

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)

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

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning _____ **and ending** _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization
DRUPALCON, INC.
THE DRUPAL ASSOCIATION
 Doing Business As _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
2828 SW CORBETT AVE 203
 City, town, or post office, state, and ZIP code
PORTLAND, OR 97201

D Employer identification number
27-1138640

E Telephone number
503-610-2657

F Name and address of principal officer: **HOLLY ROSS**
SAME AS C ABOVE

G Gross receipts \$ **3,395,650.**

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: ▶ **ASSOCIATION.DRUPAL.ORG**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **2008** **M State of legal domicile:** **DC**

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: DRUPALCON, INC. ORGANIZES AND OPERATES EDUCATIONAL EVENTS REGARDING DRUPAL. DRUPALCON IS THE		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	13
	6 Total number of volunteers (estimate if necessary)	6	120
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	219,824.
b Net unrelated business taxable income from Form 990-T, line 34	7b	191,843.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	771,702.	1,308,979.
	9 Program service revenue (Part VIII, line 2g)	1,455,416.	1,794,876.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	695.	28,679.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	220,493.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,227,813.	3,353,027.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	43,818.	35,790.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	365,643.	573,846.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 129,055.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,848,663.	2,288,684.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,258,124.	2,898,320.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	-30,311.	454,707.
	20 Total assets (Part X, line 16)	Beginning of Current Year	1,004,067.
		End of Year	1,828,116.
	21 Total liabilities (Part X, line 26)	Beginning of Current Year	107,443.
End of Year		834,608.	
22 Net assets or fund balances. Subtract line 21 from line 20	896,624.	993,508.	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here ▶ Signature of officer _____ Date _____
 ▶ **TIFFANY FARRISS, TREASURER**
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name SANG AHN	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00540880
Firm's name ▶ MCDONALD JACOBS, P.C.	Firm's EIN ▶ 93-0900579			
Firm's address ▶ 520 SW YAMHILL, STE 500 PORTLAND, OR 97204	Phone no. 503-227-0581			

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission:
DRUPALCON, INC. IS DEDICATED TO ORGANIZING EDUCATIONAL EVENTS, SUCH AS
CONFERENCES AND CAMPS, REGARDING DRUPAL, A FREE AND OPEN SOURCE
INTERNET CONTENT MANAGEMENT SYSTEM THAT IS DISTRIBUTED UNDER A FREE,
GENERAL PUBLIC LICENSE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ 2,205,181. including grants of \$ 35,790.) (Revenue \$ 1,794,876.)
DRUPALCON DENVER HELD IN MARCH 2012 WAS AN EDUCATIONAL EVENT DEDICATED
TO DRUPAL DEVELOPERS AND USERS. IT IS A TIME FOR MEMBERS OF THE DRUPAL
COMMUNITY TO COME TOGETHER, LEARN ABOUT DRUPAL, SHARE TIPS AND TRICKS,
EXCHANGE KNOWLEDGE, MAKE DECISIONS, AND TO BUILD A STRONGER COMMUNITY.

DRUPALCAMPS HELD IN MASSACHUSETTS, TEXAS, COLORADO, CONNECTICUT, NEW
HAMPSHIRE, NEW YORK, AND MINNESOTA. DRUPALCON, INC. ACTS AS THE FISCAL
SPONSOR OF DRUPALCAMPS. ANY AND ALL NET INCOME GENERATED AT A CAMP IS
HELD BY DRUPALCON, INC. AND MADE AVAILABLE AT THE CAMP'S REQUEST TO
GROW THE CAMP IN SUBSEQUENT YEARS.

DRUPALCON PORTLAND IS TO BE HELD IN MAY 2013 WITH PLANNING AND

4b (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4c (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

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

4e Total program service expenses 2,205,181.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	<input checked="" type="checkbox"/>	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		<input checked="" type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		<input checked="" type="checkbox"/>
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	
b 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? <i>If "Yes," complete Schedule D, Part VII</i>		<input checked="" type="checkbox"/>
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>		<input checked="" type="checkbox"/>
d 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? <i>If "Yes," complete Schedule D, Part IX</i>		<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		<input checked="" type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<input checked="" type="checkbox"/>	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?		<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<input checked="" type="checkbox"/>	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<input checked="" type="checkbox"/>	
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? <i>If "Yes," complete Schedule G, Part I</i>		<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		<input checked="" type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

