

YEAR  
2005

# California Exempt Organization Annual Information Return

FORM  
199

MONTH			DAY			YEAR			MONTH			DAY			YEAR								
For calendar or fiscal year beginning			JANUARY			1			2005			and ending			DECEMBER			31			2005		
<b>IMPORTANT: Your number is required.</b>																							
California corporation number <b>C2543436</b>									Federal employer identification number (FEIN) <b>20-0097189</b>														
Corporation/Organization name <b>MOZILLA FOUNDATION</b>																							
Address <b>1981 LANDINGS DRIVE, BUILDING K</b>												PMB no.											
City <b>MOUNTAIN VIEW, CA</b>						State <b>94043</b>						ZIP Code											

**A** Final return? Check applicable box. ☐ Yes ☒ No

• ☐ Dissolved ☐ Withdrawn ☐ Merged/Reorganized (attach explanation)

If a box is checked, enter date .....

**B** Check forms filed this year: State: ☒ 109 ☐ 100 ☐ 100S ☐ 100W  
Federal: ☒ 990 ☐ 990EZ ☒ 990T ☐ 990PF ☐ 1041 ☐ 1120H ☐ 1120

**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.** • ☒ **X**

**D** Is this a group filing? See General Instruction N. ☐ Yes ☒ No

**E** Accounting method used **ACCRUAL**

**F** Type of organization ☒ Exempt under Section 23701 **d** (insert letter)  
☐ IRC Section 4947(a)(1) trust

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

Receipts and Revenues	Description	Amount	Line
	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	29,956,495.	1
	2 Gross dues and assessments from members and affiliates		2
	3 Gross contributions, gifts, grants, and similar amounts received. See instructions <b>STMT 1</b>	493,867.	3
	4 Total gross receipts for filing requirement test. Add line 1 through line 3 <b>This line must be completed. If the result is less than \$25,000, see General Instruction C</b>	30,450,362.	4
	5 Cost of goods sold <b>STMT 2</b>	13,491.	5
	6 Cost or other basis, and sales expenses of assets sold	631,642.	6
	7 Total costs. Add line 5 and line 6	645,133.	7
	8 Total gross income. Subtract line 7 from line 4	29,805,229.	8
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18	2,960,878.	9
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	26,844,351.	10
Filing Fee	11 Filing fee \$10 or \$25. See General Instruction F	N/A	11
	12 Penalty for failure to file on time. See General Instruction L		12
	13 Use tax. See instructions		13
	14 <b>Balance due.</b> 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 \$ **416,089.**
- 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**

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>[Signature]</i>	Date <b>11-14-06</b>	Title <b>CFO</b> Daytime telephone <b>650-575-1421</b>
Paid Preparer's Use Only	Paid Preparer's signature <i>[Signature]</i>		Date <b>11/10/06</b>
	Firm's name (or yours, if self-employed) and address <b>DELOITTE TAX LLP 50 FREMONT STREET SAN FRANCISCO, CA 94105</b>		Check if self-employed <input type="checkbox"/> • Paid preparer's SSN or PTIN <b>450-74-2344</b> FEIN <b>86-1065772</b> Daytime telephone <b>415-783-4000</b>

528941/12-03-05

For Privacy Act Notice, get form FTB 1131.

19905104022

Form 199 C1 2005 Side 1

13321110 099815 MOZILLA

2005.06010 MOZILLA FOUNDATION

MOZILLA1

**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**

<b>Receipts from Other Sources</b>	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
<b>Expenses and Disbursements</b>	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)
<b>Assets</b>				
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				
<b>Liabilities and net worth</b>				
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				

**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung  
benefit trust or private foundation)

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

**2005**Open to Public  
Inspection**A** For the **2005** calendar year, or tax year beginning

and ending

**B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization

MOZILLA FOUNDATION

Number and street (or P.O. box if mail is not delivered to street address)

1981 LANDINGS DRIVE, BUILDING K

Room/suite

City or town, state or country, and ZIP + 4

MOUNTAIN VIEW, CA 94043

**D** Employer identification number

20-0097189

**E** Telephone number

650-903-8000

**F** Accounting method:☐ Cash ☒ Accrual☐ Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**H and I** are not applicable to section 527 organizations.**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶ N/A**H(c)** Are all affiliates included? N/A ☐ Yes ☐ No  
(If "No," attach a list.)**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶ N/A**M** Check ☐ if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF).**G** Website: ▶ WWW.MOZILLA.ORG/FOUNDATION**J** Organization type (check only one) ☒ 501(c)(3) (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. **Some states require a complete return.****L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 30,450,362.**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Direct public support	1a	493,867.	
	b	Indirect public support	1b		
	c	Government contributions (grants)	1c		
	d	Total (add lines 1a through 1c) (cash \$ 493,867. noncash \$ )	1d	493,867.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	28,802,507.	
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4	539,019.	
	5	Dividends and interest from securities	5		
	6a	Gross rents	6a		
	b	Less: rental expenses	6b		
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7	Other investment income (describe ▶ )	7			
Revenue	8a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
			8a	563,311.	
	b	Less: cost or other basis and sales expenses	8b	631,642.	
	c	Gain or (loss) (attach schedule)	8c	-68,331.	
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	-68,331.	
			STMT 1		
	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
	a	Gross revenue (not including \$ of contributions reported on line 1a)	9a		
b	Less: direct expenses other than fundraising expenses	9b			
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
Revenue	10a	Gross sales of inventory, less returns and allowances	10a	210.	
	b	Less: cost of goods sold	10b	13,491.	
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	-13,281.	
Expenses	11	Other revenue (from Part VII, line 103)	11	51,448.	
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	29,805,229.	
	13	Program services (from line 44, column (B))	13	2,329,406.	
	14	Management and general (from line 44, column (C))	14	631,472.	
	15	Fundraising (from line 44, column (D))	15		
	16	Payments to affiliates (attach schedule)	16		
	17	Total expenses (add lines 16 and 44, column (A))	17	2,960,878.	
	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	26,844,351.	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	5,663,991.	
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3	20	-13,250,000.	
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	19,258,342.	

# Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ .
  - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

## Part I Automatic 3-Month Extension of Time—Only submit original (no copies needed)

**Form 990-T corporations** requesting an automatic 6-month extension—check this box and complete Part I only ☐ .  
*All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.*

**Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile).

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of Exempt Organization <b>MOZILLA FOUNDATION</b>	Employer identification number <b>20-0097189</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1981 LANDINGS DRIVE, BLDG K</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>MOUNTAIN VIEW, CA 94043</b>	

**Check type of return to be filed** (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► **JIM COOK**

Telephone No. ► **(650) 903-8000**

FAX No. ►

- If the organization does **not** have an office or place of business in the United States, check this box ☐ .
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) . If this is for the **whole** group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until **AUGUST 15**, 20 **06** to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☒ calendar year 20 **05** or
  - ☐ tax year beginning \_\_\_\_\_, 20 \_\_, and ending \_\_\_\_\_, 20 \_\_.

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

- 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ **N/A**
- b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$
- c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ **0**

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 12-2004)



- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **Note**. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (not automatic) 3-Month Extension of Time—Must File Original and One Copy.**

Type or print  File by the extended due date for filing the return. See instructions.	Name of Exempt Organization <b>MOZILLA FOUNDATION</b>	Employer identification number <b>20-0097189</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1981 LANDINGS DRIVE, BLDG K</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>MOUNTAIN VIEW, CA 94043</b>	

Check type of return to be filed (File a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 4720                                |                                    |

**STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of **JIM COOK**  
Telephone No. **(650) 903-8000** FAX No. \_\_\_\_\_
- If the organization does **not** have an office or place of business in the United States, check this box ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the **whole** group, check this box ☐. If it is for **part** of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **NOVEMBER 15, 2006**, 20 \_\_\_\_.
- 5 For calendar year **2005**, or other tax year beginning \_\_\_\_\_, 20 \_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_.
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension **ADDITIONAL TIME IS NEEDED TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.**

- 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ \_\_\_\_\_
- b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. \$ \_\_\_\_\_
- c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ **N/A**

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **Sharon Zerkach** Title **A member of the staff of Deloitte Tax LLP**  
**50 Fremont Street, San Francisco, CA 94105** **8/11/06****Notice to Applicant—To Be Completed by the IRS**

- ☒ We **have** approved this application. Please attach this form to the organization's return.
- ☐ We **have not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- ☐ We **have not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- ☐ We **cannot consider** this application because it was filed after the extended due date of the return for which an extension was requested.
- ☐ Other \_\_\_\_\_

Director \_\_\_\_\_

By: \_\_\_\_\_

**Alternate Mailing Address**—Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name <b>DELOITTE TAX LLP</b>
	Number and street (include suite, room, or apt. no.) or a P.O. box number <b>50 FREMONT STREET</b>
	City or town, province or state, and country (including postal or ZIP code) <b>SAN FRANCISCO, CA 94105</b>

**EXTENSION APPROVED**  
**AUG 23 2006**  
FIELD DIRECTOR  
SUBMISSION PROCESSING, OGDEN

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) ... (cash \$ 0 • noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
23	Specific assistance to individuals (attach schedule) .....				
24	Benefits paid to or for members (attach schedule) .....				
25	Compensation of officers, directors, etc. * *	331,438.	136,503.	194,935.	0.
26	Other salaries and wages .....	1,011,200.	914,109.	97,091.	
27	Pension plan contributions .....	92,749.	83,474.	9,275.	
28	Other employee benefits .....	134,935.	121,441.	13,494.	
29	Payroll taxes .....	110,649.	99,584.	11,065.	
30	Professional fundraising fees .....				
31	Accounting fees .....	29,145.		29,145.	
32	Legal fees .....	21,227.		21,227.	
33	Supplies .....	33,418.	30,076.	3,342.	
34	Telephone .....	60,165.	54,148.	6,017.	
35	Postage and shipping .....	159.	159.		
36	Occupancy .....	24,676.	22,208.	2,468.	
37	Equipment rental and maintenance .....				
38	Printing and publications .....				
39	Travel .....	90,814.	81,733.	9,081.	
40	Conferences, conventions, and meetings ...	4,000.	3,600.	400.	
41	Interest .....				
42	Depreciation, depletion, etc. (attach schedule)	59,485.	53,537.	5,948.	
43	Other expenses not covered above (itemize):				
a	CONSULTING FEES	489,306.	440,374.	48,932.	
b	INSURANCE	17,476.	15,728.	1,748.	
c	TAXES & LICENSES	178,005.	27,904.	150,101.	
d	MARKETING & PUBLIC				
e	RELATIONS	144,345.	129,910.	14,435.	
f	OFFICE EXPENSE	114,106.	102,696.	11,410.	
g	MISCELLANEOUS	13,580.	12,222.	1,358.	
44	<b>Total functional expenses.</b> Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	2,960,878.	2,329,406.	631,472.	0.

Joint Costs. Check ☐ if you are following SOP 98-2.Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;

(iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

Form 990 (2005)

\* \* SEE STATEMENT 5

**Part III** Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► SEE STATEMENT 7

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**  
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

**a** SEE STATEMENT 6

(Grants and allocations \$ ) If this amount includes foreign grants, check here ► ☐ 2,329,406.

