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DLN: 93493320151466 OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service **Return of Organization Exempt From Income Tax**

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

		C Name of organization	15	D Empl	over	identification number
	ck if applicab dress change	THE LINUX FOUNDATION			-	
_	me change	Doing business as		46-0	1503	801
	tıal return	Duling Dusiness as				
Fır eturn/	nal terminated	Number and street (or P O box if mail is not delivered to street address) Room/su	ııte	E Telep	hone r	number
	ended return	1 LETTERMAN DRIVE NO D4700		(415)72	3-9709
App	olication pendi	City or town, state or province, country, and ZIP or foreign postal code SAN FRANCISCO, CA 941291494		G Gross	recei	pts \$ 39,283,385
		F Name and address of principal officer	ш(э)			· · · · ·
		JAMES ZEMLIN	''(")	Is this a grou subordinates		um lor
		1 LETTERMAN DRIVE NO D4700 SAN FRANCISCO,CA 941291494		No		
[Tax	c-exempt stat	•	H(b)	Are all subord included?	dinat	es Yes No
1 147	abaita. N. I	INUX-FOUNDATION ORG		If "No," attac	h a lı	st (see instructions)
	ebsite: F	INOX-FOUNDATION ORG	H(c)	Group exemp	otion	number >
∢ Form	n of organizat	on 🗸 Corporation Trust Association Other 🕨	L Yea	ar of formation 2	2003	M State of legal domicile OF
Pa	rt I Su	mmary				
	<u> </u>	escribe the organization's mission or most significant activities				
		RTING AND ADVANCING THE CREATION OF A TECHNICAL AND BU: TRY FOR LINUX AND OPEN SOURCE SOFTWARE INDUSTRY	SINESS	ENVIRONME	NT I	N THE COMPUTER
မ	111003	KI TOK LINGX AND OPEN SOURCE SOTTWARE INDUSTRI				
Č						
len.	3 01 1			250/ 6		
Governance	∠ Check	this box 🕨 🥅 if the organization discontinued its operations or disposed	or more	than 25% of i	ts ne	tassets
	3 Numbe	r of voting members of the governing body (Part VI, line 1a)			3	16
Activities &	4 Numbe	r of independent voting members of the governing body (Part VI, line 1b)			4	16
MI	5 Total r	umber of individuals employed in calendar year 2015 (Part V, line 2a) .			5	102
AC	6 Total r	umber of volunteers (estimate if necessary)			6	0
	7a Total (nrelated business revenue from Part VIII, column (C), line 12 \cdot . \cdot .			7a	85,334
	b Netunn	elated business taxable income from Form 990-T, line 34			7t	0
				Prior Year		Current Year
O)		tributions and grants (Part VIII, line 1h)			0	-
ήLie		ram service revenue (Part VIII, line 2g)		31,406	•	
Ravenue		estment income (Part VIII, column (A), lines 3, 4, and 7d)			,234	<u>'</u>
_		er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) il revenue—add lines 8 through 11 (must equal Part VIII, column (A), lin			,541	,
	12 Tot 12)	in revenue—add filles o tillough II (filust equal Part VIII, column (A), mi		31,452	,792	39,283,385
	13 Gra	nts and similar amounts paid (Part IX, column (A), lines 1–3) \cdot . \cdot			0	0
	14 Ben	efits paid to or for members (Part IX, column (A), line 4)			0	0
82	15 Sala 5 - 1	ries, other compensation, employee benefits (Part IX, column (A), lines 0)		10,264	,083	20,875,301
Expenses		ressional fundraising fees (Part IX, column (A), line 11e)			0	0
ξ	b Tota	fundraising expenses (Part IX, column (D), line 25) ▶0				
_	17 Oth	er expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		19,051	,576	14,688,865
		l expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	29,315	•	<u> </u>	
(D	19 Rev	enue less expenses Subtract line 18 from line 12		2,137	,133	3,719,219
S of			Begin	ning of Current	t Year	End of Year
Net Assets or Fund Balances	20 Tot	l assets (Part X, line 16)		20,915	,947	27,690,067
Pd E		l liabilities (Part X, line 26)		5,271	,693	8,074,805
žŢ	22 Net	assets or fund balances Subtract line 21 from line 20		15,644	,254	19,615,262
		nature Block				
	-	If perjury, I declare that I have examined this return, if debies, it is true, correct, and complete Declaration o				
	rer has any					
	- I k					
Sign	<u> </u>	**** pnature of officer				
	 					

Here	
Paid	

Type or print name and title Preparer's signature TODD D MASSINGER Print/Type preparer's name

Paid	TODD D MASSINGER	TODD D MAS
Preparer	Firm's name ► HOFFMAN STEWART & S	CHMIDT PC
•	Firm's address ► 4900 MEADOWS ROAD S	TE 200
Use Only	LAKE OSWEGO, OR 970.	353295

May the IRS discuss this return with the preparer shown above? (see in

For Paperwork Reduction Act Notice, see the separate instructions.

	990 (2015)			Page 3
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III "	8		No
9	Did the organization report an amount in Part X, line 21 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? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 💆	10		No
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			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
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? If "Yes," complete Schedule D, Part VII	11b	Yes	
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 3	11 d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12 a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
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? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
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 $11e^7$ If "Yes," complete Schedule G, Part I (see instructions)	17		No
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>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form	1990 (2015)			Page 4
Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Pait I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?	26		No

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

instructions for applicable filing thresholds, conditions, and exceptions)

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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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🔧

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Νo

Νo

Nο

Νo

Nο

Nο

Nο

Nο

Νo

Nο

Νo

Nο

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28c

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35a

35b

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Yes

Yes

Form 990 (2015)