DRUPALCON, INC.
THE DRUPAL ASSOCIATION

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
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):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
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>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Form 990 (2012)

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
	1a 17		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
	1c		
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 13		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
b	If "Yes," enter the name of the foreign country: BELGIUM See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	N/A	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	N/A	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966? N/A		
b	Did the organization make a distribution to a donor, donor advisor, or related person? N/A		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders N/A	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? N/A Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 14		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 14		
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?		X
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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed OR, DC
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►
KRIS KLINKHAMMER - 503-610-2657
2828 SW CORBETT AVE, NO. 203, PORTLAND, OR 97201

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

Check if Schedule O contains a response to any question in this Part VII

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DRIES BUYTAERT PRESIDENT	2.00	X		X				0.	0.	0.
(2) TIFFANY FARRISS TREASURER	2.00	X		X				0.	0.	0.
(3) ANGELA BYRON SECRETARY	2.00	X		X				0.	0.	0.
(4) SAMEER VERMA DIRECTOR	2.00	X						0.	0.	0.
(5) DONNA BENJAMIN DIRECTOR	2.00	X						0.	0.	0.
(6) JEFF WALPOLE DIRECTOR	2.00	X						0.	0.	0.
(7) VESA PALMU DIRECTOR	2.00	X						0.	0.	0.
(8) CARY GORDON DIRECTOR	2.00	X						0.	0.	0.
(9) DANESE COOPER DIRECTOR	2.00	X						0.	0.	0.
(10) MORTEN DK DIRECTOR	2.00	X						0.	0.	0.
(11) PEDRO CAMBRA DIRECTOR	2.00	X						0.	0.	0.
(12) STEVE PURKISS DIRECTOR	2.00	X						0.	0.	0.
(13) JACOB REDDING MANAGING DIRECTOR	40.00			X				98,959.	0.	0.
(14) MEGAN SANICKI MANAGING DIRECTOR	40.00					X		101,875.	0.	0.

DRUPALCON, INC.
THE DRUPAL ASSOCIATION

Form 990 (2012)

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Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns					
	b	Membership dues	1b 258,847.				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 1,050,132.				
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f		1,308,979.			
Program Service Revenue	2 a	CONFERENCE & TRAINING	Business Code 611710	1,794,876.	1,794,876.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		1,794,876.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		28,679.		28,679.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties		498.		498.	
	6 a	Gross rents	(i) Real (ii) Personal				
		b	Less: rental expenses				
		c	Rental income or (loss)				
		d	Net rental income or (loss)				
	7 a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
		b	Less: cost or other basis and sales expenses				
		c	Gain or (loss)				
		d	Net gain or (loss)				
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		b	Less: direct expenses	b			
		c	Net income or (loss) from fundraising events				
	9 a	Gross income from gaming activities. See Part IV, line 19	a				
		b	Less: direct expenses	b			
		c	Net income or (loss) from gaming activities				
10 a	Gross sales of inventory, less returns and allowances	a	37,729.				
	b	Less: cost of goods sold	b	42,623.			
	c	Net income or (loss) from sales of inventory		-4,894.	-4,894.		
Miscellaneous Revenue			Business Code				
11 a	HOSTING AFFILIATE	518210	178,824.		178,824.		
b	ADVERTISING	541800	41,000.		41,000.		
c	OTHER INCOME	900099	5,065.	5,065.			
d	All other revenue						
e	Total. Add lines 11a-11d		224,889.				
12	Total revenue. See instructions.		3,353,027.	1,795,047.	219,824.	29,177.	

DRUPALCON, INC.
THE DRUPAL ASSOCIATION

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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).

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	5,728.	5,728.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	30,062.	30,062.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	98,959.	33,538.	48,146.	17,275.
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	398,686.	135,117.	193,972.	69,597.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	31,852.	10,795.	15,497.	5,560.
10 Payroll taxes	44,349.	15,030.	21,577.	7,742.
11 Fees for services (non-employees):				
a Management				
b Legal	4,095.	3,133.	962.	
c Accounting	21,604.	16,529.	5,075.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	71,154.	54,439.	16,715.	
12 Advertising and promotion	6,890.	5,086.	1,804.	
13 Office expenses	87,566.	31,798.	49,790.	5,978.
14 Information technology	400,906.	347,047.	44,703.	9,156.
15 Royalties				
16 Occupancy	22,111.	49.	18,311.	3,751.
17 Travel	55,050.	7,461.	39,499.	8,090.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,383,196.	1,370,020.	13,176.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	18,645.	12,667.	4,962.	1,016.
23 Insurance	5,574.	338.	4,346.	890.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a INCOME & SALES TAXES	210,124.	125,180.	84,944.	
b MISCELLANEOUS	1,769.	1,164.	605.	
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	2,898,320.	2,205,181.	564,084.	129,055.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