**b**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ► ☐

**c**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ► ☐

**d**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ► ☐

**e** Other program services (attach schedule)

(Grants and allocations \$ ) If this amount includes foreign grants, check here ► ☐

**f** **Total of Program Service Expenses** (should equal line 44, column (B), Program services) ► 2,329,406.

Form 990 (2005)

**Part IV Balance Sheets** (See the instructions.)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
<b>Assets</b>	45 Cash - non-interest-bearing .....		45	
	46 Savings and temporary cash investments .....	1,756,285.	46	22,174,141.
	47 a Accounts receivable .....	53,033.		
	b Less: allowance for doubtful accounts .....		47c	53,033.
	48 a Pledges receivable .....			
	b Less: allowance for doubtful accounts .....		48c	
	49 Grants receivable .....		49	
	50 Receivables from officers, directors, trustees, and key employees .....	22,743.	50	37,868.
	51 a Other notes and loans receivable .....			
	b Less: allowance for doubtful accounts .....		51c	
	52 Inventories for sale or use .....		52	
	53 Prepaid expenses and deferred charges .....		53	10,947.
	54 Investments - securities <b>STMT 8</b> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV .....	0.	54	9,125,742.
	55 a Investments - land, buildings, and equipment: basis .....	29,091.		
	b Less: accumulated depreciation .....	7,021.	55c	22,070.
56 Investments - other .....	0.	56	0.	
57 a Land, buildings, and equipment: basis .....				
b Less: accumulated depreciation .....		57c		
58 Other assets (describe <b>▶ DUE FROM MOZILLA CORP</b> ) .....		58	1,496,183.	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58 .....	5,851,915.	59	32,919,984.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses .....	158,485.	60	154,778.
	61 Grants payable .....		61	
	62 Deferred revenue .....		62	5,835.
	63 Loans from officers, directors, trustees, and key employees .....	29,439.	63	
	64 a Tax-exempt bond liabilities .....		64a	
	b Mortgages and other notes payable .....		64b	
	65 Other liabilities (describe <b>▶ SEE STATEMENT 9</b> ) .....		65	13,501,029.
66 <b>Total liabilities.</b> Add lines 60 through 65) .....	187,924.	66	13,661,642.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted .....		67	
	68 Temporarily restricted .....		68	
	69 Permanently restricted .....		69	
	<b>Organizations that do not follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds .....	0.	70	0.
	71 Paid-in or capital surplus, or land, building, and equipment fund .....	0.	71	0.
	72 Retained earnings, endowment, accumulated income, or other funds .....	5,663,991.	72	19,258,342.
	73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21) .....	5,663,991.	73	19,258,342.
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 .....	5,851,915.	74	32,919,984.	

Form 990 (2005)



**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>	29,805,229.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12:		
1	Net unrealized gains on investments	<b>b1</b>	
2	Donated services and use of facilities	<b>b2</b>	
3	Recoveries of prior year grants	<b>b3</b>	
4	Other (specify):	<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b>	<b>b</b>	0.
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>	<b>c</b>	29,805,229.
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :		
1	Investment expenses not included on Part I, line 6b	<b>d1</b>	
2	Other (specify):	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b>	<b>d</b>	0.
<b>e</b>	<b>Total revenue</b> (Part I, line 12). Add lines <b>c</b> and <b>d</b>	<b>e</b>	29,805,229.

**Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	14,315,878.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17:		
1	Donated services and use of facilities	<b>b1</b>	
2	Prior year adjustments reported on Part I, line 20	<b>b2</b>	
3	Losses reported on Part I, line 20	<b>b3</b>	
4	Other (specify):	<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b>	<b>b</b>	0.
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>	<b>c</b>	14,315,878.
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :		
1	Investment expenses not included on Part I, line 6b	<b>d1</b>	
2	Other (specify): SEE STATEMENT 10	<b>d2</b>	-11355000.
	Add lines <b>d1</b> and <b>d2</b>	<b>d</b>	-11355000.
<b>e</b>	<b>Total expenses</b> (Part I, line 17). Add lines <b>c</b> and <b>d</b>	<b>e</b>	2,960,878.

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
MITCHELL BAKER 1981 LANDINGS DRIVE, BUILDING K MOUNTAIN VIEW, CA 94043	CHIEF EXEC OFFICER 40.00	105,160.	10,500.	0.
CHRISTOPHER BEARD 1981 LANDINGS DRIVE, BUILDING K MOUNTAIN VIEW, CA 94043	VP PRODUCT 40.00	90,174.	15,657.	0.
BRENDAN EICH 1981 LANDINGS DRIVE, BUILDING K MOUNTAIN VIEW, CA 94043	CIO 40.00	121,794.	15,391.	0.
BRIAN BEHLENDORF 1981 LANDINGS DRIVE, BUILDING K MOUNTAIN VIEW, CA 94043	DIRECTOR 1.00	0.	0.	0.
MITCHELL KAPOR 1981 LANDINGS DRIVE, BUILDING K MOUNTAIN VIEW, CA 94043	CHAIRMAN 1.00	0.	0.	0.
CHRISTOPHER BLIZZARD 1981 LANDINGS DRIVE, BUILDING K MOUNTAIN VIEW, CA 94043	SECRETARY & DIRECTOR 40.00	0.	0.	0.
JAMES COOK 1981 LANDINGS DRIVE, BUILDING K MOUNTAIN VIEW, CA 94043	CFO 8.00	14,310.	0.	0.
JOI ITO 1981 LANDINGS DRIVE, BUILDING K MOUNTAIN VIEW, CA 94043	DIRECTOR 1.00	0.	0.	0.



Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? .....	82a	X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) ..... <span style="border: 1px solid black; padding: 0 20px;">82b</span>			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications? .....	83a	X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? .....		83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible? .....	84a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? ..... <span style="float: right;">N/A</span>		84b	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? ..... <span style="float: right;">N/A</span>	85a	
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? ..... <span style="float: right;">N/A</span> If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		85b	
c Dues, assessments, and similar amounts from members ..... <span style="float: right;">85c</span> <span style="float: right;">N/A</span>			
d Section 162(e) lobbying and political expenditures ..... <span style="float: right;">85d</span> <span style="float: right;">N/A</span>			
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices ..... <span style="float: right;">85e</span> <span style="float: right;">N/A</span>			
f Taxable amount of lobbying and political expenditures (line 85d less 85e) ..... <span style="float: right;">85f</span> <span style="float: right;">N/A</span>			
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? ..... <span style="float: right;">N/A</span>		85g	
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? ..... <span style="float: right;">N/A</span>		85h	
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 ..... <span style="float: right;">86a</span> <span style="float: right;">N/A</span>		
b Gross receipts, included on line 12, for public use of club facilities ..... <span style="float: right;">86b</span> <span style="float: right;">N/A</span>			
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders ..... <span style="float: right;">87a</span> <span style="float: right;">N/A</span>		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) ..... <span style="float: right;">87b</span> <span style="float: right;">N/A</span>			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX .....	88	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ <u>0.</u> ; section 4912 ▶ <u>0.</u> ; section 4955 ▶ <u>0.</u>		
b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction .....		89b	X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ..... ▶ <u>0.</u>			
d Enter: Amount of tax on line 89c, above, reimbursed by the organization ..... ▶ <u>0.</u>			
90 a	List the states with which a copy of this return is filed ▶ <u>CA</u>		
b Number of employees employed in the pay period that includes March 12, 2005 ..... <span style="float: right;">90b</span> <span style="float: right;">17</span>			
91 a	The books are in care of ▶ <u>JAMES COOK</u> Telephone no. ▶ <u>650-903-8000</u> Located at ▶ <u>1981 LANDINGS DRIVE, BLDG. K, MOUNTAIN VIEW, CA</u> ZIP + 4 ▶ <u>94043</u>		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? .....		91b	X
If "Yes," enter the name of the foreign country ▶ <u>N/A</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
c At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶ <u>N/A</u>		91c	X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here ..... ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ..... ▶ <span style="float: right;">92</span> <span style="float: right;">N/A</span>		

Form 990 (2005)

**Part VII Analysis of Income-Producing Activities** (See the instructions.)**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a CONTRACTED REVENUES					290,516.
b PRODUCT REVENUE	518112	416,089.	15	81,558.	
c ROYALTY REVENUE			15	28,014,344.	
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	539,019.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	-68,331.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					-13,281.
103 Other revenue:					
a MISCELLANEOUS			01	51,448.	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		416,089.		28,618,038.	277,235.
105 Total (add line 104, columns (B), (D), and (E))					29,311,362.

**Note:** Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

▼ SEE STATEMENT 13

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
SEE STATEMENT 12	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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 officer) is based on all information of which preparer has any knowledge.	
	Signature of officer	Date
Paid Preparer's Use Only	Original Signed By Sharon L. Zorbach	Date
	Firm's name (or yours if self-employed), address, and ZIP + 4	Check if self-employed <input type="checkbox"/>
	DELOITTE TAX LLP 50 FREMONT STREET SAN FRANCISCO, CA 94105	Preparer's SSN or PTIN
		EIN
		Phone no. 415-783-4000

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information-(See separate instructions.)**  
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

**2005**

Name of the organization

MOZILLA FOUNDATION

Employer identification number

20 0097189

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
BIENVENU, DAVID 1981 LANDINGS DR.-BLDG K, MT. VIEW, CA	DEVELOPER 40.00	86,699.	17,973.	
HOFFMAN, CHRIS 1981 LANDINGS DR.-BLDG K, MT. VIEW, CA	DEVELOPER 40.00	80,266.	19,639.	
MACGREGOR, SCOTT 1981 LANDINGS DR.-BLDG K, MT. VIEW, CA	DEVELOPER 40.00	90,955.	18,976.	
STENBACK, JOHNNY 1981 LANDINGS DR.-BLDG K, MT. VIEW, CA	DEVELOPER 40.00	88,983.	10,172.	
TURNER, DOUGLAS 1981 LANDINGS DR.-BLDG K, MT. VIEW, CA	DEVELOPER 40.00	75,887.	17,375.	
Total number of other employees paid over \$50,000 ▶	0			

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
MOZILLA EUROPE 28 RUE VIALA , 75015 PARIS, FRANCE	INFORMATION SERVICES	175,246.
KEI 543 HOWARD ST., 5TH FLOOR, SAN FRANCISCO, CA 94103	PROFESSIONAL SERVICES & PROJEC	83,323.
A&R PARTNERS 201 BALDWIN AVE., SAN MATEO, CA 94401	PUBLIC RELATIONS	70,826.
Total number of others receiving over \$50,000 for professional services ▶	0	

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶	0	

**Part III** Statements About Activities (See page 2 of the instructions.)

Yes No

1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities. <b>\$</b> _____ <b>\$</b> _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.				
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
a	Sale, exchange, or leasing of property? SEE STATEMENT 15	2a	X	
b	Lending of money or other extension of credit? SEE STATEMENT 14	2b	X	
c	Furnishing of goods, services, or facilities? SEE STATEMENT 16	2c	X	
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	2d	X	
e	Transfer of any part of its income or assets? SEE STATEMENT 14	2e	X	
3 a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a		X
b	Do you have a section 403(b) annuity plan for your employees?	3b		X
c	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c		X
4 a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a		X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		X

**Part IV** Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only ONE applicable box.)

5	<input type="checkbox"/> A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
6	<input type="checkbox"/> A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
7	<input type="checkbox"/> A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
8	<input type="checkbox"/> A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
9	<input type="checkbox"/> A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state <b>▶</b> _____
10	<input type="checkbox"/> An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the <b>Support Schedule</b> in Part IV-A.)
11 a	<input checked="" type="checkbox"/> An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the <b>Support Schedule</b> in Part IV-A.)
11 b	<input type="checkbox"/> A community trust. Section 170(b)(1)(A)(vi). (Also complete the <b>Support Schedule</b> in Part IV-A.)
12	<input type="checkbox"/> An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the <b>Support Schedule</b> in Part IV-A.)
13	<input type="checkbox"/> An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)



