Support	1		1	1			
Cale	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2	009	(f) Total
1	in) Gifts, grants, contributions, and membership fees received (Do not include any "unusual	66,691	. 50,585	57,885	61,548		82,995	319,704
	grants ")							
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							
4	the organization without charge Total. Add lines 1 through 3	66,691	50,585	57,885	61,548		82,995	319,704
5	The portion of total contributions by each person (other than a		30,305	37,003	01,310		02,333	313,701
	governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column							53,000
6	(f) Public Support. Subtract line 5 from							266,704
	line 4							·
	ection B. Total Support endar year (or fiscal year beginning							
Cuit	in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	009	(f) Total
7	A mounts from line 4	66,691	7,271	57,885	61,548		82,995	319,704
8	Gross income from interest,							
	dividends, payments received on securities loans, rents, royalties and income from similar sources	2,224	7,271	7,216	4,580		3,205	24,496
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	6,497	1,332	3,625	5,404		2,578	19,436
11	Total support (Add lines 7 through 10)							363,636
12	Gross receipts from related activition	es, etc (See insti	ructions)			12		472,057
13	First Five Years If the Form 990 is to check this box and stop here			, thırd, fourth, or fı	fth tax year as a 5	501(c)(3	3) organiza	ation, ▶┌
<u> </u>	ection C. Computation of Pub Public Support Percentage for 2009			11 column (fi)				72 242 9
		•	•	11 Column (1))		14		73 340 %
15	Public Support Percentage for 2008	•	•		44	15		82 980 %
	33 1/3% support test—2009. If the and stop here. The organization qua 33 1/3% support test—2008. If the	lifies as a publicl	y supported orga	nization			•	▶ ▽
	box and stop here. The organization 10%-facts-and-circumstances test- is 10% or more, and if the organization in Part IV how the organization mee organization	n qualifies as a pu — 2009. If the orga tion meets the "fa	blicly supported inization did not c icts and circumst	organization :heck a box on lin :ances" test, chec	e 13, 16a, or 16b k this box and st e	and line	: 14 Explain	▶ □
ь	10%-facts-and-circumstances test-	_						•
	15 is 10% or more, and if the organ Explain in Part IV how the organization	tion meets the "fa	icts and circumst	ances" test The	organızatıon qualı	fies as a	a publicly	▶ ┌
18	Private Foundation If the organizations	on did not check	a box on line 13,	16a, 16b, 17a or	17b, check this b	ox and	see	▶ □

organization

Pa	(Complete only if you				(a)(2)		
Se	ction A. Public Support			•			
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,			+			
2	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 Tax revenues levied for the						
4	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						
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons						
b	A mounts 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						
8	Public Support (Subtract line 7 c from line 6)						
Se	ction B. Total Support	1				1	
	ndar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
_	ın)	(4) 2003	(2) 2000	(6) 2007	(4) 2000	(0,200)	(1) otal
9	A mounts from line 6 Gross income from interest,						
10a	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
ь	sources Unrelated business taxable						
	income (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
с 11	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the						
12	business is regularly carried on Other income. Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
13	IV) Total support (Add lines 9, 10c,						
13	11 and 12)						
14	First Five Years If the Form 990 is fo	or the organizati	on's first, second	, thırd, fourth, or	fifth tax year as a	a 501(c)(3) orga	
	check this box and stop here						►□
Se	ction C. Computation of Publ	ic Support P	ercentage				
15	Public Support Percentage for 2009			13 column (f))		15	0 %
16	Public support percentage from 200	8 Schedule A , P	art III, line 15			16	
Se	ction D. Computation of Inve						
17	Investment income percentage for 2	009 (line 10c co	olumn (f) divided l	by line 13 colum	n (f))	17	0 %
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	. 7		18	
19a	33 1/3% support tests—2009. If the					than 33 1/3% ar	nd line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T	ne organization q	ualities as a publ	ıcıy supported		

33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Facts And Circumstances Test

OTHER INCOME PART II, LINE 10, DESCRIPTION BOOK ROYALTIES, 2005 6497, 2006 1332, 2007 3625, 2008 5404, 2009 2578,

Schedule A (Form 990 or 990-EZ) 2009

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DLN: 93493319059780

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Name of the organization **Employer identification number** PYTHON SOFTWARE FOUNDATION 04-3594598

Par		tions Maintaining Donor Acon answered "Yes" to Form 99	dvised Funds or Other Similar Fo	unds	or Accounts.	Complet	e if the		
	<u> </u>	on answered tes to form 55	(a) Donor advised funds	(b) Funds and ot	her accour	nts		
1	Total number at er	nd of year							
2	Aggregate contribi	utions to (during year)							
3	Aggregate grants f	from (during year)							
	Aggregate value at	, , ,							
5	Did the organization	on inform all donors and donor advi	sors in writing that the assets held in don	or advi	sed				
-	funds are the organization's property, subject to the organization's exclusive legal control? Yes No								
6	used only for char conferring imperm	itable purposes and not for the ben issible private benefit	donor advisors in writing that grant funds efit of the donor or donor advisor, or for a	ny othe	r purpose	┌ Yes	┌ No		
		·	if the organization answered "Yes" to	O FOLL	1 990, Part IV,	illie 7.			
1	Preservation Protection of Preservation	servation easements held by the oi of land for public use (e g , recreati natural habitat of open space	on or pleasure) Preservation of an Preservation of a c	certifie	d historic struct	•	i		
2		ı–2d ıfthe organızatıon held a qualı ast day ofthe tax year	fied conservation contribution in the form	ofaco	onservation				
					Held at the I	nd of the	Year		
а	Total number of co	onservation easements		2a					
b	Total acreage rest	tricted by conservation easements		2b					
c	Number of conserv	vation easements on a certified his	toric structure included in (a)	2c					
d	Number of conserv	vation easements included in (c) a	cquired after 8/17/06	2d					
3	Number of conserventhe taxable year		rred, released, extinguished, or terminate	ed by th	ie organization d	uring			
4	Number of states	where property subject to conserva	ation easement is located ►						
5		tion have a written policy regarding e conservation easements it holds?	g the periodic monitoring, inspection, hand	dling of	violations, and	☐ Yes	┌ No		
6	Staff and voluntee	r hours devoted to monitoring, insp	pecting and enforcing conservation easem	nents d	uring the year ►				
7	A mount of expens	es incurred in monitoring, inspecti	ng, and enforcing conservation easements	s during	g the year ► \$ _				
8		vation easement reported on line 2 id 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	tion		☐ Yes	┌ No		
	balance sheet, and the organization's	d include, if applicable, the text of t accounting for conservation easen	onservation easements in its revenue and the footnote to the organization's financial nents ons of Art, Historical Treasures,	stater	nents that descr	ibes			
			'Yes" to Form 990, Part IV, line 8.	JI ULI					
1a	art, historical trea	sures, or other similar assets held	116, not to report in its revenue stateme for public exhibition, education or researd lancial statements that describes these it	ch ın fu			,		
b									
	(i) Revenues inclu	uded in Form 990, Part VIII, line 1			► \$				
	(ii) Assets included in Form 990, Part X								
2		received or held works of art, historequired to be reported under SFA	orical treasures, or other similar assets fo S 116 relating to these items	or finan	cıal gaın, provid	e the			
а	Revenues included	d ın Form 990, Part VIII, line 1			► \$				
b	Assets included in Form 990, Part X								