DRUPALCON, INC.
THE DRUPAL ASSOCIATION

Form 990 (2012)

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Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	81,100.	1	769,165.
	2	Savings and temporary cash investments	419,763.	2	656,129.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	461,184.	4	159,947.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	1,746.	8	3,921.
	9	Prepaid expenses and deferred charges	1,330.	9	28,928.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 242,485.		
	b	Less: accumulated depreciation	10b 32,459.	10c	210,026.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	27,140.	14	
	15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,004,067.	16	1,828,116.	
Liabilities	17	Accounts payable and accrued expenses	118.	17	102,703.
	18	Grants payable		18	
	19	Deferred revenue		19	648,828.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	107,325.	25	83,077.
	26	Total liabilities. Add lines 17 through 25	107,443.	26	834,608.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	896,624.	27	993,508.
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	896,624.	33	993,508.	
34	Total liabilities and net assets/fund balances	1,004,067.	34	1,828,116.	

Form 990 (2012)

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,353,027.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,898,320.
3	Revenue less expenses. Subtract line 2 from line 1	3	454,707.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	896,624.
5	Net unrealized gains (losses) on investments	5	48,077.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-405,900.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	993,508.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

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

Form 990 (2012)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual 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 the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		350,351.	771,555.	771,702.	1308979.	3202587.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		397,413.	762,945.	1417121.	1789982.	4367461.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5		747,764.	1534500.	2188823.	3098961.	7570048.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons					394,782.	394,782.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b					394,782.	394,782.
8 Public support. (Subtract line 7c from line 6.)						7175266.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6		747,764.	1534500.	2188823.	3098961.	7570048.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			949.	695.	29,177.	30,821.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b			949.	695.	29,177.	30,821.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on				32,701.	219,824.	252,525.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)					5,065.	5,065.
13 Total support. (Add lines 9, 10c, 11, and 12.)		747,764.	1535449.	2222219.	3353027.	7858459.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2011. 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

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A **Payments from Disqualified Persons** **2012**
Included on Part III, Line 7a

**** Do Not File ****
***** Not Open to Public Inspection *****

Payer's Name	2008 Amount	2009 Amount	2010 Amount	2011 Amount	2012 Amount
AMAZEE LABS	0.	0.	0.	0.	7,204.
AMERICAN EXPRESS	0.	0.	0.	0.	5,000.
APFPOG	0.	0.	0.	0.	5,319.
AUSY BELGIUM NV	0.	0.	0.	0.	8,005.
AZRI DEUTSCHLAND GMBH	0.	0.	0.	0.	8,005.
BRIGHTCOVE	0.	0.	0.	0.	6,000.
BRIGHTLEMON LTD.	0.	0.	0.	0.	4,371.
CADRE WEB HOSTING	0.	0.	0.	0.	5,000.
COMMERCE GUYS	0.	0.	0.	0.	13,342.
COMM-PRESS GMBH	0.	0.	0.	0.	13,342.
CONSTANT CONTACT	0.	0.	0.	0.	8,000.
D3 TECH	0.	0.	0.	0.	19,969.
ERDFISCH	0.	0.	0.	0.	13,151.
EVOLVING WEB	0.	0.	0.	0.	8,005.
FORUM ONE	0.	0.	0.	0.	8,250.
IKOS	0.	0.	0.	0.	5,165.
KORIOLIS	0.	0.	0.	0.	8,003.
LINODE.COM	0.	0.	0.	0.	7,500.
MARKER SEVEN	0.	0.	0.	0.	7,500.
MEARRA FINLAND OY	0.	0.	0.	0.	13,338.
MICROSOFT	0.	0.	0.	0.	13,992.
NEW MEDIA DENVER	0.	0.	0.	0.	15,000.
NODEONE	0.	0.	0.	0.	26,683.
PROPEOPLE INC.	0.	0.	0.	0.	8,006.
Total to Schedule A, Part III, Line 7a					