**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**  
**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	2,057,341.	1,243,700.			3,301,041.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	1,089,052.				1,089,052.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	2,005.	1,013.			3,018.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	3,148,398.	1,244,713.	0.	0.	4,393,111.
24 Line 23 minus line 17	2,059,346.	1,244,713.			3,304,059.
25 Enter 1% of line 23	31,484.	12,447.			
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 66,081.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 2,508,567.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 3,304,059.
d Add: Amounts from column (e) for lines: 18 3,018. 19 2,508,567. 22 2,511,585.					26d 2,511,585.
e Public support (line 26c minus line 26d total)					26e 792,474.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 23.9849%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A					
(2004) (2003) (2002) (2001)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A					
(2004) (2003) (2002) (2001)					
c Add: Amounts from column (e) for lines: 15 16 17 20 21					27c N/A
d Add: Line 27a total and line 27b total					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 **Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

**Part V Private School Questionnaire** (See page 7 of the instructions.)

N/A

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? .....	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? .....	31	
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff? .....	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions? .....	32d	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges? .....	33a	
b Admissions policies? .....	33b	
c Employment of faculty or administrative staff? .....	33c	
d Scholarships or other financial assistance? .....	33d	
e Educational policies? .....	33e	
f Use of facilities? .....	33f	
g Athletic programs? .....	33g	
h Other extracurricular activities? .....	33h	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34 a Does the organization receive any financial aid or assistance from a governmental agency? .....	34a	
b Has the organization's right to such aid ever been revoked or suspended? .....	34b	
If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation .....	35	

Schedule A (Form 990 or 990-EZ) 2005

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check ☒ **a** ☐ if the organization belongs to an affiliated group.Check ☐ **b** ☐ if you checked "a" and "limited control" provisions apply.**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying) .....	37		
38 Total lobbying expenditures (add lines 36 and 37) .....	38		
39 Other exempt purpose expenditures .....	39		
40 Total exempt purpose expenditures (add lines 38 and 39) .....	40		
41 Lobbying nontaxable amount. Enter the amount from the following table -			
If the amount on line 40 is -                      The lobbying nontaxable amount is -			
Not over \$500,000 .....	20% of the amount on line 40 .....		
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 .....		
42 Grassroots nontaxable amount (enter 25% of line 41) .....	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....	44		

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ►	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	
45 Lobbying nontaxable amount .....					0.
46 Lobbying ceiling amount (150% of line 45(e)) .....					0.
47 Total lobbying expenditures .....					0.
48 Grassroots nontaxable amount .....					0.
49 Grassroots ceiling amount (150% of line 48(e)) .....					0.
50 Grassroots lobbying expenditures .....					0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
a Volunteers .....			
b Paid staff or management (Include compensation in expenses reported on lines c through h.) .....			
c 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 .....			
g Direct contact with legislators, their staffs, government officials, or a legislative body .....			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....			
i Total lobbying expenditures (Add lines c through h.) .....			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.



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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Supplementary Information for  
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

**2005**

Name of organization

MOZILLA FOUNDATION

Employer identification number

20-0097189

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

**Special Rules-**

☐ For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test under Regulations sections 1.509(a)-3/1.170A-9(e) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

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

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

**Caution:** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions  
for Form 990, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2005)

Name of organization

Employer identification number

MOZILLA FOUNDATION

20-0097189

**Part I Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ASKJEEVES TECH ADVISORY GROUP 555 12TH ST. SUITE 500 OAKLAND, CA 94607	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	OPEN SOURCE TECH ADV GROUP 543 HOWARD ST. 5TH FLOOR SAN FRANCISCO, CA 94105	\$ 151,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



FORM 990                      GAIN (LOSS) FROM SALE OF OTHER ASSETS                      STATEMENT      1

DESCRIPTION		DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
ASSET DISPOSAL				PURCHASED	
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	563,311.	631,642.	0.	0.	-68,331.
TO FM 990, PART I, LN 8	563,311.	631,642.	0.	0.	-68,331.

FORM 990

INCOME AND COST OF GOODS SOLD  
INCLUDED ON PART I, LINE 10

STATEMENT 2

## INCOME

1. GROSS RECEIPTS . . . . .	210	
2. RETURNS AND ALLOWANCES . . . . .		
3. LINE 1 LESS LINE 2 . . . . .		210
4. COST OF GOODS SOLD (LINE 13) . . . . .	13,491	
5. GROSS PROFIT (LINE 3 LESS LINE 4) . . . . .		-13,281

## COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR . . . . .		
7. MERCHANDISE PURCHASED . . . . .		
8. COST OF LABOR . . . . .		
9. MATERIALS AND SUPPLIES . . . . .	13,491	
10. OTHER COSTS . . . . .		
11. ADD LINES 6 THROUGH 10 . . . . .		13,491
12. INVENTORY AT END OF YEAR . . . . .		
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12). .		13,491

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	3
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DESCRIPTION	AMOUNT
PRIOR PERIOD ADJUSTMENT	-1,895,000.
BOOK/TAX DIFFERENCE-ACCRUAL OF CONTINGENT LIABILITY UNDER FIN 48	-11,355,000.
TOTAL TO FORM 990, PART I, LINE 20	-13,250,000.

FORM 990	SALES OF INVENTORY	STATEMENT	4
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DESCRIPTION OF SALES CATEGORY	GROSS SALES	COGS	NET SALES
SALE OF INVENTORY	210.	13,491.	-13,281.
TOTAL AMOUNTS	210.	13,491.	-13,281.