аг	Till Organizations Maintaining Co	llections of Art	t, His	tori	<u>cal Tr</u>	<u>easur</u>	es, or O	the	<u>r Similar</u>	Asse	ts (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ie foll	owing t	hat are	a sıgnıfıca	int u	se of its co	llection		
а	Public exhibition		d	\vdash	Loan	orexcha	nge progr	ams				
b	Scholarly research e Other											
С	Preservation for future generations											
ŀ	Provide a description of the organization's co Part XIV	ollections and expla	aın hov	v the	/ furthe	r the org	ganızatıon	's ex	empt purpo	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			,					ılar	Γ,	Yes	┌ No
Pai	t IV Escrow and Custodial Arrang						answere	d "Y	es" to For	m 990	,	
	Part IV, line 9, or reported an ar		•									
la	Is the organization an agent, trustee, custoo included on Form 990, Part X?					tions or	other ass	ets r	not	Γ,	Yes	Г No
b	If "Yes," explain the arrangement in Part XI	/ and complete the	follow	ıng ta	able		_	ı				
_								_		A mou	nt	
с	Beginning balance							1c				
d	Additions during the year							1d				
e	Distributions during the year							1e				
f	Ending balance							1 f				
а	Did the organization include an amount on Fe	orm 990, Part X, lın	e 21?							Γ,	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI\	1										
a	rt V Endowment Funds. Complete											
		(a)Current Year	(b)	Prior \	/ear	(c)Two	Years Back	(d)	Three Years B	ack (e)	Four Ye	ears Back
1	Beginning of year balance											
b	Contributions											
C	Investment earnings or losses											
d	Grants or scholarships											
е	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance									_		
,	Provide the estimated percentage of the year	r end halance held:										
			a s									
а	Board designated or quasi-endowment 🕨	%										
b	Permanent endowment 🕨 %											
C	Term endowment ► %											
а	Are there endowment funds not in the posse organization by	ssion of the organiz	ation	thata	ire held	and adi	ministered	tor	the		Yes	No
	(i) unrelated organizations								[3a(i)	103	110
	(ii) related organizations									3a(ii)		
b	If "Yes" to 3a(II), are the related organizatio	ns listed as require	d on S	ched	ule R?				[3b		
	Describe in Part XIV the intended uses of th											
aı	t VI Investments—Land, Building:	s, and Equipme	nt. S	ee F	orm 99	90, Par	t X, line	10.				
	Description of investment				a) Cost o sıs (ınve:		(b) Cost or basis (oth		(c) Accum deprecia		(d) Bo	ook value
a	Land											
b	Buildings											
c	Leasehold improvements											
d	Equipment					12,060				3,618		8,442
e	Other											

8,442

Part VII Investments—Other Securities. Sec	e Form 990, Part X, line 17	
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	*	
Part VIII Investments—Program Related. Se	ee Form 990, Part X, line	13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
——————————————————————————————————————	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	▶ Inc. 1E	
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, (a) Descri	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part	Ine 15. Iption 15.) X, line 25.	
Part IX Other Assets. See Form 990, Part X, (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	15.) X, line 25. (b) A mount	

Schedule D (Form 990) 2009

Par	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ITS
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8
9	Total adjustments (net) Add lines 4 - 8	9
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10
	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	
1	Total revenue, gains, and other support per audited financial statements	1
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12	
а	Net unrealized gains on investments	
ь	Donated services and use of facilities	
c	Recoveries of prior year grants	
d	Other (Describe in Part XIV) 2d	
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	
b	Other (Describe in Part XIV) 4b	
c	Add lines 4a and 4b	4c
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
а	Donated services and use of facilities	
ь	Prior year adjustments	1
c	Other losses	1
d	Other (Describe in Part XIV) 2d	1
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIV)]
c	Add lines 4a and 4b	4c
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5
Par	t XIV Supplemental Information	
	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete t	

Identifier Return Reference Explanation

additional information

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DLN: 93493319059780

OMB No 1545-0047

2009

SCHEDULE F (Form 990)

Department of the Treasury

Totals.

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ See separate instructions.

Open to Public **Inspection**

Internal Revenue Service

	ne of the organization	ATION				Employer ide	ntification number
- Y I	HON SOFTWARE FOUND	ATION				04-3594598	8
P	General Infor "Yes" to Form S			de the United States	s. Complete	ıf the orgar	nization answered
1	For grantmakers. Do assistance, the grante	es the organiza ees' eligibility fo	ition maintain r or the grants or	ecords to substantiate assistance, and the se	lection crite	rıa used to a	ward
 the grants or assistance?							
3	Activites per Region (U	se Schedule F-1	(Form 990) ıf adı	ditional space is needed)			
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	ıs a progra describe sp	ry listed in (d) am service, ecific type of b) in region	(f) Total expenditures for region
Eur	ope	0	0	GRANTS	PYTHON CC SUPPORT	NF	12,873
as	t Asıa and Pacıfıc	0	0	GRANTS	PYTHON CC SUPPORT	NF	750

13,623

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe	PYTHON CONF SUPPORT	6,000	WIRE TRANSFER		0	NONE
			isted above that are litee or counsel has pro					1
3 Enter total nu	mber of other	organizations or e	entities				. ▶	

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. Use Schedule F-1 (Form 990) if additional space is needed. (c) Number of (b) Region (d) A mount of (e) Manner of cash (a) Type of grant or (f) A mount of (g) Description (h) Method of assistance cash grant disbursement of non-cash valuation recipients non-cash (book, FMV, assistance assistance appraisal, other)

Schedule F (Form 990) 2009

	to provide the information requ	ired in Part I, line 2, and any additional information.
Identifier	ReturnReference	Explanation
Pt I Line 2		SEVERAL GRANTS WERE MADE TO PARTIALLY SPONSOR INTERNATIONAL CONFERENCES RELATED TO THE ESTABLISHMENT AND 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 THESE EXPENDITURES ARE ACCOUNTED/REPORTED BY AGGREGATING THE AMOUNTS OF FUNDS TRANSFERRED BY WIRE AND BANK CHECKS THERE WERE NO NON CASH EXPENDITURES

