

YEAR  
2005

# California Exempt Organization Business Income Tax Return

FORM  
109

For calendar year 2005 or fiscal year beginning month JAN day 1 year 2005, and ending month Dec day 31 year 2005.

California corporation or organization number

FEIN

C2543436

20-0097189

Corporation/organization name

MOZILLA FOUNDATION

Address

PMB no.

1981 LANDINGS DRIVE, BUILDING K

City, State, ZIP Code

MOUNTAIN VIEW, CA 94043

A Is this an education IRA within the meaning of R&TC Section 23712? ☐ Yes ☒ No

B Is the organization currently under audit? ☐ Yes ☒ No

C Final return? ☐ Dissolved ☐ Surrendered (Withdrawn)  
☐ Merged/Reorganized

If a box is checked, enter effective date

D Nature of trade or business SEE STATEMENT 3

E Accounting method used ACCRUAL

F Is this organization a non-exempt charitable trust as described in IRC Section 4947(a)(1)? ☐ Yes ☒ No

G Is this organization claiming any enterprise zone, Los Angeles Revitalization Zone (LARZ), Local Agency Military Base Recovery Area (LAMBRA), Targeted Tax Area (TTA), or Manufacturing Enhancement Area (MEA) tax benefits? ☐ Yes ☒ No

H Unrelated Business Activity (UBA) Code 518112

Attach  
Check  
or  
Money  
Order

Tax  
Compu-  
tation

Total  
Tax

Payments

Refund  
(Direct  
Deposit of  
Refund) or  
Amount  
Due

1	Unrelated business taxable income from Side 2, Part II, line 30	1	415,089.
2	Multiply line 1 by the average apportionment percentage _____ % from the Schedule R, Apportionment Formula Worksheet, line 6. See instructions	2	415,089.
3	Enterprise zone, LAMBRA, LARZ, TTA, or Pierce's disease losses	3	
4	Net Operating Loss deduction from form FTB 3805Q. See General Information N	4	
5	Add line 3 and line 4	5	
6	Net unrelated business taxable income. Subtract line 5 from the lesser of line 1 or line 2	6	415,089.
7	Tax. <u>8.84</u> % x line 6. See General Information J	7	36,694.
8	Tax credits from Schedule B, line 7, or Schedule P (100). See Schedule B instructions	8	
9	Balance. Subtract line 8 from line 7. If line 8 is greater than line 7, enter -0-	9	36,694.
10	Unrelated business taxable income from Side 2, Part II, line 30	10	
11	Enterprise zone, LAMBRA, LARZ, TTA, or Pierce's disease losses	11	
12	Net Operating Loss deduction from form FTB 3805V. See General Information N	12	
13	Add line 11 and line 12	13	
14	Net unrelated business taxable income. Subtract line 13 from line 10	14	
15	Tax on amount on line 14. See General Information J	15	
16	Tax credits from Schedule B, line 7, or Schedule P (541). See Schedule B instructions	16	
17	Balance. Subtract line 16 from line 15. If line 16 is greater than line 15, enter -0-	17	
18	Tax from line 9 or line 17	18	36,694.
19	Alternative minimum tax. See General Information O	19	
20	Total tax. Add line 18 and line 19	20	36,694.
21	Overpayment from a prior year allowed as a credit	21	
22	2005 estimated tax payments and taxes withheld	22	
23	Amount paid with automatic extension (FTB 3539)	23	38,262.
24	Total payments and credits. Add line 21 through line 23	24	38,262.
25	Tax due. Subtract line 24 from line 20. Pay entire amount with return	25	
26	Overpayment. Subtract line 20 from line 24	26	1,568.
27	Enter amount of line 26 to be applied to 2006 estimate tax	27	
28	Use tax. See instructions	28	
29	Refund. If the sum of line 27 and line 28 is less than line 26, then subtract the total from line 26	29	1,568.
	a Fill in the account information to have the refund directly deposited. Routing number	29a	
	b Type: Checking <input type="checkbox"/> Savings <input type="checkbox"/> c Account Number	29c	
30	Penalties and interest. See General Information M	30	0.
31	<input type="checkbox"/> Check if estimate penalty computed using Exception B or C and attach form FTB 5806.		
32	Total amount due. Add line 25, line 27, line 28, and line 30, then subtract line 26 from the result	32	

Person to contact for additional information:

Telephone

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 [Signature] Date 11-14-06 Title CFO Daytime telephone 1-650-575-1421

Paid Preparer's Use Only Paid Preparer's signature [Signature] Date 11/10/06 Check if self-employed ☐ Paid Preparer's SSN/PTIN 450-74-2344  
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

528961 11-17-05

For Privacy Act Notice, get form FTB 1131.