Pai	rt V	Statements Regarding Other IRS Filings and Tax Compliance			_
		Check if Schedule O contains a response or note to any line in this Part V	· ·	Yes	· No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 6		163	140
		the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did th	e organization comply with backup withholding rules for reportable payments to vendors and reportable			
		g (gambling) winnings to prize winners?	1c	Yes	
2a		the number of employees reported on Form W-3, Transmittal of Wage and			
		tatements, filed for the calendar year ending with or within the year covered s return			
b		east one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
		If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
		e organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
		s," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
4a		y time during the calendar year, did the organization have an interest in, or a signature or other authority a financial account in a foreign country (such as a bank account, securities account, or other financial			
	accou	nt)?	4a	Yes	
b		s," enter the name of the foreign country			
	See in	estructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
5a	•	he organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
		ny taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
		s," to line 5a or 5b, did the organization file Form 8886-T?	30		
-	1. 10.	-,	5c		
6a		the organization have annual gross receipts that are normally greater than \$100,000, and did the ization solicit any contributions?	6a		No
b		s," did the organization include with every solicitation an express statement that such contributions or gifts	6b		
7		izations that may receive deductible contributions under section 170(c).	-		
а		e organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		
ь		s," did the organization notify the donor of the value of the goods or services provided?	7b		
c		e organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
		rm 8282?	7c		
a	IT "Ye	s," indicate the number of Forms 8282 filed during the year			
е	Did th	e organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did th	e organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g		organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	7-		
h	requir	organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 g		
_	Form :	1098-C7	7h		
8	Did a	oring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess business holdings at any time j the year?	8		
9a	Did th	e sponsoring organization make any taxable distributions under section 4966?	9a		
		e sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section	on 501(c)(7) organizations. Enter			
а	Initiat	tion fees and capital contributions included on Part VIII, line 12 10a			
b	Gross facılıtı	receipts, included on Form 990, Part VIII, line 12, for public use of club les			
11	Section	on 501(c)(12) organizations. Enter			
		Income from members or shareholders			
b		income from other sources (Do not net amounts due or paid to other sources st amounts due or received from them)			
12a	Section	on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Ye: year	s," enter the amount of tax-exempt interest received or accrued during the			
13	•	on 501(c)(29) qualified nonprofit health insurance issuers.			
а		organization licensed to issue qualified health plans in more than one state? Note. See the instructions for	_		
L		onal information the organization must report on Schedule O	13a		
D		the amount of reserves the organization is required to maintain by the states ch the organization is licensed to issue qualified health plans			
С		the amount of reserves on hand			
14a	Dıd th	e organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If"Ye	s," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

orm	990 (2015)			Page
Par	For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, describe the circumstances, processes, or changes in Schedule O. See instructions.	or 10)b belo	w,
	Check if Schedule O contains a response or note to any line in this Part VI			🔽
Se	ection 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 16			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10 a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
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	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	12h	Voc	

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe **12**c Yes Did the organization have a written whistleblower policy? 13 Yes Did the organization have a written document retention and destruction policy? . 14 Yes Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a Yes **b** Other officers or key employees of the organization 15b Yes If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a **16**a Νo **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 16b

Section C. Disclosure

17	List the States	with which a c	opy of this	Form 990 is	required to	be filed▶	_
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Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website Another's website Vpon 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

State the name, address, and telephone number of the person who possesses the organization's books and records
▶STEPHANIE WIGLE 1 LETTERMAN DRIVE SUITE D4700 SAN FRANCISCO, CA 941291494 (415) 723-9709

Part VII

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

Check if Schedule O contains a response or note to any line in this Part VII . . .

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) A verage hours per week (list any hours	more t	ition than o on is	one l both ector	box, an d	heck unless officer stee)	i	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of othe compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
See Additional Data Table										

art VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title				one l both	oox, an d	heck unless officer stee)	i	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
See Additional Data Table										
1b Sub-Total	•			•	-	-		4.050.006		612.010
d Total (add lines 1b and 1c)			•	•	•		4,058,096	0	613,010

			Yes	No				
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No				
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual							
	-		Yes					
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule I for such person	5		No.				

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

	3	
(A) Name and business address	(B) Description of services	(C) Compensation
CHOATE HALL & STEWART ILP	LEGAL FEES	495,468
TWO INTERNATIONAL PLACE 31ST FLOOR BOSTON, MA 02110		
GESMER UPDEGROVE LLP	LEGAL FEES	232,437
40 BROAD ST BOSTON, MA 02109		
JOHN BONESIO, 1813 KENWYCK MANOR WAY RALEIGH, NC 27612	TRAINING CONSULTANT	139,133
CHROMATIC LLC	WEBSITE CONSULTANT	114,998
C/O 660 YORK ST102 SAN FRANCISCO, CA 94110		
TIMOTHY SEREWICZ, 2003 MESTINA TRAIL AUSTIN, TX 78733	TRAINING CONSULTANT	111,628
2 Total number of independent contractors (including but not limited to those listed ab \$100,000 of compensation from the organization ► 6	ove) who received more than	

Form 99								Page 9
Part V	/++1	Statement o						_
		Check if Schedi	ule O contains a respoi	nse or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
- <u>- 2</u>	1a	Federated cam	paigns 1a					
Grants mounts	ь	Membership du	es 1b					
GE ME	С	Fundraising eve	ents 1c					
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organiz	zations 1d					
a, G	е	Government grant	s (contributions) 1e					
Si	f	All other contribution	ons, gifts, grants, and 1f					
buti the		similar amounts no	ot included above ons included in lines					
a di di	g	1a-1f \$	ons included in lines					
Contand	h	Total. Add lines	s 1a-1f	· · · · •				
<u> </u>				Business Code				
Program Service Revenue	2a	PROJECT AND EVE		541900	27,466,912	27,466,912		
a <u>r</u>	b	MEMBERSHIP DUE:		900099	7,705,897	7,705,897		
) M	c d	TRAINING AND SE	RVICES	541900	3,851,504	3,851,504		
₹	e	- INCOME		900099	100,275	100,275		
Iran	f	All other progra	am service revenue					
J oč	_	Total Add lines	s 2a-2f	•	20 124 500			
	g 3		ome (including dividen		39,124,588			
		and other simil	aramounts)	•	73,463			73,463
	4 5		stment of tax-exempt bond	` ` . F				
		Royalties	(ı) Real	(II) Personal				
	6a	Gross rents						
	ь	Less rental						
	c	expenses Rental income						
	d	or (loss) Net rental inco	me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory						
	b	Less cost or other basis and sales expenses Gain or (loss)						
	c d	, ,	ss)					
Other Revenue		Gross income fevents (not inc	rom fundraising luding s reported on line 1c)					
ther F	ь		a penses b					
0	С		(loss) from fundraising	events ▶				
	9a		rom gaming activities ne 19 a					
			penses b					
	C	Net income or ((loss) from gamıng actı	vities				
	10a	Gross sales of returns and allo						
	b c	-	oods sold b (loss) from sales of inv	entory ▶				
		Miscellaneou		Business Code	-		0= 55 :	
	11a	ADVERTISING	<u> </u>	541800	85,334		85,334	
	b							
	d	All other reven	ue .					
	e	Total. Add lines		🕨				
	12		See Instructions .		85,334			
					39,283,385	39,124,588	85,334	73,463

Form 990 (2015) Part IX Statement of Functional Expenses

ection 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete col	olum	nn (A	A)		
Check if Schedule O contains a response or note to any line in this Part IX					

Do no 7b, 8l	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	2,379,951			
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	13,849,385			
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	1,498,602			
9	Other employee benefits	2,027,783			
10	Payroll taxes				
		1,119,580			
11	Fees for services (non-employees)				
a	Management	645 507			
b c	Legal	645,597 182,302			
d	Lobbying	162,302			
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	821,625			
12	Advertising and promotion	5,935,113			
13	Office expenses	1,971,600			
14	Information technology	1,827,725			
15	Royalties				
16	Occupancy				
17	Travel	1,257,957			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
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)				
а	INSTRUCTOR & CERTIFICAT	1,407,927			
b	EQUIPMENT RENTAL	464,258			
C	COMMUNITY SUPPORT	139,973			
d	BAD DEBT EXPENSE	34,788			
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	35,564,166			
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)				