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Schedule I (Form 990)

Department of the Treasury

Internal Revenue Service

DLN: 93493319059780OMB No 1545-0047

2009

2009

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

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ► Attach to Form 990

Open to Public Inspection

Employer identification number Name of the organization PYTHON SOFTWARE FOUNDATION 04-3594598 **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and √ Yes 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 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. Use ▶ □ (a) Name and address of **(b)** EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applicable cash valuation non-cash assistance or assistance grant or government assistance (book, FMV, appraisal other) ENTHOUGHT515 742995727 10,000 NONE SPONSOR SCIPY **CONGRESS AVENUE** AUSTIN, TX 78701

Enter total number of section 501(c)(3) and government organizations

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

Cat No 50055P

Schedule I (Form 990) 2009

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
PYTHON CONFERENCE SUPPORT	2	796		o	NONE
PYCON TRAVEL REIMBURSE	25	7,316		o	NONE
See Additional Data Table					
PYCON TRAVEL REIMBURSE	2 25				

Part IV S	Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.						
Ident if ier	dentifier Return Reference Explanation						
Pt I Line 2		GRANTS ARE HERE TO SUPPORT LOCAL CONFERENCES RELATED TO THE PROGRAMMING LANGUAGE "PYTHON " THE GRANTS ARE APPROVED BY MAJORITY VOTE OF THE BOARD INVOICES FOR THE GRANT ARE PAID BY WIRE TRANSFER OR CHECK					

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493319059780

SCHEDULE 0

Department of the Treasury
Internal Revenue Service

(Form 990)

Supplemental Information to Form 990

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

Attach to Form 990.

OMB No 1545-0047
2009
Open to Public

Inspection

Name of	the org	anizat ion
PYTHON S	OFTWARE	FOUNDATION

Employer identification number

04-3594598

ldentifier	Return Reference	Explanation
Pt XI, Line 1		CHANGE FROM CASH TO ACCRUAL BASIS-SEE ATTACHED FORM 3115
Pt VI-A, Line 6		THE ORGANIZATION HAS MEMBERS
Pt VI-A, Line 7a		THE ORGANIZATION HAS NOMINATED AND SPONSOR MEMBERS THE
		NOMINATED MEMBERS ARE THE PYTHON SOFTWARE DEVELOPERS THERE
		IS NO MEMBERSHIP FEE FOR THEM THE SPONSOR MEMBERS ARE
		CORPORATE MEMBERS WHO PAY A YEARLY FEE THESE TWO CLASSES
		OF MEMBERS CAN VOTE TO NOMINATE AND ELECT NEW MEMBERS
		AND THE BOARD OF DIRECTORS

ldentifier	Return Reference	Explanation
Pt VI-A, Line 7b		NEW SPONSOR APPLICATIONS ARE SUBJECT TO RECOMMENDATIONS

BY A MAJORITY VOTE OF THE BOARD THEY ARE THEN PENDING AND ARE SUBJECT TO A VOTE BY A QUORUM OF THE FULL MEMBERSHIP, TYPICALLY AT THE ANNUAL MEETING TERMINATION OF AN INDIVIDUAL MEMBER ALSO REQUIRES A MAJORITY VOTE BY A QUORUM OF THE MEMBERSHIP Pt VI-B, Line 11A FORM 990 AND ASSOCIATED SCHEDULES ARE PREPARED BY AN INDEPENDENT CPA AND THE FOUNDATION'S TREASURER FOUNDATION'S CHAIRMAN

ldentifier	Return Reference	Explanation
		IS INCLUDED ON DISTRIBUTION OF ALL CORRESPONDENCE, INCLUDING

Schedule O (Form 990) 2009

DLN: 93493319059780

Form **3115**

Application for Change in Accounting Method

OMB No 1545-0152

Department of the Treasury Internal Revenue Service	bation for onlinge in	Accounting in	Stiloa			<i>.</i>
Name of filer (name of parent corporation if a	consolidated group) (see instruc	tions) Identification	number (see instr	ructions)		
PYTHON SOFTWARE FOUNDATION						
		Principal busine	ess activity code num	nber (see instru	ction	ns)
Number, street, and room or suite no If a PO	box, see the instructions	Tax year of cha	ange begins (MM/DD/	YYYY) 01-	01-2	009
PO BOX 37		Tax year of cha	ange ends (MM/DD/Y	YYY) 12-3	31-2	009
City or town, state, and ZIP code		Name of contact	ct person (see instru	ctions)		
WOLFEBORO FALLS, NH 038960037						
Name of applicant(s) (if different than filer) ar	nd identification number(s) (see ins	structions)	Contact per	son's telephon	e nu	mber
	dated group, check this box			▶ ┌		
If Form 2848, Power of Attorney and Dec				<u>▶ ┌</u>		
Check the box to indicate the type of ap	•		propriate box to i	ndicate the ty	/pe	
⊏ Indıvıdual	Cooperative (Sec 1381)		g method change l	being reques	ted.	
Corporation	Partnership	(see instruction	ons)			
Controlled foreign corporation	☐ S corporation	□ Depreciation	on or Amortization			
(Sec 957)	Insurance co (Sec 816(a	1 '	Products and/or Fir	ancial Activiti	AS (nf.
☐ 10/50 corporation (Sec 904(d)(2)(E))		Financial li		ianciai Activiti	63 (,
☐ Qualified personal service	☐ Other (specify) ►					
corporation (Sec 448(d)(2))						
Exempt organization Enter Code sec	tion ► 501(C)3CORP					
rts instructions), as well as any other informa The taxpayer must attach all applicable s Part I Information For Automatic 1 Enter the applicable designated automatic Enter only one designated automatic published by the IRS If the requested check "Other," and provide both a dechange See instructions	Change Request omatic accounting method chace accounting method change declarated change has no designated	ange number for the number, except as p	requested automa rovided for in guida ig method change	atic change ance number,	Yes	No
►(a) Change No (b) Other ☐ Descrip	tion ►					
2 Do any of the scope limitations desc		Proc 2008-52 cause	automatic consen	t to be		
unavailable for the applicant's reque	<u> </u>	•				
Note. Complete Part II below and then P		hrough E of this form	ı (ıf applıcable)			
Part II Information For All Reque					Yes	No
3 Did or will the applicant cease to en-		- · · · · · · · · · · · · · · · · · · ·	ted change relates 			X
terminate its existence, in the tax yea 4a Does the applicant (or any present of		•		-		
the applicable tax year(s)) have any						Х
If "No," go to line 5		andor oxammadon (o	oo moadaana,			
b Is the method of accounting the app or any present or former consolidate year(s)) either (i) under consideration	ed group in which the applicar	nt was a member du				
Under penalties of perjury, I declare that I have exa knowledge and belief, the application contains all the (other than applicant) is based on all information of v	relevant facts relating to the applicat	npany ing schédules and st				
Filer 2010-11-1	2	Preparer	(other than filer/a	pplicant)		
Signature and date PYTHON SOFTWARE FOUNDATION	BI	Signature of indivi	dual preparing the ap	plication and da	ate	
Name and title (print or t		Name of individual	preparing the applica	tion (print or ty	pe)	