FORM 990

OFFICER COMPENSATION ALLOCATION  
PART II, LINE 25

STATEMENT 5

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
MITCHELL BAKER	105,160.	10,500.		115,660.
A. PROGRAM SERVICES	21,032.	2,100.		23,132.
B. MANAGEMENT AND GENERAL	84,128.	8,400.		92,528.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
CHRISTOPHER BEARD	90,174.	15,657.		105,831.
A. PROGRAM SERVICES	18,035.	3,131.		21,166.
B. MANAGEMENT AND GENERAL	72,139.	12,526.		84,665.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
BRENDAN EICH	121,795.	15,391.		137,186.
A. PROGRAM SERVICES	97,436.	12,313.		109,749.
B. MANAGEMENT AND GENERAL	24,359.	3,078.		27,437.
C. FUNDRAISING				

<u>NAME OF OFFICER, ETC.</u>	<u>COMPENSATION</u>	<u>EMPLOYEE BEN. PLANS</u>	<u>EXPENSE ACCOUNTS</u>	<u>TOTALS</u>
JAMES COOK	14,310.			14,310.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	14,310.			14,310.
C. FUNDRAISING				
TOTAL PROGRAM SERVICES				154,047.
TOTAL MANAGEMENT AND GENERAL				218,940.
TOTAL FUNDRAISING				
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PARTS V-A AND V-B				<u>372,987.</u>

FORM 990	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	STATEMENT	6
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DESCRIPTION OF PROGRAM SERVICE ONE

THE MOZILLA FOUNDATION RELEASED FIREFOX 1.0 IN NOVEMBER 2004 AND IN OCTOBER, 2006, THE MOZILLA CORPORATION RELEASED FIREFOX 2. FIREFOX IS DEVELOPED BY AN INTERNATIONAL COMMUNITY OF CONTRIBUTORS WORKING TOGETHER UNDER THE UMBRELLA OF THE

MOZILLA FOUNDATION, A NON-PROFIT, PUBLIC-BENEFIT ORGANIZATION DEDICATED TO IMPROVING THE INTERNET EXPERIENCE FOR PEOPLE EVERYWHERE.

IN LESS THAN TWO YEARS, TENS OF MILLIONS OF PEOPLE WORLDWIDE HAVE DISCOVERED THE EASIER, FASTER AND SAFER ONLINE EXPERIENCE THAT FIREFOX PROVIDES. TRANSLATED INTO MORE THAN 35 LANGUAGES AT ITS RELEASE, FIREFOX 2 IS AVAILABLE IN A

NATIVE LANGUAGE VERSION FOR MORE PEOPLE AROUND THE WORLD THAN ANY OTHER WEB BROWSER. THE FIREFOX BROWSER HAS BEEN DOWNLOADED OVER 200 MILLION TIMES.

IN ADDITION, THE MOZILLA CORPORATION, A WHOLLY OWNED SUBSIDIARY OF THE MOZILLA FOUNDATION HAS LAUNCHED THUNDERBIRD 1.5, THE LATEST VERSION OF ITS FULL-FEATURED EMAIL CLIENT. RENOWNED FOR ITS INTELLIGENT SPAM FILTERS AND CUSTOMIZABLE

VIEWS, THUNDERBIRD HAS DELIVERED ON ITS GOAL TO PROVIDE A ROBUST, FREE EMAIL ALTERNATIVE THAT IS SAFE, FAST AND EASY-TO-USE. THUNDERBIRD EMAIL HAS BEEN DOWNLOADED TENS OF MILLIONS OF TIMES SINCE ITS LAUNCH IN DECEMBER 2004.

TO FORM 990, PART III, LINE A

GRANTS	EXPENSES
	2,329,406.



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FORM 990      STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE      STATEMENT      7

PART III

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EXPLANATION

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THE EXEMPT PURPOSE OF THE FOUNDATION IS TO SERVE THE GENERAL PUBLIC BY UNDERTAKING ACTIVITIES TO (1) KEEP THE INTERNET A UNIVERSAL PLATFORM THAT IS ACCESSIBLE BY ANYONE FROM ANYWHERE, USING ANY COMPUTER, AND (2) PROMOTE THE CONTINUATION OF THE INNOVATION ON THE INTERNET. SPECIFICALLY, THE FOUNDATION'S EXEMPT PURPOSE IS TO DEVELOP (A) OPEN SOURCE, STANDARDS-COMPLIANT, FREE INTERNET APPLICATIONS THAT WILL BE USABLE BY (AND MADE AVAILABLE FREE-OF-CHARGE TO) TENS OF MILLIONS OF USERS, AND (B) FOUNDATIONAL TECHNOLOGIES THAT WILL BE USED BY CONTENT DEVELOPERS AND SOFTWARE DEVELOPERS TO DEVELOP STANDARDS-COMPLIANT ONLINE CONTENT AND OPEN SOURCE INTERNET SOFTWARE.

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FORM 990      NON-GOVERNMENT SECURITIES      STATEMENT      8

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SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
INSTITUTIONAL DIVERSIFIED ASSETS	FMV			4,094,338.	4,094,338.
INSTITUTIONAL SHORT/INTERMEDIATE BOND FUND	FMV			5,031,404.	5,031,404.
TO FORM 990, LINE 54, COL B				9,125,742.	9,125,742.

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FORM 990      OTHER LIABILITIES      STATEMENT      9

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DESCRIPTION	AMOUNT
COMPENSATION & RELATED LIABILITIES	104,029.
RESERVE FUND: INCOME TAX	13,250,000.
CURRENT INCOME TAXES PAYABLE	147,000.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	13,501,029.

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FORM 990		OTHER EXPENSES INCLUDED ON FORM 990	STATEMENT	10
DESCRIPTION			AMOUNT	
RESERVE FOR CONTINGENT LIABILITY UNDER FIN 148			-11,355,000.	
TOTAL TO FORM 990, PART IV-B			-11,355,000.	