Dart V	Pala	200	Shoo

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or note to any line	e in thi	s Part X	1		<u>,</u>
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			4,457,816	1	4,097,218
	2	Savings and temporary cash investments			13,968,207	2	10,691,256
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			1,117,753	4	2,572,063
	5	Loans and other receivables from current and former offic key employees, and highest compensated employees Co Schedule L				5	
Assets	6	Loans and other receivables from other disqualified perso section 4958(f)(1)), persons described in section 4958(contributing employers and sponsoring organizations of s voluntary employees' beneficiary organizations (see instr II of Schedule L), and 501(c)(9)		6		
SS	7	Notes and loans receivable, net				7	
⋖	8	Inventories for sale or use	• •			8	
	9	Prepaid expenses and deferred charges	•		547.177	9	1,194,617
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	904,796			1,101,017
	ь	Less accumulated depreciation	10b	752,117	273,378	10 c	152,679
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11 .				12	8,531,441
	13	Investments—program-related See Part IV, line 11 .				13	
	14	Intangible assets			551,616	14	450,793
	15	Other assets See Part IV, line 11			,	15	,
	16	Total assets. Add lines 1 through 15 (must equal line 34)			20,915,947	16	27,690,067
	17	Accounts payable and accrued expenses			2,707,031	17	5,026,266
	18	Grants payable				18	
	19	Deferred revenue			2,564,662	19	3,048,539
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV or	f Sched	dule D		21	
iabilities	22	Loans and other payables to current and former officers, on key employees, highest compensated employees, and dis	director	rs, trustees,			
<u>=</u>		persons Complete Part II of Schedule L				22	
Lia	23	Secured mortgages and notes payable to unrelated third i	parties			23	
_	24	Unsecured notes and loans payable to unrelated third par	ties			24	
	25	Other liabilities (including federal income tax, payables to and other liabilities not included on lines 17-24) Complete Part X of Schedule D				25	
	26	Total liabilities.Add lines 17 through 25			5,271,693	26	8,074,805
		Organizations that follow SFAS 117 (ASC 958), check her			0,211,000		0,011,000
ses		lines 27 through 29, and lines 33 and 34.	ie P	A and complete			
<u> </u>	27	Unrestricted net assets			15,644,254	27	19,615,262
ã	28	Temporarily restricted net assets				28	
2	29	Permanently restricted net assets				29	
Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), ch complete lines 30 through 34.	eck he	re ▶ and			
Ş	30	Capital stock or trust principal, or current funds				30	
556	31	Paid-in or capital surplus, or land, building or equipment f				31	
Ă	32	Retained earnings, endowment, accumulated income, or o				32	
Net	33	Total net assets or fund balances			15,644,254	33	19,615,262
_	34	Total liabilities and net assets/fund balances			20,915,947	34	27,690,067
			-		1		Form 990 (2015)

Schedule O

Schedule O

Separate basis

Separate basis

basis, consolidated basis, or both

Total revenue (must equal Part VIII, column (A), line 12)			
Total expenses (must equal Part IX, column (A), line 25)			
Revenue less expenses Subtract line 2 from line 1			

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

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

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?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

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

If the organization changed either its oversight process or selection process during the tax year, explain in

If the organization changed its method of accounting from a prior year or checked "Other," explain in

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

✓ Consolidated basis

Cash ✓ Accrual COther

Both consolidated and separate basis

Both consolidated and separate basis

2 3 4

1

Page **12**

39,283,385

35,564,166

3,719,219

15,644,254

251,789

⊽

No

Νo

Nο

Form 990 (2015)

19,615,262

Yes

Yes

Yes

2a

2b

2c

3a

3b

5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	T
7	Investment expenses	7	T
8	Prior period adjustments	8	T
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	

Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . Net unrealized gains (losses) on investments . Donated services and use of facilities . Investment expenses Prior period adjustments .

Part XIII Financial Statements and Reporting

1 Accounting method used to prepare the Form 990

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Software ID: Software Version:

EIN: 46-0503801

Name: THE LINUX FOUNDATION

Form 990 Part VII - Companyation of Officers Directors Trustees Key Employees Highest

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors												
(A) Name and Title	(B) A verage hours per week (list any hours for related	Pos more pers and	ition than on is a dir	(C) (do one bot	not box h ar or/tr	offic	ess er e)	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization		
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	and related organizations		
ALAN CLARK SECRETARY	1 00	x		х				О	0	(
BDALE GARBEE DIRECTOR	1 00	x						0	0	(
DOUG FISHER CHAIR	1 00	x		х				0	0	(
FRANK FANZILLI TREASURER	1 00	×		х				0	0	(
EILEEN EVANS DIRECTOR	1 00	×						0	0	(
JAMES BOTTOMLEY DIRECTOR	1 00	х						0	0	(
LARRY AUGUSTIN DIRECTOR	1 00	х						0	0	(
MARK CHARLEBOIS DIRECTOR	1 00	×						0	0	(
DR MYUNG-JOON KIM DIRECTOR	1 00	×						0	0	(
TSUGIKAZU SHIBATA DIRECTOR	1 00	х						0	0	(

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

37,017

20,606

40,661

36,921

ol

608,000

480,359

513,000

300,000

Compensated Employees, and Independent Contractors												
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	m unle:	ore t ss pe	han erso cer tor/t	not one n is and trus		an Forme	(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		
YONGYUN KIM DIRECTOR	1 00	×						0	0	0		
YOSHIYA ETO DIRECTOR	1 00	x						0	0	0		
WIM COEKAERTS DIRECTOR	1 00	×						0	0	0		
BRIAN PAWLOWSKI DIRECTOR	1 00	×						0	0	0		
JIM WASKO DIRECTOR	1 00	×						0	0	0		
MATT JONES DIRECTOR	1 00	×						0	0	0		
JAMES ZEMLIN	40 00											

40 00

40 00

40 00

Х

Х

EXECUTIVE DIRECTOR

AMANDA MCPHERSON

MIKE WOSTER

RUSSELL FARNELL

VP OF FINANCE

CHIEF MARKETING OFFICER

CHIEF REVENUE OFFICER

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (B) (C) (D) (E) (A)

(F)

37,017

281,921

40,661

37,231

327,200

451,672

318,996

317,200

Х

Χ

Х

Name and Title	A verage hours per week (list any hours	m	ore t ss pe	han ers o	one	chec box, both	Reportable compensation from the organization	Reportable compensation from related organizations	Estimated amount of other compensation		
	for related organizations below dotted line)	Individual trustee or director	MISC) MISC MISC MISC Former Highest or employee Rey employee Rey employee Institution			(W- 2/1099- MISC)	from the organization and related organizations				
MICHAEL DOLAN SR DIRECTOR OF STRATEGIC PROGRAMS	40 00				х		307,200	0	36,187		
NICOLAS JACQUES EXECUTIVE DIRECTOR, OPENDAYLIGHT PROJECT	40 00					х	434,469	0	44,788		
CLYDE SEEPERSAD	40 00										

40.00

40 00

40 00

GENERAL MANAGER, TRAINING

.....