Pa	rt II	Information For All Requests (continued)	Yes	No
4c	Is the	e method of accounting the applicant is requesting to change an issue pending (with respect to either the		
		cant or any present or former consolidated group in which the applicant was a member during the applicable		
	taxy	ear(s)) for any tax year under examination (see instructions)?		
d	Is the	e request to change the method of accounting being filed under the procedures requiring that the operating		
		ion director consent to the filing of the request (see instructions)?		
	If "Ye	s," attach the consent statement from the director		
е		e request to change the method of accounting being filed under the 90-day or 120-day window period? .		
		s," check the box for the applicable window period and attach the required statement (see instructions)		
	☐ 9C			
f	-	answered "Yes" to line 4a, enter the name and telephone number of the examining agent and the tax		
	-	(s) under examination		
~	Nam	e ► Telephone number ► Tax year(s) ► a copy of this Form 3115 been provided to the examining agent identified on line 4f?		
_		s the applicant (or any present or former consolidated group in which the applicant was a member during		
Ja		pplicable tax year(s)) have any Federal income tax return(s) before Appeals and/or a Federal court?		Х
		s," enter the name of the (check the box)		
		the tax year(s) before Appeals and/or a Federal court		
	Nam			
b		a copy of this Form 3115 been provided to the Appeals officer and/or counsel for the government identified	i i	
		ne 5a?		
C	Is the	e method of accounting the applicant is requesting to change an issue under consideration by Appeals		
	and/	or a Federal court (for either the applicant or any present or former consolidated group in which the applicant		
		a member for the tax year(s) the applicant was a member)?		
6		applicant answered "Yes" to line 4a and/or 5a with respect to any present or former consolidated group,		
		h a statement that provides each parent corporation's (a) name, (b) identification number, (c) address, and (d)		
		ear(s) during which		
	the a	pplicant was a member that is under examination, before an Appeals office, and/or before a Federal court		
7	lf, for	federal income tax purposes, the applicant is an entity (including a limited liability company) treated as a		
		iership, S corporation, or a foreign corporation, is it requesting a change from a method of accounting that is an		
	ıssu	e under consideration in an examination, before Appeals, or before a Federal court, with respect to a Federal		
		ne tax return of a partner, member, or shareholder of that entity?		
		s," the applicant is not eligible to make the change		
8a		s the applicable revenue procedure (advance consent or automatic consent) state that the applicant will not		
		ve audit protection for the requested change (see instructions)?		X
b	If "Ye	s," attach an explanation		
9a	Has	the applicant, its predecessor, or a related party requested or made (under either an automatic change		
	-	edure or a procedure requiring advance consent) a change in method of accounting within the past 5 years		
	•	ıdıng the year of the requested change)?		
b		s," for each trade or business, attach a description of each requested change in method of accounting		
		uding the tax year of change) and state whether the applicant received consent		
С	_	y application was withdrawn, not perfected, or denied, or if a Consent Agreement granting a change was not		
	_	ed and returned to the IRS, or if the change was not made or not made in the requested year of change, attach		
10a		xplanation s the applicant, its predecessor, or a related party currently have pending any request (including any		
ıva				
h		urrently filed request) for a private letter ruling, change in method of accounting, or technical advice? s," for each request attach a statement providing the name(s) of the taxpayer, identification number(s), the		
IJ		of request (private letter ruling, change in method of accounting, or technical advice), and the specific issue(s)		
		e request(s)		
11		e applicant requesting to change its overall method of accounting?	X	
		s," check the appropriate boxes below to indicate the applicant's present and proposed methods of		
		unting Also, complete Schedule A on page 4 of this form		
	Pres	ent method:		
	Prop	osed method:		

			age o				
	rt II Information For All Requests (continued)	Yes	No				
12	If the applicant is either (i) not changing its overall method of accounting, or (ii) is changing its overall method of						
	accounting and also changing to a special method of accounting for one or more items, attach a detailed and						
	complete description for each of the following The stem (c) being changed.						
	The item(s) being changed The applicant's present method for the item(s) being changed						
	The applicant's proposed method for the item(s) being changed						
	The applicant's present overall method of accounting (cash, accrual, or hybrid)						
	Attach a detailed and complete description of the applicant's trade(s) or business(es), and the principal						
13	business activity code for each. If the applicant has more than one trade or business as defined in						
	Regulations section 1 446-1(d), describe whether each trade or business is accounted for separately, the						
	goods and services provided by each trade or business and any other types of activities engaged in that						
	generate gross income, the overall method of accounting for each trade or business, and which trade or						
	business is requesting to change its accounting method as part of this application or a separate application						
14	Will the proposed method of accounting be used for the applicant's books and records and financial statements?						
	For insurance companies, see the instructions	X					
45.	If "No," attach an explanation						
158	Has the applicant engaged, or will it engage, in a transaction to which section 381(a) applies (e.g., a reorganization,						
	merger, or liquidation) during the proposed tax year of change determined without regard to any potential closing of the year under section 381(b)(1)?						
h	of the year under section 381(b)(1)?						
K.	the methods of accounting used by the parties to the section 381(a) transaction immediately before the date of						
	distribution or transfer and the method(s) that would be required by section 381(c)(4) or (c)(5) absent consent to						
	the change(s) requested in this application						
16	Does the applicant request a conference with the IRS National Office if the IRS proposes an adverse						
	response?		Х				
17	If the applicant is changing to either the overall cash method or an overall accrual method, or is changing its method						
	of accounting for any property subject to section 263A, any long-term contract subject to section 460, or inventories						
	subject to section 474, enter the applicant's gross receipts for the 3 tax years preceding the tax year of change						
	1st preceding 2nd preceding 3rd preceding						
	y ear ended mo yr y ear ended mo yr y ear ended mo yr \$	ł					
Рa	rt III Information For Advance Consent Request	Yes	No				
	· · · · · · · · · · · · · · · · · · ·						
10	Is the applicant's requested change described in any revenue procedure, revenue ruling, notice, regulation, or other published guidance as an automatic change request?						
	If "Yes," attach an explanation describing why the applicant is submitting its request under advance consent						
	request procedures						
19	Attach a full explanation of the legal basis supporting the proposed method for the item being changed. Include						
. •	a detailed and complete description of the facts that explains how the law specifically applies to the applicant's						
	situation and that demonstrates that the applicant is authorized to use the proposed method. Include all authority						
	(statutes, regulations, published rulings, court cases, etc.) supporting the proposed method. Also, include either a						
	discussion of the contrary authorities or a statement that no contrary authority exists						
	Attach a copy of all documents related to the proposed change (see instructions)						
	Attach a statement of the applicant's reasons for the proposed change						
22							
	consolidated group use the proposed method of accounting for the item being changed?						
22.	·						
	Enter the amount of user fee attached to this application (see instructions) > \$						
	of the applicant qualities for a reduced user fee, attach the required information of certification (see instructions)						
Da	rt IV Section 481(a) Adjustment	Vec	No				
	· · · · · ·	103	140				
24	Does the applicable revenue procedure require the applicant to implement the requested change in method of accounting on a cut-off basis rather than a section 481(a) adjustment?		X				
	If "Yes," do not complete lines 25, 26, and 27 below						
25	Enter the section 481(a) adjustment Indicate whether the adjustment is an increase (+) or a decrease (-) in						
_•	income \(\) \$ +6,896 Attach a summary of the computation and an explanation of the						
	methodology used to determine the section 481(a) adjustment. If it is based on more than one component, show						
	the computation for each component. If more than one applicant is applying for the method change on the same						
	application, attach a list of the name, identification number, principal business activity code (see instructions),						
	and the amount of the section 481(a) adjustment attributable to each applicant						

