

TAXABLE YEAR

California Exempt Organization Annual Information Return

FORM

2014

199

Calendar Year 2014 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____

Corporation/Organization Name **LLVM FOUNDATION** California corporation number **3672901**

Additional Information. See instructions. FEIN **47-1136085**

Street address (suite or room) **16425 W. LA CHIQUITA AVENUE** PMB no. _____

City **LOS GATOS** State **CA** Zip code **95032**

Foreign country name _____ Foreign province/state/county _____ Foreign postal code _____

A First Return Yes No
B Amended Return Yes No
C IRC Section 4947(a)(1) trust Yes No
D Final Information Return? Dissolved Surrendered (Withdrawn)
 Merged/Reorganized
 Enter date: (mm/dd/yyyy) _____
E Check accounting method: (1) Cash (2) Accrual (3) Other
F Federal return filed? (1) 990T (2) 990-PF (3) Sch H (990)
G Is this a group filing? See instructions Yes No
H Is this organization in a group exemption? Yes No
 If "Yes," what is the parent's name? _____
I Did the organization have any changes to its guidelines not reported to the FTB? See instructions. Yes No
J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. Yes No
K Is the organization exempt under R&TC Section 23701g? Yes No
 If "Yes," enter the gross receipts from nonmember sources. \$ _____
L If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box.
 No filing fee is required
M Is the organization a Limited Liability Company? Yes No
N Did the organization file Form 100 or Form 109 to report taxable income? Yes No
O Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No
P Is an IRS Form 1023/1024 pending? Yes No
 Date filed with IRS _____

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	33,074	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received.	3	225,100	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Instruction B	4	258,174	00
	5	Cost of goods sold	5		00
	6	Cost or other basis, and sales expenses of assets sold	6		00
	7	Total costs. Add line 5 and line 6	7		00
	8	Total gross income. Subtract line 7 from line 4	8	258,174	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	133,838	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	124,336	00
Filing Fee	11	Filing fee \$10 or \$25. See General Instruction F	11		00
	12	Total payments	12		00
	13	Penalties and Interest. See General Instruction J	13		00
	14	Use tax. See General Instruction K	14		00
	15	Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result	15		00

Sign Here 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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer **PRESIDENT** Title _____ Date _____ Telephone **408-547-7502**

Preparer's signature _____ Date **11/16/2015** Check if self-employed PTIN **P00366678**

Firm's name (or yours, if self-employed) and address **DUNHAM ASSOCIATES, CPAS
1884 THE ALAMEDA
SAN JOSE, CA 95126** FEIN **77-0445012**

Telephone **408-260-9600**

May the FTB discuss this return with the preparer shown above? See instructions Yes No

LLVM FOUNDATION

47-1136085

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	●	1	33,074	00
	2	Interest	●	2		00
	3	Dividends	●	3		00
	4	Gross rents	●	4		00
	5	Gross royalties	●	5		00
	6	Gross amount received from sale of assets (See Instructions)	●	6		00
	7	Other income. Attach schedule	●	7		00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		8	33,074	00
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	●	9		00
	10	Disbursements to or for members	●	10		00
	11	Compensation of officers, directors, and trustees. Attach schedule See Statement 1	●	11		00
	12	Other salaries and wages	●	12		00
	13	Interest	●	13		00
	14	Taxes	●	14		00
	15	Rents	●	15		00
	16	Depreciation and depletion (See instructions)	●	16		00
	17	Other Expenses and Disbursements. Attach schedule. See Statement 2	●	17	133,838	00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	133,838	00

Schedule L Balance Sheets

	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash			●	120,745
2 Net accounts receivable			●	3,590
3 Net notes receivable			●	
4 Inventories			●	
5 Federal and state government obligations			●	
6 Investments in other bonds			●	
7 Investments in stock			●	
8 Mortgage loans			●	
9 Other investments. Attach schedule			●	
10 a Depreciable assets				
b Less accumulated depreciation	()	()		
11 Land			●	
12 Other assets. Attach schedule			●	
13 Total assets				124,335
Liabilities and net worth				
14 Accounts payable			●	
15 Contributions, gifts, or grants payable			●	
16 Bonds and notes payable			●	
17 Mortgages payable			●	
18 Other liabilities. Attach schedule			●	
19 Capital stock or principal fund			●	
20 Paid-in or capital surplus. Attach reconciliation			●	
21 Retained earnings or income fund			●	124,336
22 Total liabilities and net worth				124,336

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1	Net income per books	●	124,336	7	Income recorded on books this year not included in this return. Attach schedule	●	
2	Federal income tax	●		8	Deductions in this return not charged against book income this year. Attach schedule	●	
3	Excess of capital losses over capital gains	●		9	Total. Add line 7 and line 8	●	
4	Income not recorded on books this year. Attach schedule	●		10	Net income per return. Subtract line 9 from line 6	●	124,336
5	Expenses recorded on books this year not deducted in this return. Attach schedule	●					
6	Total. Add line 1 through line 5		124,336				

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2014

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

▶ **Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.**

Name of the organization

Employer identification number

LLVM FOUNDATION

47-1136085

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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling \$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 its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

LLVM FOUNDATION

Employer identification number

47-1136085

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	HSA FOUNDATION HSA FOUNDATION 3855 SW 153rd DRIVE BEAVERTON OR 97006	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	ARM INC. ARM INC. 150 ROSE ORCHARD WAY SAN JOSE CA 95134	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	GOOGLE INC. GOOGLE INC. PO BOX 2050 MOUNTAIN VIEW CA 94042	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	MENTOR GRAPHICS CORPORATION MENTOR GRAPHICS CORPORATION 8005 SW BOECKMAN ROAD WILSONVILLE OR 97070	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	SONY COMPUTER ENTERTAINMENT SONY COMPUTER ENTERTAINMENT 2207 BRIDGEPOINTE PARKWAY SAN MATEO CA 94404	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	APPLE INC. APPLE INC. PO BOX 149114, MS:198-AP AUSTIN TX 78714	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

California Statements

Statement 1 - Form 199, Part II, Line 11 - Officer Compensation

Name	City	State	Zip	Address	Title	Avg Hrs	Compensation Amount	
TANYA LATTNER	LOS GATOS	CA	95032	16425 W. LA CHIQUITA AVENUE	PRESIDENT	10.00		
CHRIS LATTNER					SECRETARY	2.00		
DAVID KIPPING					TREASURER	2.00		
VIKRAM ADVE					DIRECTOR	1.00		
CHANDLER CARRUTH					DIRECTOR	1.00		
DOUG GREGOR					DIRECTOR	1.00		
ANTON KOROBEYNIKOV					DIRECTOR	1.00		
ALEX ROSENBERG					DIRECTOR	1.00		
Total								0

Statement 2 - Form 199, Part II, Line 17 - Other Expenses

<u>Description</u>	<u>Amount</u>
BANK SERVICE CHARGES	\$ 6
LEGAL EXPENSES	432
LLVM DEVELOPER'S MEETING	133,341
TELEPHONE & INTERNET	59
Total	<u>\$ 133,838</u>