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2012

Name of the organization

DRUPALCON, INC.
THE DRUPAL ASSOCIATION

Employer identification number

27-1138640

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization DRUPALCON, INC. THE DRUPAL ASSOCIATION	Employer identification number 27-1138640
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	AMAZEE LABS TECHNOPARKSTRASSE 1 ZURICH, SWITZERLAND 8005	\$ 7,204.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	AMERICAN EXPRESS 200 VESEY ST MANHATTAN, NY 10080	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	APFPOG 519 SW 3RD AVE SUITE 801 PORTLAND, OR 97204	\$ 5,319.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	AUSY BELGIUM NV INTERLEUVENLAAN 17 HEVERLEE, BELGIUM 3001	\$ 8,005.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	AZRI DEUTSCHLAND GMBH KRAUTGARTENWEG 37 FRANKFURT AM MAIN, GERMANY D-60439	\$ 8,005.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	BRIGHTCOVE 708 THIRD AVE 6TH FLOOR #30 NEW YORK, NY 10017	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization DRUPALCON, INC. THE DRUPAL ASSOCIATION	Employer identification number 27-1138640
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	BRIGHTLEMON LTD. UNIT 12, 16-30 PROVOST STREET LONDON, UNITED KINGDOM N1 7NG	\$ 4,371.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	CADRE WEB HOSTING 29 BROADWAY, FLOOR 29 NEW YORK, NY 10006	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	COMMERCE GUYS 38 RUE DU SENTIER PARIS, FRANCE 75002	\$ 13,342.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	COMM-PRESS GMBH ALTONAER POSTSTRABE 9A HAMBURG, GERMANY D-22767	\$ 13,342.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	CONSTANT CONTACT 1601 TRAPELO ROAD WALTHAM, MA 02451	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	D3 TECH 355 S TELLER ST LAKEWOOD, CO 80226	\$ 19,969.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization DRUPALCON, INC. THE DRUPAL ASSOCIATION	Employer identification number 27-1138640
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	ERDFISCH HANS-BUNTE-STRASSE 6 HEIDELBERG, GERMANY D-69123	\$ 13,151.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	EVOLVING WEB 114-300 SAINT-SACREMENT MONTREAL, QUEBEC, CANADA QC H2Y 1X4	\$ 8,005.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	FORUM ONE 2200 MT. VERNON AVENUE ALEXANDRIA, VA 22301	\$ 8,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	IKOS UNIT G2, THE CHANDLERY, 50 WESTMINSTER BRIDGE ROAD LONDON, UNITED KINGDOM SE1 7QY	\$ 5,165.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	KORIOLOIS 23 RUE DU DOCTEUR POTAINS PARIS, FRANCE 75019	\$ 8,003.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	LINODE.COM 329 E. JIMMIE LEEDS ROAD SUITE A GALLOWAY, NJ 08205	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization DRUPALCON, INC. THE DRUPAL ASSOCIATION	Employer identification number 27-1138640
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	MARKER SEVEN 300A BEALE STREET SAN FRANCISCO, CA 94105	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20	MEARRA FINLAND OY TEKNOBULEVARDI 3-5 VANTAA, FINLAND 01530	\$ 13,338.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21	MICROSOFT ONE MICROSOFT WAY REDMOND, WA 98052	\$ 13,992.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22	NEW MEDIA DENVER 1925 BLAKE ST. SUITE 100-101 DENVER, CO 80202	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23	NODEONE KUNGSPORTSAVENYEN 22 GOTEBORG, SWEDEN SE-411 36	\$ 26,683.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24	PROPEOPLE INC. VESTERGADE 8 COPENHAGEN, DENMARK 1456	\$ 8,006.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization DRUPALCON, INC. THE DRUPAL ASSOCIATION	Employer identification number 27-1138640
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	SUGARCRM DEUTSCHLAND GMBH ERIKA-MANN-STR. 53 MUNCHEN, GERMANY 80636	\$ 10,673.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26	ACQUIA 25 CORPORATE DRIVE, 4TH FLOOR BURLINGTON, MA 01803	\$ 89,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27	TRELLON 1249 SOUTH CAROLINA AVENUE SE WASHINGTON, DC 20003	\$ 33,003.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28	TRIBECA DIGITAL 580 BROADWAY, SUITE 502 NEW YORK, NY 10012	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29	VOXEL DOT NET, INC. 29 BROADWAY 30TH FLOOR NEW YORK, NY 10006	\$ 10,653.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30	ZOOCHA 25 HIGH STREET BUNTINGFORD HERTFORDSHIRE, UNITED KINGDOM SG9 9AB	\$ 8,003.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization DRUPALCON, INC. THE DRUPAL ASSOCIATION	Employer identification number 27-1138640
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization DRUPALCON, INC. THE DRUPAL ASSOCIATION	Employer identification number 27-1138640
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Part III *Exclusively* religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization DRUPALCON, INC.
THE DRUPAL ASSOCIATION