Foi	m 3115 (Rev 12-2009)		Р	age 4
Р	art IV Section 481(a) Adjustment (continued)	Ye	es	No
26	If the section 481(a) adjustment is an increase to income of less than \$25,000, does the applicant elect to	take		
27	the entire amount of the adjustment into account in the year of change?		\dashv	X
27	group, a consolidated group, a controlled group, or other related parties?			
	If "Yes," attach an explanation			
Sc	chedule A-Change in Overall Method of Accounting (If Schedule A applies, Part I below must be	completed)		
Р	art I Change in Overall Method (see instructions)			
1	Enter the following amounts as of the close of the tax year preceding the year of change If none, state "No attach a statement providing a breakdown of the amounts entered on lines 1a through 1g			
	- Income account but not recound (ouch as accounts recountle)	Amount	20	2010
	a Income accrued but not received (such as accounts receivable)			0,010
	the income and the legal basis for the proposed method		-25	5,000
	c Expenses accrued but not paid (such as accounts payable)		-8	8,778
	d Prepaid expenses previously deducted		20	0,664
	e Supplies on hand previously deducted and/or not previously reported		1	NONE
	f Inventory on hand previously deducted and/or not previously reported. Complete Schedule D, Part II.		1	NONE
	g Other amounts Attach a description of the item and the legal basis for its inclusion in the calculation of			
	the section 481(a) adjustment		1	NONE
	h Net section 481(a) adjustment (Combine lines 1a-1g) Indicate whether the adjustment is an increase (+) or decrease (-) in income. Also enter the net amount of this section 481(a) adjustment amount in Part IV on line 25		(5,896
	the close of the tax year preceding the year of change. Also attach a statement specifying the accounting metapring the balance sheet. If books of account are not kept, attach a copy of the business schedules su Federal income tax return or other return (e.g., tax-exempt organization returns) for that period. If the amouthrough 1g, do not agree with those shown on both the profit and loss statement and the balance sheet, a explaining the differences.	ibmitted with t ints in Part I, li	he ne	s 1a
Р	art II Change to the Cash Method For Advance Consent Request (see instructions)			
А р	plicants requesting a change to the cash method must attach the following information A description of inventory items (items whose production, purchase, or sale is an income-producing facto and supplies used in carrying out the business An explanation as to whether the applicant is required to use the accrual method under any section of the regulations	•	als	
<u>S</u>	chedule B-Change to the Deferral Method for Advance Payments (see instructions)			
1	If the applicant is requesting to change to the deferral method for advance payments described in section 2004-34, 2004-1 C B 991, attach the following information	5 02 of Rev F	⊃ro	С
	a A statement explaining how the advance payments meet the definition in section 4 01 of Rev Proc 2004-3	34		
	b If the applicant is filing under the automatic change procedures of Rev Proc 2008-52, the information requi (3)(a)-(c) of Rev Proc 2004-34	uired by section	on (8 02
	c If the applicant is filing under the advance consent provisions of Rev Proc 97-27, the information required (a)-(f) of Rev Proc 2004-34	by section 8	03((2)
2	If the applicant is requesting to change to the deferral method for advance payments described in Regulat 5(b)(1)(ii), attach the following	tions section	1 4	51-
	a A statement explaining how the advance payments meet the definition in Regulations section 1 451-5(a)($^{\prime}$	1)		
	b A statement explaining what portions of the advance payments, if any, are attributable to services, whether integral to the provisions of goods or items, and whether any portions of the advance payments that are at integral services are less than five percent of the total contract prices. See Regulations sections 1 451-5(a	ttrıbutable to r a)(2)(ı) and (3	non))-
	c A statement explaining that the advance payments will be included in income no later than when included purposes of the applicant's financial reports. See Regulations section 1 451-5(b)(1)(ii)	ın gross rece	eipt	s for

d A statement explaining whether the inventoriable goods exception of Regulations section 1 451-5(c) applies and if so, when substantial advance payments will be received under the contracts, and how the exception will limit the deferral of income

Schedule C-Changes Within the LIFO Inventory Method (see instructions)

Part I General LIFO Information

Complete this section if the requested change involves changes within the LIFO inventory method. Also, attach a copy of all **Forms 970**, Application To Use LIFO inventory Method, filed to adopt or expand the use of the LIFO method.