10905104022

Form 109 C1 2005 Side 1

13321110 099815 MOZILLA

2005.06010 MOZILLA FOUNDATION

MOZILLA1

**Unrelated Business Taxable Income****Part I Unrelated Trade or Business Income**

1	a Gross receipts or gross sales	b Less returns and allowances	Balance	1c	
2	Cost of goods sold and/or operations from Schedule A, line 7			2	
3	Gross profit. Subtract line 2 from line 1c			3	
4	a Capital gain net income. See Specific Line Instructions - Trusts attach Schedule D (541)			4a	
	b Net gain (loss) from Part II, Schedule D-1			4b	
	c Capital loss deduction for trusts			4c	
5	Income (or loss) from partnerships, limited liability companies, or S corporations. See specific line instructions. Attach Schedule K-1 (565, 568, or 100S) or similar schedule			5	
6	Rental income from Schedule C			6	
7	Unrelated debt-financed income from Schedule D			7	
8	Investment income of an R&TC Section 23701g, 23701i, or 23701n organization from Schedule E			8	
9	Annuities, interest, rents, and royalties of controlled organizations from Schedule F			9	
10	Exploited exempt activity income from Schedule G			10	
11	Advertising income from Schedule H, Part III, Column A			11	
12	Other income SEE STATEMENT 2.			12	416,089.
13	Total unrelated trade or business income. Add line 3 through line 12			13	416,089.

**Part II Deductions Not Taken Elsewhere** (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees from Schedule I	14	
15	Salaries and wages	15	
16	Repairs	16	
17	Bad debts	17	
18	Interest	18	
19	Taxes	19	
20	Contributions	20	
21	a Depreciation (Corporations and Associations - Schedule J) (Trusts - form FTB 3885F)	21a	
	b Less: depreciation claimed on Schedule A	21b	
22	Depletion	22	
23	a Contributions to deferred compensation plans	23a	
	b Employee benefit programs	23b	
24	Other deductions	24	
25	Total deductions. Add line 14 through line 24	25	
26	Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13	26	416,089.
27	Excess advertising costs from Schedule H, Part III, Column B	27	
28	Unrelated business taxable income before specific deduction. Subtract line 27 from line 26	28	416,089.
29	Specific deduction	29	1,000.
30	Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28	30	415,089.

**Schedule A Cost of Goods Sold and/or Operations** Method of inventory valuation (specify) N/A

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	a Additional IRC Section 263A costs	4a	
	b Other costs	4b	
5	Total. Add line 1 through line 4b	5	
6	Inventory at end of year	6	
7	Cost of goods sold and/or operations. Subtract line 6 from line 5. Enter here and on Part I, line 2	7	

Do the rules of IRC Section 263A (with respect to property produced or acquired for resale) apply to this organization? ☐ Yes ☒ No

**Schedule B Tax Credits** Do not complete if you must file Schedule P (100 or 541).

1	Enter credit name	code no.	1	
2	Enter credit name	code no.	2	
3	Enter credit name	code no.	3	
4	Enter credit name	code no.	4	
5	Enter credit name	code no.	5	
6	Enter credit name	code no.	6	
7	Total. Add line 1 through line 6. Enter here and on Side 1, line 8, for corporations and associations, or line 16 for trusts	7		



**Schedule H Advertising Income and Excess Advertising Costs****Part I Income from Periodicals Reported on a Consolidated Basis**

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising income or excess advertising costs. If column 2 is greater than column 3, complete columns 5, 6, and 7. If column 3 is greater than column 2, enter the excess in Part III, column B(b). Do not complete columns 5, 6, and 7.	5 Circulation income	6 Readership costs	7 If column 5 is greater than column 6, enter the income shown in column 4, in Part III, column A(b). If column 6 is greater than column 5, subtract the sum of column 6 and column 3 from the sum of column 5 and column 2. Enter amount in Part III, column A(b). If the amount is less than zero, enter -0-
Totals						

**Part II Income from Periodicals Reported on a Separate Basis**


**Part III Column A - Net Advertising Income**

(a) Enter "consolidated periodical" and/or names of non-consolidated periodicals	(b) Enter total amount from Part I, column 4 or 7, and amounts listed in Part II, cols. 4 and 7	(a) Enter "consolidated periodical" and/or names of non-consolidated periodicals	(b) Enter total amount from Part I, column 4, and amounts listed in Part II, column 4
Enter total here and on Side 2, Part I, line 11		Enter total here and on Side 2, Part II, line 27	

**Part III Column B - Excess Advertising Costs****Schedule I Compensation of Officers, Directors, and Trustees**

1 Name of Officer	2 Social Security Number	3 Title	4 Percent of time devoted to business	5 Compensation attributable to unrelated business	6 Expense account allowances
			%		
			%		
			%		
			%		
			%		
Total. Enter here and on Side 2, Part II, line 14					