Employer identification number
27-1138640

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

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

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
- | | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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

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

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

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

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

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

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

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

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

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

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

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

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

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

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		20,673.	8,932.	11,741.
e Other		221,812.	23,527.	198,285.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				210,026.

DRUPALCON, INC.
THE DRUPAL ASSOCIATION

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) FISCAL SPONSORSHIPS	83,077.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	83,077.

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

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization
**DRUPALCON, INC.
THE DRUPAL ASSOCIATION**

Employer identification number
27-1138640

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

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
NORTH AMERICA	0	0	FUNDRAISING		1,866.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	FUNDRAISING, GRANTS, AND PROGRAMS	DRUPALCON MUNICH	21,179.
SOUTH ASIA	0	0	FUNDRAISING AND GRANTS		2,612.
EAST ASIA AND THE PACIFIC	0	0	FUNDRAISING AND GRANTS		2,625.
SOUTH AMERICA	0	0	FUNDRAISING AND GRANTS		1,380.
RUSSIA & THE NEWLY INDEPENDENT STATES	0	0	FUNDRAISING AND GRANTS		400.
3 a Sub-total	0	0			30,062.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			30,062.

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

Schedule F (Form 990) 2012

DRUPALCON, INC.
THE DRUPAL ASSOCIATION

27-1138640

Schedule F (Form 990) 2012
Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
GRANT FOR TRAVEL EXPENSES TO DRUPALCON	NORTH AMERICA	1	1,708.	CREDIT CARD OR WIRE PAYMENT TO VENDOR DIRECTLY	0.		
GRANT FOR TRAVEL EXPENSES TO DRUPALCON	EUROPE (INCLUDING ICELAND & GREENLAND)	10	12,664.	CREDIT CARD OR WIRE PAYMENT TO VENDOR DIRECTLY	0.		
GRANT FOR TRAVEL EXPENSES TO DRUPALCON	SOUTH ASIA	1	1,429.	CREDIT CARD OR WIRE PAYMENT TO VENDOR DIRECTLY	0.		
GRANT FOR TRAVEL EXPENSES TO DRUPALCON	EAST ASIA AND THE PACIFIC	2	2,123.	CREDIT CARD OR WIRE PAYMENT TO VENDOR DIRECTLY	0.		
GRANT FOR TRAVEL EXPENSES TO DRUPALCON	RUSSIA & THE NEWLY INDEPENDENT STATES	3	3,899.	CREDIT CARD OR WIRE PAYMENT TO VENDOR DIRECTLY	0.		
CASH GRANT COMMUNITY PROGRAM	EUROPE (INCLUDING ICELAND & GREENLAND)	1	1,000.	WIRE TRANSFER	0.		
CASH GRANT COMMUNITY PROGRAM	EAST ASIA AND THE PACIFIC	3	3,740.	WIRE TRANSFER	0.		
CASH GRANT COMMUNITY PROGRAM	RUSSIA & THE NEWLY INDEPENDENT STATES	3	3,500.	WIRE TRANSFER	0.		

Schedule F (Form 990) 2012

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)* Yes No

Part V Supplemental Information

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

SCHEDULE F, PART I, LINE 2: ALL GRANTS ARE REVIEWED BY COMMITTEE -- SEE

HTTPS://ASSOCIATION.DRUPAL.ORG/GRANTS: THE DRUPAL ASSOCIATION IS

PROVIDING DRUPAL COMMUNITY CULTIVATION GRANTS - A PILOT GRANT PROGRAM

THAT SEEKS TO TRANSFORM, SUPPORT, AND EDUCATE DRUPAL COMMUNITIES AROUND

THE WORLD, PARTICULARLY IN EMERGING AREAS. THROUGH A LIMITED NUMBER OF

GRANTS, WE ARE SEEKING TO SUPPORT CURRENT AND FUTURE ORGANIZERS AND

LEADERS OF DRUPALCAMP, DRUPAL MEETUPS, DRUPAL SPRINTS AND OTHER CREATIVE

PROJECTS THAT ARE SPREADING INFORMATION WITHIN THE DRUPAL COMMUNITY AND

EDUCATING INDIVIDUALS OUTSIDE THE COMMUNITY ABOUT DRUPAL. GRANT AWARDS

WILL RANGE FROM SEVERAL HUNDRED TO SEVERAL THOUSAND DOLLARS PER PROJECT

AND ARE FUNDED DIRECTLY THROUGH OUR MEMBERSHIP PROGRAM.

