

YEAR
2006

California Exempt Organization Annual Information Return

628941/12-21-06
FORM

199

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|---|---|
| <p>For calendar or fiscal year beginning</p> <p style="text-align: center;">MONTH DAY YEAR JANUARY 1 2006</p> <p>IMPORTANT: Your number is required.</p> <p>California corporation number C2543436</p> <p>Federal employer identification number (FEIN) 20-0097189</p> <p>Corporation/Organization name MOZILLA FOUNDATION</p> <p>Address including Suite, Room, or PMB no. 1981 LANDINGS DRIVE, BUILDING K City State ZIP Code MOUNTAIN VIEW, CA 94043</p> | <p>and ending</p> <p style="text-align: center;">MONTH DAY YEAR DECEMBER 31 2006</p> <p>A Final return? Check applicable box. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Dissolved <input type="checkbox"/> Withdrawn <input type="checkbox"/> Merged/Reorganized (attach explanation) If a box is checked, enter date</p> <p>B Check forms filed this year: State: <input type="checkbox"/> 109 <input type="checkbox"/> 100 <input type="checkbox"/> 100S <input type="checkbox"/> 100W Federal: <input checked="" type="checkbox"/> 990 <input type="checkbox"/> 990EZ <input type="checkbox"/> 990T <input type="checkbox"/> 990PF <input type="checkbox"/> 1041 <input type="checkbox"/> 1120H <input type="checkbox"/> 1120</p> <p>C If organization is exempt under R&TC Section 23701d and is a school, public charity, religious organization, or is controlled by a religious operation, check box. See General Instruction F. No filing fee is required. <input checked="" type="checkbox"/> X</p> <p>D Is this a group filing? See General Instruction N <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>E Accounting method used ACCRUAL</p> <p>F Type of organization <input checked="" type="checkbox"/> Exempt under Section 23701 d (insert letter) <input type="checkbox"/> IRC Section 4947(a)(1) trust</p> |
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Part I Complete Part I unless not required to file this form. See General Instructions B and C.

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|--|---|----|------------|
| Receipts and Revenues (Enclose, but do not staple, any payment.) | 1 Gross sales or receipts from other sources. From Side 2, Part II, line 8 | 1 | 1,469,137. |
| | 2 Gross dues and assessments from members and affiliates | 2 | |
| | 3 Gross contributions, gifts, grants, and similar amounts received. See instructions | 3 | 92,602. |
| | 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 \$25,000, see General Instruction C | 4 | 1,561,739. |
| | 5 Cost of goods sold | 5 | |
| | 6 Cost or other basis, and sales expenses of assets sold | 6 | |
| | 7 Total costs. Add line 5 and line 6 | 7 | |
| | 8 Total gross income. Subtract line 7 from line 4 | 8 | 1,561,739. |
| Expenses | 9 Total expenses and disbursements. From Side 2, Part II, line 18 | 9 | 830,477. |
| | 10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 | 10 | 731,262. |
| Filing Fee | 11 Filing fee \$10 or \$25. See General Instruction F | 11 | N/A |
| | 12 Penalty for failure to file on time. See General Instruction L | 12 | |
| | 13 Use tax. See "General Instruction M" | 13 | |
| | 14 Balance due. Add line 11, line 12, and line 13 | 14 | |

- 15** If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If "Yes," complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations ☐ Yes ☒ No
- 16** Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If "Yes," complete an explanation and attach copies of revised documents ☐ Yes ☒ No
- 17** Is the organization exempt under R&TC Section 23701g? ☐ Yes ☒ No
 If "Yes," enter amount of gross receipts from nonmember sources \$
- 18** Did the organization file Form 100, Form 100S, 100W, or Form 109 to report taxable income? ☐ Yes ☒ No
 If "Yes," enter amount of total income reported \$
- 19** The financial records are in care of **JAMES COOK** Daytime telephone **650-903-8000**

located at **1981 LANDINGS DRIVE, BLDG. K, MOUNTAIN VIEW, CA 94043**

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|---------------------------------|--|-----------------|---|
| Please 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 <i>Sharon Zibach</i> | Date 10/1/07 | Title Daytime telephone |
| Paid Preparer's Use Only | Paid preparer's signature <i>Sharon Zibach</i> | | Paid preparer's SSN or PTIN P00125475 |
| | Firm's name (or yours, if self-employed) and address DELOITTE TAX LLP 50 FREMONT STREET SAN FRANCISCO, CA 94105 | | FEIN 86-1065772 Daytime telephone 415-783-4000 |

Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information. See Specific Line Instructions. **SEE PART II SUBSTITUTE ATTACHMENT**

628951/12-21-06

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

Schedule L Balance Sheets

Beginning of taxable year

End of taxable year

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

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 \$25,000

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

**A COPY OF THE FEDERAL
TAX RETURN IS ATTACHED TO THE
FILING COPY OF THIS RETURN**