- 1 Attach a description of the applicant's present and proposed LIFO methods and submethods for each of the following items
- a Valuing inventory (e.g., unit method or dollar-value method)
- **b** Pooling (e.g., by line or type or class of goods, natural business unit, multiple pools, raw material content, simplified dollar-value method, inventory price index computation (IPIC) pools, vehicle-pool method, etc.)
- c Pricing dollar-value pools (e.g., double-extension, index, link-chain, link-chain index, IPIC method, etc.)
- **d** Determining the current year cost of goods in the ending inventory (e.g., most recent acquisitions, earliest acquisitions during the current year, average cost of current-year acquisitions, or other permitted method)
- 2 If any present method or submethod used by the applicant is not the same as indicated on Form(s) 970 filed to adopt or expand the use of the method, attach an explanation
- 3 If the proposed change is not requested for all the LIFO inventory, attach a statement specifying the inventory to which the change is and is not applicable
- 4 If the proposed change is not requested for all of the LIFO pools, attach a statement specifying the LIFO pool(s) to which the change is applicable
- 5 Attach a statement addressing whether the applicant values any of its LIFO inventory on a method other than cost. For example, if the applicant values some of its LIFO inventory at retail and the remainder at cost, the applicant should identify which inventory items are valued under each method.
- 6 If changing to the IPIC method, attach a completed Form 970

Part II Change in Pooling Inventories

- 1 If the applicant is proposing to change its pooling method or the number of pools, attach a description of the contents of, and state the base year for, each dollar-value pool the applicant presently uses and proposes to use
- 2 If the applicant is proposing to use natural business unit (NBU) pools or requesting to change the number of NBU pools, attach the following information (to the extent not already provided) in sufficient detail to show that each proposed NBU was determined under Regulations section 1 472-8(b)(1) and (2)
- a A description of the types of products produced by the applicant If possible, attach a brochure
- **b** A description of the types of processes and raw materials used to produce the products in each proposed pool
- c If all of the products to be included in the proposed NBU pool(s) are not produced at one facility, state the reasons for the separate facilities, indicate the location of each facility, and provide a description of the products each facility produces
- d A description of the natural business divisions adopted by the taxpayer. State whether separate cost centers are maintained and if separate profit and loss statements are prepared.
- e A statement addressing whether the applicant has inventories of items purchased and held for resale that are not further processed by the applicant, including whether such items, if any, will be included in any proposed NBU pool
- f A statement addressing whether all items including raw materials, goods-in-process, and finished goods entering into the entire inventory investment for each proposed NBU pool are presently valued under the LIFO method. Describe any items that are not presently valued under the LIFO method that are to be included in each proposed pool.
- **g** A statement addressing whether, within the proposed NBU pool(s), there are items both sold to unrelated parties and transferred to a different unit of the applicant to be used as a component part of another product prior to final processing
- 3 If the applicant is engaged in manufacturing and is proposing to use the multiple pooling method or raw material content pools, attach information to show that each proposed pool will consist of a group of items that are substantially similar See Regulations section 1 472-8(b)(3)
- 4 If the applicant is engaged in the wholesaling or retailing of goods and is requesting to change the number of pools used, attach information to show that each of the proposed pools is based on customary business classifications of the applicant's trade or business. See Regulations section 1 472-8(c)

31113 (Nev 12-2009)			Page b
Schedule D-Change in the Treatment of Long-Term Contracts Under Sec Section 263A Assets (see instructions)	tion 460, Inve	ntories, or Ot	her
Part I Change in Reporting Income From Long-Term Contracts (Also co	mplete Part III	on pages 7 an	d 8)
1 To the extent not already provided, attach a description of the applicant's present and expenses from long-term contracts. Also, attach a representative contract for construction contractor, attach a detailed description of its construction activities.	•	•	-
 2a Are the applicant's contracts long-term contracts as defined in section 460(f)(1) (b If "Yes," do all the contracts qualify for the exception under section 460(e) (see in If line 2b is "No," attach an explanation 	structions)?		
c If line 2b is "Yes," is the applicant requesting to use the percentage-of-completion under Regulations section 1 460-4(b)?			Yes ┌ No
d If line 2c is "No," is the applicant requesting to use the exempt-contract percentagunder Regulations section 1 460-4(c)(2)?	ull use to deterr	Г mine a	Yes ┌ No
 3a Does the applicant have long-term manufacturing contracts as defined in section b If "Yes," attach an explanation of the applicant's present and proposed method(s contracts c Attach a description of the applicant's manufacturing activities, including any requirement.) of accounting	for long-term m	•
		ii oi iiiaiiulaciui	ea goods
 4 To determine a contract's completion factor using the percentage-of-completion a Will the applicant use the cost-to-cost method in Regulations section 1 460-4(b) b If line 4a is "No," is the applicant electing the simplified cost-to-cost method (see 	?	•	Yes ┌ No
		, , ,	Yes ┌ No
5 Attach a statement indicating whether any of the applicant's contracts are either contracts or Federal long-term contracts	cost-plus long-	erm	
Part II Change in Valuing Inventories Including Cost Allocation Change	s (Also comple	ete Part III on p	ages 7 and 8)
 Attach a description of the inventory goods being changed Attach a description of the inventory goods (if any) NOT being changed Is the applicant subject to section 263A? If "No," go to line 4a		ructions)? If	Yes ┌ No Yes ┌ No
4a Check the appropriate boxes below	Inventory Be	eing Changed	Inventory Not Being Changed
Identification methods	Present method	Proposed method	Present method
Specific identification			
FIFO			
LIFO			
Other (attach explanation)			
Valuation methods			
Cost or market, whichever is lower			
Retail cost			
Other (attach explanation)			
b Enter the value at the end of the tax year preceding the year of change			
5 If the applicant is changing from the LIFO inventory method to a non-LIFO method	d, attach the fol	lowing informati	on (see
 instructions) a Copies of Form(s) 970 filed to adopt or expand the use of the method b Only for applicants requesting advance consent. A statement describing wheth required by Regulations section 1 472-6(a) or (b), or whether the applicant is proceed to the consent of the consen	posing a differ	ent method	
of Rev Proc 2008-52 (or its successor)	-		

Part III

Method of Cost Allocation (Complete this part if the requested change involves either property subject to section 263A or long-term contracts as described in section 460 (see instructions)

Section A-Allocation and Capitalization Methods

Attach a description (including sample computations) of the present and proposed method(s) the applicant uses to capitalize direct and indirect costs properly allocable to real or tangible personal property produced and property acquired for resale, or to allocate and, where appropriate, capitalize direct and indirect costs properly allocable to long-term contracts. Include a description of the method(s) used for allocating indirect costs to intermediate cost objectives such as departments or activities prior to the allocation of such costs to long-term contracts, real or tangible personal property produced, and property acquired for resale. The description must include the following

- 1 The method of allocating direct and indirect costs (i.e., specific identification, burden rate, standard cost, or other reasonable allocation method)
- 2 The method of allocating mixed service costs (i.e., direct reallocation, step-allocation, simplified service cost using the labor-based allocation ratio, simplified service cost using the production cost allocation ratio, or other reasonable allocation method)
- 3 The method of capitalizing additional section 263A costs (i.e., simplified production with or without the historic absorption ratio election, simplified resale with or without the historic absorption ratio election including permissible variations, the U.S. ratio, or other reasonable allocation method)

Section B-Direct and Indirect Costs Required To Be Allocated Check the appropriate boxes in showing the costs that are or will be fully included, to the extent required, in the cost of real or tangible personal property produced or property acquired for resale under section 263A or allocated to long-term contracts under section 460 Mark "N/A" in a box if those costs are not incurred by the applicant. If a box is not checked, it is assumed that those costs are not fully included to the extent required. Attach an explanation for boxes that are not checked.