FORM 990

PART V-A OFFICER COMPENSATION FROM  
RELATED ORGANIZATIONS

STATEMENT 11

OFFICER'S NAME	COMPENSATION	EMPLOYEE BENEFIT PLAN CONTRIBUTION	EXPENSE ACCOUNT
MITCHELL BAKER	101,938.	79,104.	0.

  

NAME OF RELATED ORGANIZATION	EMPLOYER ID NUMBER
MOZILLA CORP	20-3226186

  

RELATIONSHIP BETWEEN ORGANIZATIONS
WHOLLY OWNED SUBSIDIARY

OFFICER'S NAME	COMPENSATION	EMPLOYEE BENEFIT PLAN CONTRIBUTION	EXPENSE ACCOUNT
CHRISTOPHER BEARD	125,150.	31,508.	0.

  

NAME OF RELATED ORGANIZATION	EMPLOYER ID NUMBER
MOZILLA CORP	20-3226186

  

RELATIONSHIP BETWEEN ORGANIZATIONS
WHOLLY OWNED SUBSIDIARY

OFFICER'S NAME	COMPENSATION	EMPLOYEE BENEFIT PLAN CONTRIBUTION	EXPENSE ACCOUNT
BRENDAN EICH	157,813.	27,299.	0.

  

NAME OF RELATED ORGANIZATION	EMPLOYER ID NUMBER
MOZILLA CORP	20-3226186

  

RELATIONSHIP BETWEEN ORGANIZATIONS

WHOLLY OWNED SUBSIDIARY

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OFFICER'S NAME	COMPENSATION	EMPLOYEE BENEFIT PLAN CONTRIBUTION	EXPENSE ACCOUNT
JAMES COOK	67,770.	0.	0.

  

NAME OF RELATED ORGANIZATION	EMPLOYER ID NUMBER
MOZILLA CORP	20-3226186

  

RELATIONSHIP BETWEEN ORGANIZATIONS

WHOLLY OWNED SUBSIDIARY

	COMPENSATION	EMPLOYEE BENEFIT PLAN CONTRIBUTION	EXPENSE ACCOUNT
DAVID BIENVENU	99,088.	29,807.	
NAME OF RELATED ORGANIZATION		EMPLOYER ID NUMBER	
MOZILLA CORP		20-3226186	
RELATIONSHIP BETWEEN ORGANIZATIONS			
WHOLLY OWNED SUBSIDIARY			
COMPENSATION DESCRIPTION			
ADDITIONAL 5 HIGHEST PAID EMPLOYEES OTHER THAN OFFICERS.			

	COMPENSATION	EMPLOYEE BENEFIT PLAN CONTRIBUTION	EXPENSE ACCOUNT
CHRIS HOFFMAN	112,065.	31,452.	
NAME OF RELATED ORGANIZATION		EMPLOYER ID NUMBER	
MOZILLA CORP		20-3226186	
RELATIONSHIP BETWEEN ORGANIZATIONS			
WHOLLY OWNED SUBSIDIARY			
COMPENSATION DESCRIPTION			
ADDITIONAL 5 HIGHEST PAID EMPLOYEES OTHER THAN OFFICERS.			

	COMPENSATION	EMPLOYEE BENEFIT PLAN CONTRIBUTION	EXPENSE ACCOUNT
SCOTT MACGREGOR	120,848.	26,879.	
NAME OF RELATED ORGANIZATION		EMPLOYER ID NUMBER	
MOZILLA CORP		20-3226186	
RELATIONSHIP BETWEEN ORGANIZATIONS			
WHOLLY OWNED SUBSIDIARY			
COMPENSATION DESCRIPTION			
ADDITIONAL 5 HIGHEST PAID EMPLOYEES OTHER THAN OFFICERS.			

	COMPENSATION	EMPLOYEE BENEFIT PLAN CONTRIBUTION	EXPENSE ACCOUNT
JOHNNY STENBACK	140,988.	22,554.	
NAME OF RELATED ORGANIZATION		EMPLOYER ID NUMBER	
MOZILLA CORP		20-3226186	
RELATIONSHIP BETWEEN ORGANIZATIONS			
WHOLLY OWNED SUBSIDIARY			
COMPENSATION DESCRIPTION			
ADDITIONAL 5 HIGHEST PAID EMPLOYEES OTHER THAN OFFICERS.			



	COMPENSATION	EMPLOYEE BENEFIT PLAN CONTRIBUTION	EXPENSE ACCOUNT
DOUGLAS TURNER	96,644.	23,991.	
NAME OF RELATED ORGANIZATION		EMPLOYER ID NUMBER	
MOZILLA CORP		20-3226186	
RELATIONSHIP BETWEEN ORGANIZATIONS			
WHOLLY OWNED SUBSIDIARY			
COMPENSATION DESCRIPTION			
ADDITIONAL 5 HIGHEST PAID EMPLOYEES OTHER THAN OFFICERS.			

	COMPENSATION	EMPLOYEE BENEFIT PLAN CONTRIBUTION	EXPENSE ACCOUNT
A&R PARTNERS	92,286.		
NAME OF RELATED ORGANIZATION		EMPLOYER ID NUMBER	
MOZILLA CORP		20-3226186	
RELATIONSHIP BETWEEN ORGANIZATIONS			
WHOLLY OWNED SUBSIDIARY			
COMPENSATION DESCRIPTION			
INDEPENDENT CONTRACTOR PROFESSIONAL SERVICES COMPENSATION.			

	COMPENSATION	EMPLOYEE BENEFIT PLAN CONTRIBUTION	EXPENSE ACCOUNT
MEER.NET	60,834.		
NAME OF RELATED ORGANIZATION		EMPLOYER ID NUMBER	
MOZILLA CORP		20-3226186	
RELATIONSHIP BETWEEN ORGANIZATIONS			
WHOLLY OWNED SUBSIDIARY			
COMPENSATION DESCRIPTION			
INDEPENDENT CONTRACTOR PROFESSIONAL SERVICES COMPENSATION.			