EXECUTIVE DIRECTOR, CLOUD FOUNDRY

GENERAL MANAGER, AUTOMOTIVE

LINUS TORVALDS

FELLOW

SAMIR RAMJI

DAN CAUCHY

Employer identification number

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue

Name of the organization

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

<u>www.irs.gov/form990</u>.

2015
Open to Public Inspection

Service
If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

• Section 501(c)(4), (5), or (6) organizations Complete Part III

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

	ELINUX FOUNDATION			46-0503801							
Par	t I-A Complete if the or	ganization is exempt under	section 501(c	c) or is a section 52	7 organization.						
1	,	ganization's direct and indirect polit	ical campaign act	ivities in Part IV							
2	Political expenditures			•	\$						
3	V olunteer hours										
Par	t I-B Complete if the or	ganization is exempt under	section 501(c)(3).							
1	Enter the amount of any excise	e tax incurred by the organization ur	nder section 4955	>	\$						
2	Enter the amount of any excise	e tax incurred by organization mana	gers under sectior	1 4955	\$						
3	If the organization incurred a s	ection 4955 tax, did it file Form 47	20 for this year?		☐ Yes ☐ No						
4 a	Was a correction made?				☐ Yes ☐ No						
b	If "Yes," describe in Part IV										
Par	t I-C Complete if the or	ganization is exempt under	section 501(c), except section 50	01(c)(3).						
1	Enter the amount directly expe	ended by the filing organization for s	ection 527 exemp	ot function activities 🕨	\$						
2	Enter the amount of the filing of exempt function activities	rganızatıon's funds contributed to c	ther organizations	for section 527	\$						
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b										
4	Did the filing organization file F	orm 1120-POL for this year?			Yes No						
5	organization made payments f amount of political contribution	nd employer identification number (I For each organization listed, enter t ns received that were promptly and political action committee (PAC) I	he amount paid fro directly delivered	m the filing organization's to a separate political org	funds Also enter the anization, such as a						
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-						
2											
3											
4											
5											
6	non-convenie Deducation of Aut. No. 4	ee the instructions for Form 990 or 99	0.57		/Form 200 or 200-F7) 2015						

Part II-A		A	Complete if the organization is exempt under section $501(c)(3)$ and file under section $501(h)$.	ed Form 5768	(election
	Check	•	if the filing organization belongs to an affiliated group (and list in Part IV each affiliated groexpenses, and share of excess lobbying expenditures)	up member's name	e, address, EIN
i	Check	•	if the filing organization checked box A and "limited control" provisions apply		
			Limite on Lobbying Evnanditures	(a) Filing	(b) Affiliated

	Limits on Lobb	box A and "limited control" provisions apply bying Expenditures means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals				
1a b	Total lobbying expenditures to influence public lobbying) Total lobbying expenditures to influence a legi							
c	Total lobbying expenditures (add lines 1a and							
d	Other exempt purpose expenditures							
e	Total exempt purpose expenditures (add lines							
f	Lobbying nontaxable amount Enter the amoun	Lobbying nontaxable amount Enter the amount from the following table in both columns						
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:						
	Not over \$500,000	20% of the amount on line 1e						
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000						
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000						
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000						
	Over \$17,000,000	\$1,000,000						
g	Grassroots nontaxable amount (enter 25% of	line 1f)						
h	Subtract line 1g from line 1a If zero or less, en	nter - 0 -						
i	Subtract line 1f from line 1c If zero or less, en	ter -0-						
j	If there is an amount other than zero on either reporting section 4911 tax for this year?							
		☐ Y e s	├ No					

columns below. See the separate instructions for lines 2a through 2f.) **Lobbying Expenditures During 4-Year Averaging Period** Calendar year (or fiscal year **(b)**2013 (d)2015 (a)2012 (c)2014 (e) Total beginning in) Lobbying nontaxable amount 2a Lobbying ceiling amount (150% of line 2a, column(e)) c Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e)) Grassroots lobbying expenditures

Return Reference

Sche	edule C (Form 990 or 990-EZ) 2015				Pa	age 3
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has N filed Form 5768 (election under section 501(h)).	тог				
or c	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a)		(b)	
activ		Yes	No		A moun	ıt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	res				
а	Volunteers?					
b c	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?					
d	Mailings to members, legislators, or the public?					
e	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?			_		
	Direct contact with legislators, their staffs, government officials, or a legislative body?					
g h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
ï	Other activities?					
	Total Add lines 1c through 1i					
j 2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912			=		
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
	t III-A Complete if the organization is exempt under section 501(c)(4), section 5	01/6	\ <u> </u>	Or s	actio	<u> </u>
7:1	501(c)(6).	01(0)(3),	01 3	ectio	··
			i		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	Yes	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	Yes	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		No
	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."	No" C				
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a				
b	Carryover from last year	2b				
C	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				
	art IV Supplemental Information					
	• • • • • • • • • • • • • • • • • • • •		_			
Pro	ovide the descriptions required for Part l-A , line ${\sf 1}$, ${\sf Part I-B}$, line ${\sf 4}$, ${\sf Part I-C}$, line ${\sf 5}$, ${\sf Part II-A}$ (affiliated grou	p list),	Part I	1-A,	lines 1	and

Explanation

2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

(Form 990)

