Department of the Treasury Internal Revenue Service

## **Short Form**

Return of Organization Exempt From Income Tax

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

► For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.

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

OMB No. 1545-1150

**Open to Public** Inspection

B   Dick rapid caption   D   Came of organization   D   Caption Software Foundation   Waters Among the Python Software Foundation   Waters Among the Python Software Foundation   Waters Among the Python Software Foundation   Python Software Found	А	ror tne	the 2002 calendar year, or tax year beginning , 2002, and ending							, 20		
Name of stope   Part   Part	В	Check if a	Inc					D Employer identification numb				
Warbor and steek or P.O. Not, if mails not delivered to street, address.   From Extention   From Steek   F		I lah						04   3594598				
The guard Propriets   Specific   Signature   Specific   Specific	$\parallel$		change				Room/suite	·				
Security Description   Security Descriptio	$\mathbb{H}$		turn type 513 Prince Edward Street					(	)			
Neprestition peasing	H		Specific City or town state or country, and 7IP ± 4									
Web site:   http://www.python.org/psf     Web site:   http://www.python.org/psf     Web site:   http://www.python.org/psf     Web site:   http://www.python.org/psf     Organization type (check only one)   So1[c):   3   4(insert no.)   4947(a)(1) or   527     Organization type (check only one)   So1[c):   3   4(insert no.)   4947(a)(1) or   527     Organization type (check only one)   So1[c):   3   4(insert no.)   4947(a)(1) or   527     Organization type (check only one)   So1[c):   3   4(insert no.)   4947(a)(1) or	Ī				Fredericksburg, VA 22401			F Enter 4	er 4-digit (GEN) ►			
Web site: ▶ http://www.python.org/psf		• Secti	ion 501(c)(3)			e trusts must attach		=		☑ Cash ☐ Accrual		
Web site: ▶				a con	mpleted Schedule A (Form 990 or 990-EZ).		1					
Very		\A/- i:	http:/	//www.	python.org/psf					•		
Check ▶							1	•				
Part   Companization received a Form 990 Package in the mall, it should file a return without financial data. Some states require a complete return.			_									
Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 36 of the instructions.)												
1   Contributions, gifts, grants, and similar amounts received   2   Program service revenue including government fees and contracts   2   3   Membership dues and assessments   3   16000.00	L	Add line:	s 5b, 6b, and	7b, to lir	ne 9 to determine gross receipts; if \$100,000 or	more, file Form 990 instea	d of Form 9	990-EZ	▶ \$	16000.00		
2 Program service revenue including government fees and contracts   2   3   16000.00	Р	art I	Revenue,	Expe	nses, and Changes in Net Assets (	or Fund Balances	(See pag	e 36 of tl	he ins	structions.)		
3   Membership dues and assessments   3   16000.00		1	Contribution	ns, gifts	s, grants, and similar amounts received .			📙	1			
The standard of the standard assessment of th		2	Program se	ervice i	revenue including government fees and o	contracts		📙	2			
Variable   Variable		3						📙	3	16000.00		
b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule) c Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule) c Rorss revenue (not including \$		4						]	4			
b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule) c Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule) c Rorss revenue (not including \$		5a	Gross amo	unt fro	m sale of assets other than inventory .	5a						
C Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)		b			•							
Special events and activities (attach schedule):					· · · · · · · · · · · · · · · · · · ·		ch sched	ule)	5c			
b Less: direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (line 6a less line 6b) 6c 7a Gross sales of inventory, less returns and allowances 7b b Less: cost of goods sold 7b c Gross profit or (loss) from sales of inventory (line 7a less line 7b) 7c 8 Other revenue (describe ▶ ) 8 9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	ine	_						······································				
b Less: direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (line 6a less line 6b) 6c 7a Gross sales of inventory, less returns and allowances 7b b Less: cost of goods sold 7b c Gross profit or (loss) from sales of inventory (line 7a less line 7b) 7c 8 Other revenue (describe ▶ ) 8 9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	/en											
b Less: direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (line 6a less line 6b) 6c 7a Gross sales of inventory, less returns and allowances 7b b Less: cost of goods sold 7b c Gross profit or (loss) from sales of inventory (line 7a less line 7b) 7c 8 Other revenue (describe ▶ ) 8 9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	Ş	"										
C   Net income or (loss) from special events and activities (line 6a less line 6b)   6c	_	h										
7a   Gross sales of inventory, less returns and allowances   7a   7b   7c   7c   7c   7c   7c   7c   7c			Net income or (loss) from special events and activities (line 6a less line 6b)									
b Less: cost of goods sold   7b   7c   8   7c   7c   8   7c   7c   8   7c   7c		l _										
C   Gross profit or (loss) from sales of inventory (line 7a less line 7b)   7c		1 -	State saids of inventory, loss forming and anomaliass									
8			2031 0031 01 goods 301d						7c			