SCHEDULE F, PART III, LINES 1-5:

DRUPALCON WILL PAY HOTEL AND TRAVEL EXPENSES FOR GRANTEEES DIRECTLY TO

THE SERVICE PROVIDERS AND WITH EXCEPTION TO THE SCHOLARSHIP RECIPIENT

AS REIMBURSEMENT UPON RECEIVING THE RECEIPTS OF A SCHOLARS APPROPRIATE

EXPENSES.

SCHEDULE F, PART III, LINES 6-8:

THE DRUPAL ASSOCIATION IS PROVIDING DRUPAL COMMUNITY CULTIVATION GRANTS

- A PILOT PROGRAM THAT SEEKS TO TRANSFORM, SUPPORT, AND EDUCATE DRUPAL

COMMUNITIES AROUND THE WORLD. THROUGH A LIMITED NUMBER OF GRANTS, WE

ARE SEEKING TO SUPPORT CURRENT AND FUTURE ORGANIZERS AND LEADERS OF

DRUPALCAMP, DRUPAL MEETUPS, DRUPAL SPRINTS, AND OTHER CREATIVE

PROJECTS THAT ARE SPREADING INFORMATION WITHIN THE DRUPAL COMMUNITY AND

EDUCATING INDIVIDUALS OUTSIDE THE COMMUNITY ABOUT DRUPAL.

DRUPALCON, INC.
THE DRUPAL ASSOCIATION

27-1138640

Page 2

Schedule I (Form 990) (2012) **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. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
CASH GRANT FOR TRAVEL TO DRUPALCON DENVER OR MUNICH	11	4,125.	0.		THE DRUPALCON SCHOLARSHIP PROGRAM ALLOWS DRUPAL COMMUNITY MEMBERS, WHO WOULD OTHERWISE NOT BE ABLE TO
CASH GRANT FOR DRUPAL COMMUNITY	2	1,603.	0.		DRUPAL COMMUNITY GRANTS IS A PILOT GRANT PROGRAM THAT SEEKS TO TRANSFORM, SUPPORT, AND EDUCATE DRUPAL COMMUNITIES

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART I, LINE 2: GRANT RECIPIENTS WILL BE REQUIRED TO ACCOUNT FOR (ON A PER-PROJECT BASIS) HOW ALL GRANT MONEYS ARE SPENT. THE ASSOCIATION MAY ALSO REQUEST COPIES OF EXPENSE RECEIPTS TO ENSURE THAT OUR MEMBERSHIP FUNDS ARE BEING SPENT WISELY. ALL RECIPIENTS WILL BE REQUIRED TO PROVIDE A 250-WORD REPORT ON THE PROJECT UPON COMPLETION - EITHER SUBMITTED DIRECTLY TO THE DRUPAL ASSOCIATION OR PUBLICLY POSTED ONLINE (BLOG POST, GROUPS.DRUPAL.ORG DISCUSSION, ETC...).

Part IV Supplemental Information

(F) DESCRIPTION OF NON-CASH ASSISTANCE: THE DRUPALCON SCHOLARSHIP PROGRAM ALLOWS DRUPAL COMMUNITY MEMBERS, WHO WOULD OTHERWISE NOT BE ABLE TO ATTEND DRUPALCON, TO BENEFIT FROM THE DRUPALCON EXPERIENCE AS THE DRUPAL COMMUNITY BENEFITS FROM EACH SCHOLAR'S ATTENDANCE. OUR SCHOLARSHIP SELECTION TEAM LOOKS FOR APPLICANTS WHO HAVE BEEN PASSIONATE ABOUT DRUPAL AND WHO WOULD NOT BE ABLE TO ATTEND DRUPALCON WITHOUT FINANCIAL ASSISTANCE.