Treasury

Department of the

SCHEDULE D

Supplemental Financial Statements

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

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

OMB No 1545-0047

DLN: 93493320151466

Open to Public

ntern	al Revenue Service	• •		Ziio pection
	me of the organization		Empl	oyer identification number
IHE	LINUX FOUNDATION		46-0	503801
Pa		r Advised Funds or Other Similar I		
	Complete if the organization answe	red "Yes" on Form 990, Part IV, line 6.		
	Tatal acceptance and afficient	(a) Donor advised funds	(b)	Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor funds are the organization's property, subject to		nor advis	sed Yes No
6	Did the organization inform all grantees, donors used only for charitable purposes and not for the conferring impermissible private benefit?			purpose Yes No
Pai	rt III Conservation Easements. Comp	lete if the organization answered "Yes"	on Forn	n 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by t	the organization (check all that apply)		
	Preservation of land for public use (e.g., receducation)		an histor	ically important land area
	Protection of natural habitat	<u> </u>		d historic structure
	Preservation of open space	Preservation of	a cerune	a historic structure
2	Complete lines 2a through 2d if the organization	held a qualified conservation contribution in	the form	of a conservation
2	easement on the last day of the tax year	r neru a quamieu conservation contribution in	THE IOIIII	Held at the End of the Year
а	Total number of conservation easements		2a	neid at the End of the Year
b	Total acreage restricted by conservation easem	nents	2b	
c	Number of conservation easements on a certifie		2c	
d	Number of conservation easements included in historic structure listed in the National Register		2d	
3	Number of conservation easements modified, tra		ted by the	e organization during the
	tax year ►			
4	Number of states where property subject to con	servation easement is located ►		
5	Does the organization have a written policy regardiolations, and enforcement of the conservation		ndling of	□Yes □No
5	Staff and volunteer hours devoted to monitoring year	, inspecting, handling of violations, and enfor	cing cons	ervation easements during the
	>			
7	A mount of expenses incurred in monitoring, insp \$\$\DES\$\$	pecting, handling of violations, and enforcing	conserva	tion easements during the year
В	Does each conservation easement reported on (B)(I) and section 170(h)(4)(B)(II)?	ine 2(d) above satisfy the requirements of se	ection 17	0 (h)(4) Yes No
9	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation expenses.	t of the footnote to the organization's financi		se statement, and
ar	t III Organizations Maintaining Colle	ctions of Art, Historical Treasures red "Yes" on Form 990, Part IV, line 8.	, or Oth	er Similar Assets.
1a	If the organization elected, as permitted under S		enue stat	ement 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
- If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
- (i) Revenue included on Form 990, Part VIII, line 1
- (ii) Assets included in Form 990, Part X **▶** \$ __ 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
- Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

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

Cat No 52283D Schedule D (Form 990) 2015

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount of 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? b If "Yes," explain the arrangement in Part XIII and complete the following table c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 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 1 Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships c Net investment earnings, gains, and losses f Administrative expenses f Administrative expenses g End of year balance c Temporarity restricted endowment ▶ D Permanent endowment ► The percentages on lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations (iii) related organization answered Yes' to Form 990, Part IV, line 11a. See Form 990, Part IV, line 12a. Se	Part	Organizations Maintaining (continued)	Collections of Art	, Historical	Treasure	es, or O	ther Similar <i>I</i>	Assets	•	. 490 =
b Scholarly research e Other C Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpoper 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? Part XV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an ame 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? b	3		ession, and other recor	ds, check any (of the follow	ing that a	are a significant u	se of its	3	
Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpoperat XIII Part XIII 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? Part XII Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amone Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? If "Yes," explain the arrangement in Part XIII and complete the following table If "Yes," explain the wear Distributions during the year Distributions during the year If Ending balance If Ending balance If Ending balance If Endowment Funds. Complete if the organization has been provided in Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line Beginning of year balance C Net investment earnings, gains, and losses G Grants or scholarships C Net investment earnings, gains, and losses G Grants or scholarships C Net investment earnings, gains, and losses G Grants or scholarships C Net investment earnings, gains, and losses G Hod if year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶ Permanent endowment Funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations Direction in Part XIII the intended uses of the organizations endowment funds Describe in Part XIII the intended uses of the organization sendowment funds Complete if the organization answered "Yes" to Form 990, Part IV, line 11a.See Form 990, Part IVI III of Part IVI III of Part IVI III of Part IVI III of Part IVI	а	Public exhibition		d	an or excha	inge prog	ırams			
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Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b	Par	Complete if the organization		orm 990, Par	t IV, line 9), or rep	•		Form	1 990,
d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part XI, line 21, for escrow or custodial account liability? 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 (a)Current year (b)Prior year b (c)Two years back (d)Three years bate Contributions c Net investment earnings, gains, and losses d Grants or scholarships	1a	Is the organization an agent, trustee, cu	istodian or other interme	diary for contr	ibutions or o	other ass	ets not	es [- No	
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c Net investment earnings, gains, and losses d Grants or scholarships					1		(d)Three years back		ur yea	ars back
c Net investment earnings, gains, and losses d Grants or scholarships	1a	Beginning of year balance								
d Grants or scholarships	b	Contributions								
e Other expenditures for facilities and programs f Administrative expenses	c									
and programs	d	Grants or scholarships								
g End of year balance	е	•								
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as Board designated or quasi-endowment ▶ Permanent endowment ▶ C Temporarily restricted endowment ▶ The percentages on lines 2a, 2b, and 2c should equal 100% Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations	f	Administrative expenses								
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organization by (i) unrelated organizations	·	•	: should equal 100%							
(i) unrelated organizations	3a	·	ssession of the organiz	ation that are h	eld and adm	nınıstered	d for the		T	
(ii) related organizations		· ·					[3	a(i)	/es	No
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?		• •						a(ii)	\dashv	
4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a.See Form 990, Part Description of property (a) (b) Accumula	b	• •		d on Schedule	R?		<u> </u>	3b	\dashv	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a.See Form 990, Part Description of property (a) (b) Accumula	4	Describe in Part XIII the intended uses	of the organization's en	dowment funds			_			
Description of property (a) (b) Accumula	Par									
			answered 'Yes' to Fo		IV, line 11					1
Cost or other basis (c)depreciat (investment)		Description of property		Cost or other		or other ba			ı jeook	k value
1a Land	1 a	Land						\perp		
b Buildings	b I	Buildings						\perp		
c Leasehold improvements	c I	Leasehold improvements				17,4	77 17,	477		0
d Equipment	d I	Equipment				887,3	19 734,	640		152,679