9   Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)   9   16000.00     10   Grants and similar amounts paid (attach schedule)   10     11   Benefits paid to or for members   11     12   Salaries, other compensation, and employee benefits   12     13   Professional fees and other payments to independent contractors   13   3038.08     14   Occupancy, rent, utilities, and maintenance   14   1297.50     15   Printing, publications, postage, and shipping   15   74.50     16   Other expenses (describe ► IRS Form 1023 application fee   17   18   11089.92     18   Excess or (deficit) for the year (line 9 less line 17)   18   11089.92     19   Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)   20     20   Other changes in net assets or fund balances (attach explanation)   20     21   Net assets or fund balances at end of year (combine lines 18 through 20)   19   0.00     22   Cash, savings, and investments   (B) End of year (B												
10   Grants and similar amounts paid (attach schedule)   11   Benefits paid to or for members   11		1						/		16000.00		
11   Benefits paid to or for members   12   Salaries, other compensation, and employee benefits   12   Salaries, other compensation, and employee benefits   13   Professional fees and other payments to independent contractors   13   3038.08     14   Occupancy, rent, utilities, and maintenance   14   1297.50     15   Printing, publications, postage, and shipping   15   74.50     16   Other expenses (describe ▶   IRS Form 1023 application fee   )   16   500.00     17   Total expenses (add lines 10 through 16)   17   4910.08     18   Excess or (deficit) for the year (line 9 less line 17)   18   11089.92     19   Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)   19   0.00     20   Other changes in net assets or fund balances (attach explanation)   20     21   Total expenses (add investments   (See page 39 of the instructions.)   (A) Beginning of year   (B) End of year     22   Cash, savings, and investments   0.00   22   11089.92     23   Land and buildings   23     24   Other assets (describe ▶   accounts receivable   1713.02   24   0.00     25   Total assets   1713.02   25   11089.92     26   Total liabilities (describe ▶   unpaid bills   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00	ses	10								10000100		
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12   Stutintics, with complexitation, and maintenance   13   3038.08			·									
14										3038.08		
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16 Other expenses (describe ► IRS Form 1023 application fee	EX											
17   Total expenses (add lines 10 through 16)   17   4910.08     18   Excess or (deficit) for the year (line 9 less line 17)   18   11089.92     19   Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)   19   0.00     20   Other changes in net assets or fund balances (attach explanation)   20     21   Net assets or fund balances at end of year (combine lines 18 through 20)   21   11089.92     22   Cash, savings, and investments   (A) Beginning of year (B) End of year (Cash, savings, and investments   0.00   22   11089.92     22   Cash, savings, and investments   23   24   0.00     25   Total assets   1713.02   24   0.00     26   Total liabilities (describe   unpaid bills   unpaid bills   0.00   0.00   0.00   0.00     27   Total liabilities (describe   unpaid bills   unpaid bills   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.00   0.0		1	Other eyne	ancae (	describe  IRS Form 1023 application	fee		;  -				
18		1										
Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return).  20 Other changes in net assets or fund balances (attach explanation).  21 Net assets or fund balances at end of year (combine lines 18 through 20).  Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.  (See page 39 of the instructions.)  (See page 39 of the instructions.)  (See page 39 of the instructions.)  22 Cash, savings, and investments  23 Land and buildings  24 Other assets (describe ▶ accounts receivable  25 Total assets  Total liabilities (describe ▶ unpaid bills  10.00  1713.02  1713.02  10.00  1713.02  1713.02  10.00  1713.02  10.00  10.00  10.00												
Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.         (See page 39 of the instructions.)       (A) Beginning of year       (B) End of year         22 Cash, savings, and investments       0.00       22       11089.92         23 Land and buildings       23         24 Other assets (describe ▶ accounts receivable of Form 990 instead of Form 990-EZ.         25 Total assets       1713.02       24       0.00         25 Total liabilities (describe ▶ unpaid bills       10.00       10.00       10.00       10.00	ë											
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(See page 39 of the instructions.)       (A) Beginning of year       (B) End of year         22 Cash, savings, and investments       0.00 22 11089.92         23 Land and buildings       23         24 Other assets (describe ▶ accounts receivable       ) 1713.02 24 0.00         25 Total assets       1713.02 25 11089.92         26 Total liabilities (describe ▶ unpaid bills       ) 1056.30 26 0.00	Р											
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23 Land and buildings	21	<b>)</b> Cacl	h cavinge o				, , <u>-</u>					
24 Other assets (describe ► accounts receivable       )       1713.02 24 0.00         25 Total assets       1713.02 25 11089.92         26 Total liabilities (describe ► unpaid bills       )       1056.30 26 0.00			_					<u> </u>	_			
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26 Total liabilities (describe ► unpaid bills ) 1056.30 26 0.00												
		o lota S Tota	ıı assets  , Uliabilitine (	 docarib								
	_	7 Net	assets or fu	und ba	lances (line 27 of column (B) must agre	e with line 21)						