(F) DESCRIPTION OF NON-CASH ASSISTANCE: DRUPAL COMMUNITY GRANTS IS A PILOT GRANT PROGRAM THAT SEEKS TO TRANSFORM, SUPPORT, AND EDUCATE DRUPAL COMMUNITIES AROUND THE WORLD. THROUGH A LIMITED NUMBER OF GRANTS, WE ARE SEEKING TO SUPPORT CURRENT AND FUTURE ORGANIZERS AND LEADERS OF DRUPALCAMPs, DRUPAL MEETUPS, DRUPAL SPRINTS AND OTHER CREATIVE PROJECTS THAT ARE SPREADING INFORMATION WITHIN THE DRUPAL COMMUNITY AND EDUCATING INDIVIDUALS OUTSIDE THE COMMUNITY ABOUT DRUPAL.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

DRUPALCON, INC.
THE DRUPAL ASSOCIATION

Employer identification number

27-1138640

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ORGANIZATION'S MOST SIGNIFICANT ANNUAL EVENT THAT BRINGS TOGETHER
THOUSANDS OF DRUPAL COMMUNITY MEMBERS TO LEARN, TRADE IDEAS, MAKE
DECISIONS AND BUILD A STRONGER COMMUNITY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

FINANCIAL ACTIVITY STARTING IN 2012. DRUPALCON PORTLAND IS AN
EDUCATIONAL EVENT DEDICATED TO DRUPAL DEVELOPERS AND USERS. IT IS A
TIME FOR MEMBERS OF THE DRUPAL COMMUNITY TO COME TOGETHER, LEARN ABOUT
DRUPAL, SHARE TIPS AND TRICKS, EXCHANGE KNOWLEDGE, MAKE DECISIONS, AND
TO BUILD A STRONGER COMMUNITY.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

COMMUNITY GRANT PROGRAM TO HELP EITHER DRUPALCAMPS IN NEW COMMUNITIES
AND SCHOLARSHIPS TO HELP FUND INDIVIDUALS TO ATTEND DRUPALCONS AND CODE
SPRINTS.

FORM 990, PART VI, SECTION A, LINE 1: THE ORGANIZATION'S GOVERNING BODY

DELEGATED AUTHORITY TO AN EXECUTIVE COMMITTEE TO PERFORM AN EXECUTIVE
DIRECTOR SEARCH AND TO ACT ON ITS BEHALF REGARDING BUDGET MATTERS.

FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7A: THE ORGANIZATION HAS DIRECTORS AT

LARGE WHO HAD THE POWER TO ELECT OR APPOINT ONE OR MORE MEMBERS OF THE
GOVERNING BODY.

Name of the organization DRUPALCON, INC. THE DRUPAL ASSOCIATION	Employer identification number 27-1138640
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FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 WILL BE REVIEWED BY THE BOARD AND VOTED ON FOR APPROVAL PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: DRUPALCON MAINTAINS A CONFLICT OF INTEREST COMMITTEE THAT REGULARLY REVIEW POTENTIAL CONFLICTS OF INTEREST. ADDITIONALLY, ALL BOARD MEMBERS MUST SIGN A BOARD AGREEMENT, WHICH STATES THAT THEY WILL PROCLAIM ANY POTENTIAL CONFLICTS TO THE CONFLICT OF INTEREST COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 15: SEARCH BY EXECUTIVE COMMITTEE, AND SALARY SURVEY BY OUTSIDE SEARCH FIRM AND COMPS USED TO SET COMPENSATION.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC VIA ITS WEBSITE:
[HTTPS://ASSOCIATION.DRUPAL.ORG/ABOUT.](https://association.drupal.org/about)

FORM 990, PART XII, LINE 2C:
THIS IS THE FIRST YEAR THAT THE ORGANIZATION HAS HAD ITS FINANCIAL STATEMENTS AUDITED. THE EXECUTIVE COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT AND SELECTION OF AN INDEPENDENT ACCOUNTANT.