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

152,679

Part VII	See Form 990, Part X, line 12.			
	(a) Description of security or categ	jory	(b) Book value	(c)Method of valuation
(1) Financi	(including name of security) lal derivatives			Cost or end-of-year market valu
(2) Closely	y-held equity interests			
(3) O ther (A) CERTI	FICATE OF DEPOSIT		8,531,441	С
iotal. (Colui Part VIII	Inn (b) must equal Form 990, Part X, col (B) line 12 Investments—Program Related		8,531,441	
	Complete if the organization answe	ered 'Yes' on Form 9	90, Part IV, line 11c. _{See}	e Form 990, Part X, line 13.
	(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market valu
				,
	Other Assets. Complete if the organization (a) D		n Form 990, Part IV, line 1	1d See Form 990, Part X, line 15 (b) Book value
	Other Assets. Complete if the organiz	zation answered 'Yes' o	n Form 990, Part IV, line 1	
	Other Assets. Complete if the organiz	zation answered 'Yes' o	n Form 990, Part IV, line 1	
	Other Assets. Complete if the organiz	zation answered 'Yes' o	n Form 990, Part IV, line 1	
	Other Assets. Complete if the organiz	zation answered 'Yes' o	n Form 990, Part IV, line 1	
	Other Assets. Complete if the organiz	zation answered 'Yes' o	n Form 990, Part IV, line 1	
	Other Assets. Complete if the organiz	zation answered 'Yes' o	n Form 990, Part IV, line 1	
	Other Assets. Complete if the organiz	zation answered 'Yes' o	n Form 990, Part IV, line 1	
Part IX	Other Assets. Complete if the organiz	zation answered 'Yes' o	n Form 990, Part IV, line 1	(b) Book value
Part IX	Other Assets. Complete if the organize (a) D (a) D umn (b) must equal Form 990, Part X, col (B) I. Other Liabilities. Complete if the	zation answered 'Yes' o escription		(b) Book value
Fotal. (Cold	Other Assets. Complete if the organize (a) D	zation answered 'Yes' o escription		(b) Book value
Fotal. (Colt Part X 1.	Umn (b) must equal Form 990, Part X, col (B) I. Other Liabilities. Complete if the See Form 990, Part X, line 25. (a) Description of liability	zation answered 'Yes' o escription ine 15) organization answere		(b) Book value
Fotal. (Colt Part X 1.	Other Assets. Complete if the organize (a) D (a) D wmn (b) must equal Form 990, Part X, col (B) I. Other Liabilities. Complete if the See Form 990, Part X, line 25.	zation answered 'Yes' o escription ine 15) organization answere		(b) Book value
Fotal. (Colt Part X	Umn (b) must equal Form 990, Part X, col (B) I. Other Liabilities. Complete if the See Form 990, Part X, line 25. (a) Description of liability	zation answered 'Yes' o escription ine 15) organization answere		(b) Book value
Fotal. (Colt Part X	Umn (b) must equal Form 990, Part X, col (B) I. Other Liabilities. Complete if the See Form 990, Part X, line 25. (a) Description of liability	zation answered 'Yes' o escription ine 15) organization answere		(b) Book value
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Fotal. (Colt Part X	Umn (b) must equal Form 990, Part X, col (B) I. Other Liabilities. Complete if the See Form 990, Part X, line 25. (a) Description of liability	zation answered 'Yes' o escription ine 15) organization answere		(b) Book value
Fotal. (Colt Part X 1.	Umn (b) must equal Form 990, Part X, col (B) I. Other Liabilities. Complete if the See Form 990, Part X, line 25. (a) Description of liability	zation answered 'Yes' o escription ine 15) organization answere		(b) Book value
Total. (Cold Part X	Umn (b) must equal Form 990, Part X, col (B) I. Other Liabilities. Complete if the See Form 990, Part X, line 25. (a) Description of liability	zation answered 'Yes' o escription ine 15) organization answere		(b) Book value
Total. (Colt Part X 1.	Umn (b) must equal Form 990, Part X, col (B) I. Other Liabilities. Complete if the See Form 990, Part X, line 25. (a) Description of liability	zation answered 'Yes' o escription ine 15) organization answere		(b) Book value
Total. (Colt Part X 1.	Umn (b) must equal Form 990, Part X, col (B) I. Other Liabilities. Complete if the See Form 990, Part X, line 25. (a) Description of liability	zation answered 'Yes' o escription ine 15) organization answere		(b) Book value
Total. (Cold Part X	Umn (b) must equal Form 990, Part X, col (B) I. Other Liabilities. Complete if the See Form 990, Part X, line 25. (a) Description of liability	zation answered 'Yes' o escription ine 15) organization answere		(b) Book value
Total. (Cold Part X	Umn (b) must equal Form 990, Part X, col (B) I. Other Liabilities. Complete if the See Form 990, Part X, line 25. (a) Description of liability	zation answered 'Yes' o escription ine 15) organization answere		(b) Book value

Schedule D (Form 990) 2015

1

2

2e

3	Subtract line ${f 2e}$ from line ${f 1}$.		3	
4	Amounts included on Form 990), Part VIII, line 12, but not on line 1		
а	Investment expenses not inclu	ided on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and	4c. (This must equal Form 990, Part I, line 12)	5	
Part		penses per Audited Financial Statements With Expenses Ization answered 'Yes' on Form 990, Part IV, line 12a.	per	Return.
1	Total expenses and losses per	audited financial statements	1	
2	A mounts included on line 1 but	not on Form 990, Part IX, line 25		
а	Donated services and use of fa	cilities		
b	Prior year adjustments	2b		
c	Otherlosses	2c		
d	Other (Describe in Part XIII)			
e	Add lines 2a through 2d	 	2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.		3	
4	A mounts included on Form 990), Part IX, line 25, but not on line 1 :		
а	Investment expenses not inclu	ided on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 ar	d 4c. (This must equal Form 990, Part I, line 18)	5	
	XIII Supplemental Info			
Part		Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2t lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to		de any additional
	Return Reference	Explanation		
ART	X, LINE 2	MANAGEMENT BELIEVES THE LINUX FOUNDATION DOES NOT HAV	EANY	UNCERTAIN TAX

2a

2b

2c

2d

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

Total revenue, gains, and other support per audited financial statements . . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Net unrealized gains (losses) on investments

Recoveries of prior year grants

Other (Describe in Part XIII)

Add lines 2a through 2d

Schedule D (Form 990) 2015	Page 5		
Part XIII Supplemental Information	on (continued)		
Return Reference	Explanation		

efile GRAPHIC print - DO NOT PROCES			As Filed Da	ta -		DLN: 9	349332015146	6
SCHEDULE F (Form 990)	Stat	tement of	Activities (Outside the Uni	ted Sta	ates	OMB No 1545-004	7
(FOIIII 990)		► Complete	Part IV, line	n answered "Yes" to Forn 14b, 15, or 16. to Form 990.	1 990,		2015	
Department of the Treasury Internal Revenue Service	▶ Informati	on about Schedu		and its instructions is at v	vww.irs.go	v/form990.	Open to Public Inspection	
Name of the organization						Employer identi	fication number	
						46-0503801		
				he United States. orm 990, Part IV, line	e 14b.			
1 For grantmaker	s. Does the	organızatıon r	naıntaın record	ls to substantiate the	amount	of its grants		
	-	-	lity for the gra	nts or assistance, and	the sele	ction criteria		
used to award th	ne grants or	assistance?					☐ Yes ☐	No
2 For grantmaker assistance outsi			rganızatıon's p	rocedures for monito	ring the i	use of its grant	s and other	
3 Activites per Regi	on (The follov	ving Part I, line	3 table can be d	uplicated if additional sp	oace is ne	eded)		
(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)	program spe	orty listed in (d) is a service, describe ecific type of ce(s) in region	(f) Total expenditure: for and investments in region	
(1) EAST ASIA AND PACIFIC - AUST BRUNEI, BURMA, CAMBODIA,	RALIA,	1	4	PROGRAM SERVICES	TECHNIC BUSINES ENVIRO	CALAND	1,135,1	.04
(2) CANADA		0	7	PROGRAM SERVICES	TECHNIC BUSINES ENVIRO	TING THE CAL AND SS NMENT IN THE ER INDUSTRY	971,3	303
(3) EUROPE (INCLUI		0	0	PROGRAM SERVICES	EVENTS CONFER	AND	1,521,0)33
(4)								
(5)								
3a Sub-total		1	11				3,627,4	140
b Total from continuto Part I	iation sheets	0	0				, ,	0
c Totals (add lines 3		1			No 5008	22.W 21.	3,627,4 lle F (Form 990) 2015	