	t III	Statement of Program Service Accom			instructi	ons.)		Expen	ses	
Wha	t is the	e organization's primary exempt purpose? 👱	ducational/scientific	;					r 501(c)(3)	
Desc	ribe w	hat was achieved in carrying out the organiza	ntion's exempt purpos	es. In a clear	and con	cise manner,	and	(4) Org 4947(a)	anizations (1) trusts;	
		e services provided, the number of persons ber					optio	onal for $\hat{\alpha}$	òthers.)	
28										
-				(Grants \$		)	28a			
29				•		,				
20 -										
-		29a								
30 -										
JU .										
-				(Grants \$		)	30a			
<b>31</b> $\overline{0}$	Other p	program services (attach schedule)		<del></del>		)	31a			
		rogram service expenses (add lines 28a th				<b>&gt;</b>	32			
	t IV	List of Officers, Directors, Trustees, and Key I	~			ed. See page 4		e instruc	ctions.)	
			(B) Title and average	( <b>C</b> ) Con	npensation	(D) Contribution	ns to	(E) I	Expense	
		(A) Name and address	hours per week devoted to position	(If no	ot paid, er -0- )	employee benefit deferred compe	plans & nsation		ount and allowances	
see	attac	hment			<b>,</b>					
Par	t V	Other Information (Note the attachme	ent requirement in (	General Inst	ruction \	/ page 14.)			Yes No	
33		e organization engage in any activity not previously re	•				ctivity		V	
34		any changes made to the organizing or governing docume						nnes .	V	
35		organization had income from business activitie	•					٠ .		
33		ted on Form 990-T, attach a statement explainin						lilot		
а		e organization have unrelated business gross incom						nts?	//////////////////////////////////////	
h		es," has it filed a tax return on <b>Form 990-T</b> fo					quir critic	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
36		there a liquidation, dissolution, termination, or s					· ·	nt )	V	
		amount of political expenditures, direct or inc					aterric	- <b>0</b> -		
b		he organization file Form 1120-POL for this							· · · · · · · · · · · · · · · · · · ·	
		he organization borrow from, or make any lo	•					201/		
JOA		loans made in a prior year and still unpaid a					were	ally	· · · · · · · · · · · · · · · · · · ·	
h		s," attach the schedule specified in the line 38 i				38b		-0-		
39		c)(7) organizations. Enter: <b>a</b> Initiation fees and				39a		-0-		
		s receipts, included on line 9, for public use of	•	meiaaca on	IIIIC J F	39b		-0-		
		(3) organizations. Enter: Amount of tax imposed or				·				
<del>1</del> 0a		n 4911 ► ••• : section 49	12 ▶		ction 4955	i <b>▶</b>		-0-		
h		(3) and (4) organizations. Did the organization enga					oor or	did it	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
U					<b>~</b>					
c		ne aware of an excess benefit transaction from a p nt of tax imposed on organization managers or disc							-0-	
d		: Amount of tax on line 40c, above, reimburs		•					-0-	
41		ne states with which a copy of this return is file								
42	The h	oooks are in care of ► Neal Norwitz			Teler	ohone no. <b>&gt;</b>	(	)		
-										
43		ted at ►on 4947(a)(1) nonexempt charitable trusts filii								
	and e	enter the amount of tax-exempt interest recei	ved or accrued durin	g the tax yea	r	▶   43	_			
		Under penalties of perjury, I declare that I have examin	ed this return, including acc	companying sche	dules and s	statements, and t	o the b	est of my	knowledge	
ים		and belief, it is true, correct, and complete. Declaration	of preparer (other than off	icer) is based on	all informat	ion of which pre	oarer ha	is any kno	owledge	
Plea										
Sigr		Signature of officer Date								
Her	ť	Neal Norwitz, Treasurer								
		Type or print name and title.								
D~:-		Preparer's		Date	Check if	Prepare	er's SSN	or PTIN (S	ee Gen. Inst. W)	
Paid	oro=!o	signature			self- employed	ı ▶ □				
	arer's	Firm's name (or yours				EIN ►				
Use	Only	if self-employed), address, and ZIP + 4				Phone no. ► (	)			