	COMPENSATION	EMPLOYEE BENEFIT PLAN CONTRIBUTION	EXPENSE ACCOUNT
MOZILLA EUROPE	130,667.		
NAME OF RELATED ORGANIZATION		EMPLOYER ID NUMBER	
MOZILLA CORP		20-3226186	
RELATIONSHIP BETWEEN ORGANIZATIONS			
WHOLLY OWNED SUBSIDIARY			
COMPENSATION DESCRIPTION			
INDEPENDENT CONTRACTOR PROFESSIONAL SERVICES COMPENSATION.			

FORM 990

PART IX - INFORMATION REGARDING TAXABLE  
SUBSIDIARIES AND DISREGARDED ENTITIES

STATEMENT 12

NAME OF CORPORATION, PARTNERSHIP OR DISREGARDED ENTITY

MOZILLA CORPORATION

ADDRESS

1981 LANDINGS DRIVE, BLDG K, MOUNTAIN VIEW, CA 94043

EMPLOYER ID NUMBER	PERCENT OWNED	NATURE OF ACTIVITIES	TOTAL INCOME	END-OF-YEAR ASSETS
20-3226186	100.00%	INTERNET SERVICES	22,941,301.	20,300,230.

FORM 990

PART VIII - RELATIONSHIP OF ACTIVITIES TO  
ACCOMPLISHMENT OF EXEMPT PURPOSES

STATEMENT 13

LINE EXPLANATION OF RELATIONSHIP OF ACTIVITIES

93A EXPEDITED DEVELOPMENT CONTRACTS - INSTITUTIONAL ADOPTION OF MOZILLA PRODUCTS IS NOT POSSIBLE UNLESS THE SOFTWARE CODE IS EXPANDED TO MEET THE NEED OF LARGE INSTITUTIONS. THE FOUNDATION HAS ENTERED INTO A FEW CONTRACTS WHERE THE LARGE COMPANIES DESIRE TO ADOPT THE PRODUCTS AND PAY THE FEE FOR EXPEDITING THE DEVELOPMENT OF THE FUNCTIONALITY NECESSARY TO DEPLOY MOZILLA PRODUCTS IN THEIR COMPANY. THE RESULTING FUNCTIONALITY IS APPROPRIATE FOR RELEASE TO AND USE BY THE GENERAL PUBLIC FREE OF CHARGE. SUCH CONTRACTS INCREASE THE NUMBER OF USERS ADOPTING MOZILLA PRODUCTS AND ARE, THEREFOR RELATED TO THE FOUNDATION'S EXEMPT PURPOSE.

102 SALE OF PRODUCTS RELATED TO ORGANIZATION'S EXEMPT PURPOSE.

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SCHEDULE A	EXPLANATION OF TRANSACTIONS	STATEMENT 14
	PART III, LINE 2B	

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IN AUGUST 2005, THE FOUNDATION LAUNCHED A WHOLLY OWNED SUBSIDIARY, THE MOZILLA CORPORATION (THE CORPORATION.) THE CORPORATION IS A TAXABLE SUBSIDIARY THAT SERVES THE NON-PROFIT, PUBLIC BENEFIT GOALS OF ITS PARENT, THE FOUNDATION, AND IS RESPONSIBLE FOR PRODUCT DEVELOPMENT, MARKETING AND DISTRIBUTION OF MOZILLA PRODUCTS WHILE THE FOUNDATION RETAINS OWNERSHIP AND OVERALL DIRECTION OF THE MOZILLA PROJECT. THE ACTIVITIES OF THE FOUNDATION RELATED TO SPONSORSHIP CONTRACTS, CONTRACTED SERVICES AND THE AFFILIATE PROGRAM WERE ASSIGNED TO THE NEW CORPORATION. THE EMPLOYEES WERE ALSO TRANSFERRED TO THE NEW CORPORATION. THE FOUNDATION RETAINED THE PRODUCT ROYALTY CONTRACT AND CONTINUES TO RECEIVE CONTRIBUTIONS AND GRANTS. CERTAIN OFFICERS AND DIRECTORS OF THE FOUNDATION ARE ALSO OFFICERS AND DIRECTORS OF THE CORPORATION. DURING THE YEAR, THE FOUNDATION ADVANCED MONEY TO THE CORPORATION. THE BALANCE OUTSTANDING AT 12/31/05 IS \$1,496,183.

SCHEDULE A	EXPLANATION OF TRANSACTIONS	STATEMENT	15
	PART III, LINE 2A		

DURING 2005, MOZILLA CORPORATION, A WHOLLY OWNED SUBSIDIARY OF MOZILLA FOUNDATION, PURCHASED EQUIPMENT FROM THE FOUNDATION AT FAIR MARKET VALUE.

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SCHEDULE A	EXPLANATION OF TRANSACTIONS	STATEMENT 16
	PART III, LINE 2C	

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DURING PART OF 2005, THE FOUNDATION CONTRACTED WITH A FOR-PROFIT COMPANY TO PROVIDE BACK-OFFICE SUPPORT AND SERVICES. THE SOLE OWNER OF THIS COMPANY IS THE CHAIRMAN OF THE FOUNDATION. FOR 2005, THE TOTAL AMOUNT CHARGED FOR SUCH SERVICES WAS \$50,659. ALL AMOUNTS REIMBURSED WERE BASED UPON THE COST TO THE FOR-PROFIT COMPANY AND ALLOCATED BASED UPON ESTIMATES OF TIME OR USAGE. THESE TRANSACTIONS WERE REVIEWED IN ADVANCE BY THE BOARD OF DIRECTORS TO INSURE THAT THE COSTS WERE FAIR AND REASONABLE AND DID NOT EXCEED MARKET RATES.