Schedule F (Form 990) 2015

organización	and EIN (if applicable)	grant	cash grant	disbursement	assistance	assistance	(book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							

Page 2

Schedule F (Form 990) 2015							Page 3
	ther Assistance to duplicated if addition			ted States. Complete	ıf the organization ar	answered "Yes" to Form 9	990, Part IV, line 16.
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)			1	'			
(2)			·	<u> </u>			
(3)			·	'		[
(4)			·	<u>'</u>		[
(5)			·	'		[
(6)			1	'		· '	
(7)			1	<u>'</u>			
(8)			·		—		

(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)		i	i		

(5)						
(6)						
(7)						
(8)						
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(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
(18)						
	1	l	I.	I.		

	•		Sched	ıle F (Form 990) 2015
(18)				
(17)				
(16)				
(15)				
(14)				
(13)				
(12)				
(11)				
(10)				
(9)				

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 Volume 1. Ves Volu

5713, do not file with Form 990)

Νo

Yes

Additional Data

Software ID: Software Version:

EIN: 46-0503801

Name: THE LINUX FOUNDATION

Schedule F (Form 990) 2015

Page **5**

Part V Supplemental Information

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

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

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

2015

OMB No 1545-0047

DLN: 93493320151466

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Department of the Treasury Internal Revenue Service

Schedule J (Form 990)

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

Νa	me of the organization			Employer identification	on nur	nber	
THE	LINUX FOUNDATION			46-0503801			
Pa	rt I Questions Regarding Compensation			40 0303001			
	<u> </u>					Yes	No
La	Check the appropriate box(es) if the organization provide 990, Part VII, Section A, line 1a Complete Part III to						
	First-class or charter travel	Г	Housing allowance or residence fo	r personal use			
	Travel for companions		Payments for business use of pers	onal residence			
	Tax idemnification and gross-up payments		Health or social club dues or initia	tion fees			
	Discretionary spending account	Γ	Personal services (e g , maid, cha	uffeur, chef)		 	
b	If any of the boxes in line 1a are checked, did the organ reimbursement or provision of all of the expenses descr				1b		
2	Did the organization require substantiation prior to reim directors, trustees, officers, including the CEO/Executi		· .		2		
3	Indicate which, if any, of the following the filing organization's CEO/Executive Director Check all that a used by a related organization to establish compensation	apply	Do not check any boxes for metho	ds			
	Compensation committee	√	Written employment contract				
	Independent compensation consultant	~	Compensation survey or study				
	Form 990 of other organizations	✓	Approval by the board or compens	ation committee			
1	During the year, did any person listed on Form 990, Par or a related organization	rt VII	I, Section A, line 1a with respect to	the filing organization			
а	Receive a severance payment or change-of-control pay	men	t?		4a		No
b	Participate in, or receive payment from, a supplemental	none	qualified retirement plan?		4b		Νo
c	Participate in, or receive payment from, an equity-base	d cor	npensation arrangement?		4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide	de th	e applicable amounts for each item i	n Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organization	ıs mu	st complete lines 5-9.				
5	For persons listed on Form 990, Part VII, Section A, lir compensation contingent on the revenues of	ne 1a	, did the organization pay or accrue	any			
а	The organization?				5a		
b	Any related organization?				5b		
	If "Yes," on line 5a or 5b, describe in Part III						
5	For persons listed on Form 990, Part VII, Section A, lir compensation contingent on the net earnings of	ne 1a	, did the organization pay or accrue	any			
а	The organization?				6 a		
b	Any related organization?				6b		
	If "Yes," on line 6a or 6b, describe in Part III						
7	For persons listed on Form 990, Part VII, Section A, lir payments not described in lines 5 and 6? If "Yes," described in lines 5 and 6?			on-fixed	7		
3	Were any amounts reported on Form 990, Part VII, paid subject to the initial contract exception described in Re in Part III				8		
9	If "Yes" on line 8, did the organization also follow the resection 53,4958-6(c)?	ebutta	able presumption procedure describ	ed in Regulations	•		

Cat No 50053T

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015

Base

compensation as deferred on prior Bonus & incentive Other reportable (1) compensation Form 990 compensation compensation See Additional Data Table

Schedule J (Form 990) 2015	Page 3
Part III Supplemental Inform	nation
Provide the information, explanation, or	descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information
Return Reference	Explanation

Schedule J (Form 990) 2015

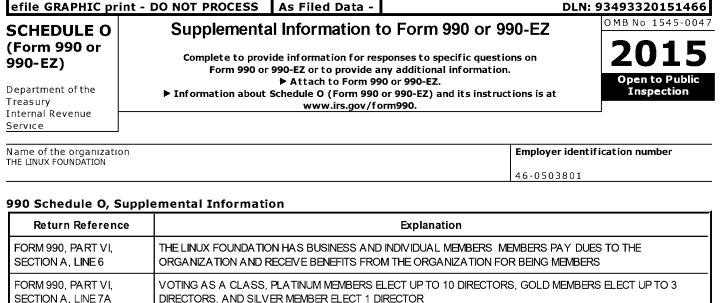
Software ID: Software Version:

EIN: 46-0503801

Name: THE LINUX FOUNDATION

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Form 990, Schedule J,	Part 1	I - Officers, Direc	tors, Trustees, Ke	ey Employees, and	i Hignest Compen	sated Employees		
(A) Name and Title			f W-2 and/or 1099-MIS		(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B)
		(i) Base Compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	compensation	Belletits	(5)(1)	reported as deferred on prior Form 990
1JAMES ZEMLIN EXECUTIVE DIRECTOR	(1)	350,000	252,000	6,000	35,000	2,017	645,017	0
	(11)	0	0	0	0	0	- 0	0
1AMANDA MCPHERSON CHIEF MARKETING OFFICER	(1)	255,609	224,750	0	18,000	2,606	500,965	0
	(11)	0	0	0	0	-	- 0	0
2MIKE WOSTER CHIEF REVENUE OFFICER	(1)	250,000	263,000	0	35,000	5,661	553,661	0
	(11)	0	0	0	0	0	- 0	0
3RUSSELL FARNELL VP OF FINANCE	(1)	250,000	50,000	0	33,500	3,421	336,921	0
	(11)	0	0	0	0	0	- 0	0
4MICHAEL DOLAN SR DIRECTOR OF	(1)	200,000	100,000	7,200	33,684	2,503	343,387	0
STRATEGIC PROGRAMS	(11)	0	0	0	0	-	- 0	0
5 NICOLAS JACQUES EXECUTIVE DIRECTOR,	(1)	220,000	214,469	0	38,000	6,788	479,257	0
OPENDAYLIGHT PRO	(11)	0	0	0	0	- - 0		0
6 CLYDE SEEPERSAD GENERAL MANAGER,	(1)	180,000	140,000	7,200	35,000	2,017	364,217	0
TRAINING	(11)	0	0	0	0	-	- 0	0
7LINUS TORVALDSFELLOW	(1)	345,000	106,672	0	35,000	246,921	733,593	0
	(11)	0	0	0	0	- - 0	- 0	0
8 SAMIR RAMJI EXECUTIVE DIRECTOR,	(1)	308,996	10,000	0	35,000	5,661	359,657	0
CLOUD FOUNDRY	(11)	0	0	0	0		- 0	0
9DAN CAUCHY GENERAL MANAGER,	(1)	225,000	85,000	7,200	35,000	2,231	354,431	0
AUTOMOTIVE	(11)	0	0	0	0	0	0	0