_		Present method	Proposed method
1	Direct material		
2	Direct labor		
3	Indirect labor		
4	Officers' compensation (not including selling activities)		
5	Pension and other related costs		
6	Employee benefits		
7	Indirect materials and supplies		
8	Purchasing costs		
9	Handling, processing, assembly, and repackaging costs		
10	Offsite storage and warehousing costs		_
11	Depreciation, amortization, and cost recovery allowance for equipment and facilities placed in		
	service and not temporarily idle		
12	Depletion		
13	Rent		
14	Taxes other than state, local, and foreign income taxes		
15	Insurance		
16	Utilities		
17	Maintenance and repairs that relate to a production, resale, or long-term contract activity		
18	Engineering and design costs (not including section 174 research and experimental		
	expenses)		
19	The state of the s		
20	Tools and equipment		
21	Quality control and inspection		
22	Bidding expenses incurred in the solicitation of contracts awarded to the applicant		
23	Licensing and franchise costs		
24	Capitalizable service costs (including mixed service costs)		
25	` , , , , , , , , , , , , , , , , , , ,		
26	Research and experimental expenses attributable to long-term contracts		
27	Interest		
28	Other costs (Attach a list of these costs)		

Forr	n 3115 (Rev 12-2009)		Page 8								
Pa	rt III Method of Cost Allocation (see instructions) (continued)										
Section C-Other Costs Not Required To Be Allocated (Complete Section C only if the applicant is requesting to change its											
method for these costs)											
		Present method	Proposed method								
1	Marketing, selling, advertising, and distribution expenses										
2	Research and experimental expenses not included in Section B on line 26 above										
3	Bidding expenses not included in Section B on line 22 above										
4	General and administrative costs not included in Section B above										
5	Income taxes										
6	Cost of strikes										
7	Warranty and product liability costs										
8	Section 179 costs										
9	On-site storage										
10	Depreciation, amortization, and cost recovery allowance not included in Section B on										
	line 11 above										
11	Other costs (Attach a list of these costs)										
	hedule E-Change in Depreciation or Amortization (see instructions)		L								
App Not und and 1 2	blicants requesting approval to change their method of accounting for depreciation or amortizated blicants must provide this information for each item or class of property for which a change is respective. See the List of Automatic Accounting Method Changes in the instructions for information respections 56, 167, 168, 197, 1400I, 1400L, or former section 168. Do not file Form 3115 with delection revocations (see instructions). Is depreciation for the property determined under Regulations section 1.167(a)-11 (CLADR)? If "Yes," the only changes permitted are under Regulations section 1.167(a)-11(c)(1)(iii). Is any of the depreciation or amortization required to be capitalized under any Code section (e. 263A)? If "Yes," enter the applicable section. Has a depreciation, amortization, or expense election been made for the property (e.g., the election 168(f)(1)). 179, or 179C? If "Yes," state the election made. To the extent not already provided, attach a statement describing the property being changed by type of property, the year the property was placed in service, and the property's use in the applicance-producing activity. If the property is residential rental property, did the applicant live in the property before renting its list the property public utility property?	quested garding automa respect to certai g, section ction under section	tic changes in late elections Yes No Yes No Tyes No Stion Yes No escription the eusiness or								
5	Is the property public utility property? To the extent not already provided in the applicant's description of its present method, attach a how the property is treated under the applicant's present method (e.g., depreciable property, in 1.162-3, nondepreciable section 263(a) property, property supplies under Regulations section as a current expense, etc.) If the property is not currently treated as depreciable or amortizable property, attach a statement the proposed change to depreciate or amortize the property	statement expla ventory property deductible	aining /,								

information for both the present (if applicable) and proposed methods

7 If the property is currently treated and/or will be treated as depreciable or amortizable property, attach the following

- a The Code section under which the property is or will be depreciated or amortized (e.g., section 168(g))
- **b** The applicable asset class from Rev Proc 87-56, 1987-2 C B 674, for each asset depreciated under section 168 (MACRS) or under section 1400L, the applicable asset class from Rev Proc 83-35, 1983-1 C B 745, for each asset depreciated under former section 168 (ACRS), an explanation why no asset class is identified for each asset for which an asset class has not been identified by the applicant
- c The facts to support the asset class for the proposed method
- **d** The depreciation or amortization method of the property, including the applicable Code section (e.g., 200% declining balance method under section 168(b)(1))
- e The useful life, recovery period, or amortization period of the property
- f The applicable convention of the property
- g A statement of whether or not the additional first-year special depreciation allowance (for example, as provided by section 168(k), 168(l), 168(m), 168(n), 1400L(b), or 1400N(d)) was or will be claimed for the property. If not, also provide an explanation as to why no special depreciation allowance was or will be claimed.