2013 ESTIMATED TAX FILING INSTRUCTIONS

FORM 990-W

FOR THE YEAR ENDING

DECEMBER 31, 2013

Prepared for	DRUPALCON, INC. THE DRUPAL ASSOCIATION 2828 SW CORBETT AVE NO. 203 PORTLAND, OR 97201																															
Prepared by	MCDONALD JACOBS, P.C. 520 SW YAMHILL, STE 500 PORTLAND, OR 97204																															
Amount of tax	<table><tr><td>Total Estimated Tax</td><td>\$</td><td>58,080</td><td></td></tr><tr><td>Less credit from prior year</td><td>\$</td><td>18,594</td><td></td></tr><tr><td>Less amount already paid on 2013 estimate</td><td>\$</td><td>15,330</td><td></td></tr><tr><td>Balance due</td><td>\$</td><td>24,156</td><td></td></tr></table> <p>Payable in full or in installments as follows:</p> <table><thead><tr><th>Installment</th><th>Amount</th><th>Due Date</th></tr></thead><tbody><tr><td>No. 1</td><td>\$ NONE REQUIRED</td><td></td></tr><tr><td>No. 2</td><td>\$ NONE REQUIRED</td><td></td></tr><tr><td>No. 3</td><td>\$ 9,636</td><td>SEPTEMBER 16, 2013</td></tr><tr><td>No. 4</td><td>\$ 14,520</td><td>DECEMBER 16, 2013</td></tr></tbody></table>	Total Estimated Tax	\$	58,080		Less credit from prior year	\$	18,594		Less amount already paid on 2013 estimate	\$	15,330		Balance due	\$	24,156		Installment	Amount	Due Date	No. 1	\$ NONE REQUIRED		No. 2	\$ NONE REQUIRED		No. 3	\$ 9,636	SEPTEMBER 16, 2013	No. 4	\$ 14,520	DECEMBER 16, 2013
Total Estimated Tax	\$	58,080																														
Less credit from prior year	\$	18,594																														
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Installment	Amount	Due Date																														
No. 1	\$ NONE REQUIRED																															
No. 2	\$ NONE REQUIRED																															
No. 3	\$ 9,636	SEPTEMBER 16, 2013																														
No. 4	\$ 14,520	DECEMBER 16, 2013																														
Make check payable to	PAYMENTS SHOULD BE MADE USING THE ELECTRONIC FEDERAL TAX PAYMENT SYSTEM (EFTPS).																															
Mail voucher and check (if applicable) to	NOT APPLICABLE																															
Special Instructions																																

Form **990-W**

**Estimated Tax on Unrelated Business Taxable
Income for Tax-Exempt Organizations**

OMB No. 1545-0976

(Worksheet)

(and on Investment Income for Private Foundations) FORM 990-T

2013

Department of the Treasury
Internal Revenue Service

(Keep for your records. Do not send to the Internal Revenue Service.)

1	Unrelated business taxable income expected in the tax year	1	
2	Tax on the amount on line 1. See instructions for tax computation	2	
3	Alternative minimum tax (see instructions)	3	
4	Total. Add lines 2 and 3	4	
5	Estimated tax credits (see instructions)	5	
6	Subtract line 5 from line 4	6	
7	Other taxes (see instructions)	7	
8	Total. Add lines 6 and 7	8	
9	Credit for federal tax paid on fuels (see instructions)	9	
10a	Subtract line 9 from line 8. Note. If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions	10a	
b	Enter the tax shown on the 2012 return (see instructions). Caution. If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c	10b	58,069.
c	2013 Estimated Tax. Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c	10c	58,080.
			ADJUSTED TO

		(a)	(b)	(c)	(d)
11	Installment due dates (see instructions)	11		09/16/13	12/16/13
12	Required installments. Enter 25% of line 10c in columns (a) through (d) unless the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization" (see instructions)	12		28,230.	14,520.
13	2012 Overpayment (see instructions)	13		18,594.	
14	Payment due. (Subtract line 13 from line 12.)	14		9,636.	14,520.

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2013)

ESTIMATED TAX	58,080.
AMOUNT PAID	15,330.
OVERPAYMENT APPLIED	18,594.
AMOUNT DUE	24,156.

TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING
DECEMBER 31, 2012

Prepared for	DRUPALCON, INC. THE DRUPAL ASSOCIATION 2828 SW CORBETT AVE NO. 203 PORTLAND, OR 97201
Prepared by	MCDONALD JACOBS, P.C. 520 SW YAMHILL, STE 500 PORTLAND, OR 97204
Amount due or refund	OVERPAYMENT OF \$18,594. THE ENTIRE OVERPAYMENT HAS BEEN APPLIED TO THE ESTIMATED TAX PAYMENTS.
Make check payable to	NO AMOUNT IS DUE.
Mail tax return and check (if applicable) to	DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027
Return must be mailed on or before	NOVEMBER 15, 2013
Special Instructions	THE RETURN SHOULD BE SIGNED AND DATED.