990 Schedule O, Supplemental Information

Return Reference Explanation

FORM 990, PART VI, SECTION THE FINANCE COMMITTEE REVIEWS AND APPROVES THE FORM 990 A COPY OF THE FORM 990 IS

B, LINE 11	AVAILABLE TO ALL BOARD MEMBERS FOR REVIEW PRIOR TO FILING
FORM 990, PART VI, SECTION	THE MANAGEMENT OF THE ORGANIZATION MONITORS AND ENFORCES THE POLICY
B. LINE 12C	

990 Schedule O. Supplemental Information Return Reference Explanation

VI. SECTION B. LINE PERFORMANCE AND COMPARABLE MARKET SALARIES KEY EMPLOYEES' SALARIES ARE REVIEWED AND APPROVED BY THE BOARD COMPENSATION COMMITTEE AND THE EXECUTIVE DIRECTOR BASED ON PERFORMANCE AND 15 COMPARABLE MARKET SALARIES THE ORGANIZATION PROVIDES INFORMATION UPON REQUEST

THE BOARD COMPENSATION COMMITTEE REVIEWS AND APPROVES EXECUTIVE DIRECTOR'S PAY BASED ON

FORM 990, PART

FORM 990, PART

VI. SECTION C. LINE

19

P990 Schedule O, Supplemental Information

Return Reference Explanation

FORM 990. PART XI, LINE FOREIGN CURRENCY ADJUSTMENT 10.467 DEFERRED COMPENSATION 241.322

9	
FORM 990, PART XII, LINE	THE PROCESS FOR SELECTING AN INDEPENDENT ACCOUNTANT AND OVERSEEING THE AUDIT HAS NOT
2C	CHANGED FROM THE PRIOR YEAR

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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE LINUX FOUNDATION

Part I

Identification of Disregarded Entities Complete of the organization answered "Yes" on Form 990, Part IV, line 33.

▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number

(b) (c) (d) (e) (f) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity (1) LINUX FOUNDATION JAPAN LLC SUPPORTING AND JA 20 143,268 THE LINUX FOUNDATION 3-30 KIOI-CHO CHIYODA-KU ADVANCING LSB IN JAPAN TOKYO JA 46-0503801 Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (c) (g) Name, address, and EIN of related organization Legal domicile (state Direct controlling Primary activity Exempt Code section Public charity status Section 512(b) (if section 501(c)(3)) (13) controlled or foreign country) entity entity? Yes No (1)THE LINUX KERNEL OORGANIZATION DISTRIBUTES THE LINUX 501(C)(3) LINUX FOUNDATION Yes 1 LETTERMAN DRIVE SUITE D4700 KERNEL AND RELATED OPEN SOURCE PROJECTS SAN FRANCISCO, CA 941291494 74-3183459

Part III	Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part	IV, line 34
	because it had one or more related organizations treated as a partnership during the tax year.	

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-	(f) Share of total income	(g) Share of end-of-year assets	(h Disprop alloca	rtionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		General or managing partner?		(k) Percentage ownership
				514)										
				314)			Yes	No	1	Yes	No			
Part IV Identification of Related Organizations Taxable a	s a Cornor	ation	or Truct C	omplete if th	0.00000173	tion anci	vorod	"Voc!	on Form 0	ω0 Γ) a r + 1	IV line		

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(g) Share of end-of- year assets	(h) Percentage ownership	Section (b)(1 contro entit	i 512 l3) illed
							Yes	No
(1)LF LABS INC 1 LETTERMAN DRIVE SUITE D4700 SAN FRANCISCO, CA 941291494 38-3890278	TECHNICAL TRAINING	DE	LINUX FOUNDATION	С		100 000 %	Yes	
(2)LINUX LABS LIMITED 1 LETTERMAN DRIVE SUITE D4700 SAN FRANCISCO, CA 941291494	CONFERENCE MANAGEMENT	UK	LINUX FOUNDATION			100 000 %	Yes	

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

No

Yes

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.				1a		No		
b Gift, grant, or capital contribution to related organization(s)				1 b	Yes			
${f c}$ Gift, grant, or capital contribution from related organization(s)				1 c		No		
f d Loans or loan guarantees to or for related organization(s)				1d		No		
e Loans or loan guarantees by related organization(s)				1e		No		
f Dividends from related organization(s)				1f		No		
g Sale of assets to related organization(s)				1 g		No		
h Purchase of assets from related organization(s)				1h		No		
i Exchange of assets with related organization(s)				1i		No		
j Lease of facilities, equipment, or other assets to related organization(s)				1j		No		
${f k}$ Lease of facilities, equipment, or other assets from related organization(s)				1k		No		
Performance of services or membership or fundraising solicitations for related organization(s)				11	Yes			
m Performance of services or membership or fundraising solicitations by related organization(s).				1m		No		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)								
$oldsymbol{o}$ Sharing of paid employees with related organization(s)				10	Yes			
p Reimbursement paid to related organization(s) for expenses				1 p	Yes	\vdash		
q Reimbursement paid by related organization(s) for expenses				1 q		No		
${f r}$ Other transfer of cash or property to related organization(s)				1r		No		
s O ther transfer of cash or property from related organization(s)				1 s		No		
2 If the answer to any of the above is "Yes," see the instructions for information on who must com	plete this line, including co	vered relationships	and transaction thresholds	s				
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining ar	mount ir	nvolved	d		
1)LINUX FOUNDATION JAPAN LLC	Р	428,700	ACTUAL AMOUNTS PAID					
·		·	Cabadula D	/ F = w	000	2045		

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

revenue) that was not a related organization. See instructions in														
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	org	(e) all partners section 501(c)(3) anizations?	(f) Share of total income	end-of-year assets	(h) Disproprtionate allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentage ownership	
			314)	Yes	No			Yes	No		Yes	No		
												1 .		
	l .		<u> </u>			1				C-l	ll. D (5		2015	