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DLN: 93493319059780

OMB No 1545-0172

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service	•	See separate instructions	s. 🕨 Attach	to your tax retur	n.		Sequence No 67	
Name(s) shown on return		Business or a	ctivity to which	this form relates	Iden	nt if y ing	j number	
PYTHON SOFTWARE FOL	JNDATION	Form 990 / Fo	orm 990E7		04-	359459	98	
Part I Election	To Expense (Certain Property Un		179		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>	
Note: If y	ou have any li	sted property, comple	te Part V befo	ore you comple	te Part I.			
1 Maximum amount See	the instructions	for a higher limit for cert	aın busınesses			1	\$ 125,000	
2 Total cost of section 1	79 property plac	ced in service (see instru	ctions) .			2		
3 Threshold cost of sect	ion 179 property	y before reduction in limit	atıon (see ınstr	uctions) .		3	\$ 500,000	
4 Reduction in limitation	Subtract line 3	from line 2 If zero or les	s, enter -0-			4		
5 Dollar limitation for tax	year Subtract	line 4 from line 1 If zero	or less, enter -	0- If married filir	ıg			
separately, see instruc	tions					5		
(-) I			(b) Cost	(business use				
6 (a)	Description of pr	operty	' '	only)	cost			
6							_	
7 Listed property Enter				. 7				
		erty Add amounts in colu	ımn (c), lınes 6	and 7		8		
9 Tentative deduction E	nter the smaller	of line 5 or line 8 .				. 9		
10 Carryover of disallower		•				10		
11 Business income limitation	Enter the smaller of	business income (not less than	n zero) or line 5 (se	ee instructions)		11		
12 Section 179 expense of	deduction Add li	ines 9 and 10, but do not	enter more tha	n line 1 1 • • •		12		
13 Carryover of disallowe	d deduction to 2	010 Add lines 9 and 10,	less line 12	. 13				
Note: Do not use Part								
· ·		Allowance and Other				roperty	(See instructions	
14 Special depreciation a		lified property (other than	listed property) placed in service	e during the			
tax year (see instruction	•					14		
15 Property subject to see	,	election				15		
16 Other depreciation (inc		<u> </u>				16		
Part IIII MACRS De	preciation (I	Do not include listed p	ction A	e instructions.)			
17 MACRS deductions for	assets placed i			009		17		
18 If you are electing t	•		_		e or more			
general asset accou		•	_	•	▶□			
		Service During 200				recia	tion System	
		(c) Basis for						
(a) Classification of	(b) Month and	depreciation	(d) Recovery				(g)Depreciation	
property	year placed in service	(business/investment use	period	(e) Convention	(f) Metho	od	deduction	
	Service	only—see instructions)						
19a 3-year property								
b 5-year property		12,060	5	5 HY			3,61	
c 7-year property								
d 10-year property						$-\!$		
e 15-year property							_	
f 20-year property			2.5			$-\!\!\!\!+$		
g 25-year property			25 yrs	NA NA	S/L	-+		
h Residential rental property			27 5 yrs MM 27 5 yrs MM		S/L	-+		
i Nonresidential real	+	39 yrs MM		M M M M	S/L S/L	-+		
property			22 713	MM	S/L	-+		
	n C—Assets Plac	ced in Service During 2009	Tax Year Usin			 n Svst <i>e</i>	em	
20a Class life					S/L			
b 12-year	1		12 yrs		S/L			
c 40-year			40 yrs	мм	S/L			
Part IV Summar	y (see instruc	tions)						
21 Listed property Enter	amount from line	28				21		
22 Total. Add amounts fro		14 through 17, lines 19 ourn Partnerships and S c			Enter here	22	3,61	
23 For assets shown above	·	·	•					
portion of the basis att	•	<u>-</u>	· · ·	23				

Part V
Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense,

comp	lete only	24a, 24b, colui	mns (a	a) thro	ugh (c)	of Sec	ction	A, al	ll of .	Sectio	n B, a	nd Se	ction (C if ap	oplicat	ile.	
Section A—Depre																	
24a Do you have eviden	ce to support	the business/investi	ment us	e claimed	d? ┌ Yes	. □ _{No}			24b lf	"Yes."	s the ev	/ idence	written?	Tye	sГNo)	
										,						-	
(a) Type of property (list vehicles first)	(b) Date placed II service	(c) Business/ In investment use percentage	(d) Cost or o	or other (husiness/investment			- 11		(f) (g) Recovery Method/ period Convention			(h) Depreciation/ deduction			(i) Elected section 179 cost		
25Special depreciation allow 50% in a qualified busir	•	lified listed property i	placed in	service (l during the	tax year	and u	sed mo	re tha	in 25							
26 Property used more	•	•	inacci	15.0						20							
Lot roperty asea more	thun 50 70	% %	111033	450			П				\top			\Box			
		%															
	orlassin	% %	C 11C A														
27 Floperty used 50 %	01 1633 111	%	35 USE				П		S/L	-	Т			\Box			
		%							S/L								
		%			L				S/L		_			+			
28 Add amounts in co		_				ne 21,	page	1 .		2	8						
29 Add amounts in co	ılumn (ı), lır							•		•			29				
Complete this section	forvobiolo				mation						r rolat	ad nar	con				
if you provided vehicles to	your employe	es, first answer the q	uestions	in Section	on C to see	e if you n	neet a	n exce	otion t	o comple	ting this	section	for thos	e vehic	les		
30 Total business/inv	estment m	ıles driven diirina	the	(a)			(b) (d		(c)	c)		d)	(e)		(f)		
year (do not includ		-		Vehi	cle 1	Vehi	cle 2	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	'ehic	le 3	Vehi	cle 4	Vehi	<u>cle 5</u>	Vehi	cle 6	
31 Total commuting n	niles driver	during the year	F														
32 Total other person			,,, <u> </u>														
·	•		⊢			<u> </u>		+									
33 Total miles driven through 32	· · ·	year Add lines 3	٠. ا														
34 Was the vehicle av	allable for	personal use		Yes	No	Yes	No	Ye	s	No	Yes	No	Yes	No	Yes	No	
during off-duty hou	ırs?		.														
35 Was the vehicle us owner or related pe	•	y by a more than	5%														
36 Is another vehicle		or personal use?	` .` -														
		estions for Em	volar	ers W	ho Pro	vide \	/ehi	cles	for	Use b	v The	ir Er	nplov	ees	<u> </u>	<u> </u>	
Answer these question 5% owners or related	ns to deterr	nine if you meet a									-				not moi	re tha	
37 Do you maintain a employees?	written poli	cy statement tha	t prohil	bits all	personal •	use of	vehic	les, ı	nc lud	ling cor	nmutır	ıg, by y	our.	Y	es	No	
38 Do you maintain a employees? See th																	
39 Do you treat all us								,, 01 1	, o o i		-						
40 Do you provide mo	re than five	vehicles to your	•			- ormatio	n fron	n you	emp	loyees	- about	the us	e of the	a -			
vehicles, and retai			العامل ما		la damar				•			•	•	\vdash			
Note: If your answ																	
Part VI Amortiz		5, 39, 40, 01 41 1	5 165,	40 110	Comple	te seci	.1011 6	101 11	ie co	vereu v	emcie	<u> </u>					
Part VI Amortiz		(b)	<u> </u>			I				10	.,						
(a)		Date		(c	- 1		(d) Code			(e) A mortization			۸ ۵	(f)	an far		
Description of c	osts	amortization	amortization			A mortizable amount				period or					ization for is year		
		begins 						ction		perce	ntage						
42 A mortization of co	sts that be	gins during your 2	2009 ta	ax year	(see ins	truction	ıs)										
42 A months = 1 - 1		ann hafar	000 +-	V 146 - 5							43						
43 A mortization of co	sis that be	gan before your 2	UUY ta	x year		•	•		•	•	43						

44 Total. Add amounts in column (f) See the instructions for where to report . .

44