**Schedule J Depreciation (Corporations and Associations only. Trusts use form FTB 3885F.)**

1 Group and guideline class or description of property	2 Date acquired	3 Cost or other basis	4 Depreciation allowed or allowable in prior years	5 Method of computing depreciation	6 Life or rate	7 Depreciation for this year
1 Total additional first-year depreciation (do not include in items below)						
2 Other depreciation:						
Buildings						
Furniture and fixtures						
Transportation equipment						
Machinery and other equipment						
Other (specify)						
3 Other depreciation						
4 Total						
5 Amount of depreciation claimed elsewhere on return						
6 Balance. Subtract line 5 from line 4. Enter here and on Side 2, Part II, line 21a						

**Schedule K Add-On Taxes or Recapture of Tax.**

1	Interest computation under the look-back method for completed long-term contracts. Attach form FTB 3834 .....	•	1	
2	Interest on tax attributable to installment: <b>a</b> Sales of certain timeshares or residential lots .....	•	2a	
	<b>b</b> Method for non-dealer installment obligations .....	•	2b	
3	IRC Section 197(f)(9)(B)(ii) election to recognize gain on the disposition of intangibles .....	•	3	
4	Credit recapture. Credit name .....	•	4	
5	Total. Combine the amounts on line 1 through line 4 .....	•	5	

**Schedule R Apportionment Formula Worksheet**

Use only for unrelated trade or business amounts

	(a) Total within and outside California	(b) Total within California	(c) Percent within California (b) ÷ (a)
1 <b>Property factor:</b> .....			
2 <b>Payroll factor:</b> Wages and other compensation of employees .....			
3 <b>Sales factor:</b> Gross sales and/or receipts less returns and allowances .....			
4 Multiply the factor on line 3, column (c) by 2 .....			
5 <b>Total percentage:</b> Add the percentages in column (c) line 1, line 2, and line 4 .....			
6 <b>Average apportionment percentage:</b> Divide the factor on line 5 by 4 and enter the result here and on Form 109, Side 1, line 2. See instructions for exceptions .....			

FORM 109	NATURE OF TRADE OR BUSINESS	STATEMENT	1
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AFFILIATION FEES - PRODUCT SALES

TO FORM 109, PAGE 1

FORM 109	OTHER INCOME	STATEMENT	2
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DESCRIPTIONAMOUNT416,089.

TOTAL TO FORM 109, PAGE 2, LINE 12

416,089.

2005

## Underpayment of Estimated Tax by Corporations

5806

For calendar year 2005 or fiscal year beginning month

day year 2005, and ending month

day year

Corporation name

California corporation number

MOZILLA FOUNDATION

C2543436

**Part I** Figure the Underpayment If line 7 shows an underpayment for any installment, complete the remainder of this form.

1	Current year's tax. See instructions	1	36,694.
2	Installment due dates. See instructions	(a) 04/15/05 (b) 06/15/05 (c) 09/15/05 (d) 12/15/05	
3	Percentage required. See instructions	25% (not less than min.) 50% less 1st 75% less prior 100% less prior	
4	Amount due. See instructions	9,174. 9,173. 9,174. 9,173.	
5 a	Amount paid or credited for each installment	5a	
b	Overpayment from previous installment	5b	
6	Add line 5a and line 5b	6	
7	Underpayment (subtract line 6 from line 4). See instructions. Overpayment (subtract line 4 from line 6) (If line 7 shows an underpayment for any installment, go to Part IV, Exceptions Worksheets.)	7	9,174. 9,173. 9,174. 9,173.

**Part II** Exceptions to the Penalty

Note: If Exception A, line 8a is met for all four installments, do not attach this form to the return.

(check the applicable boxes)		Yes	No	Yes	No	Yes	No	Yes	No
8 a	Exception A - Regular Corporations, line 26	8a							
b	Exception A - Large Corporations	8b							
9	Exception B (line 42) met?	9							
10	Exception C (line 64) met?	10							

**Part III** Figure the Penalty If line 7 shows an underpayment for any installment and one of the three exceptions was not met, figure the penalty for that installment by completing line 11 through line 22.

11	Enter the earlier of the payment date, or the 15th day of the 3rd month after the close of the taxable year. Form 109 filers, see instructions.	11				
12	Number of days from date shown on line 2 to date shown on line 11	12				
13	Number of days on line 12 before 7/01/05	13				
14	Number of days on line 12 after 6/30/05 and before 1/01/06	14				
15	Number of days on line 12 after 12/31/05 and before 7/01/06	15				
16	Number of days on line 12 after 6/30/06 and before 1/01/07. See inst.	16				
17	Number of days on line 12 after 12/31/06 and before 2/15/07	17				
18	Number of days on line 13 Number of days in taxable year x 4% x line 7	18				
19	Number of days on line 14 Number of days in taxable year x 5% x line 7	19				
20	Number of days on line 15 Number of days in taxable year x 6% x line 7	20				
21	Number of days on line 16 Number of days in taxable year x % (call FTB for %) x line 7	21	SEE ATTACHED WORKSHEET			
22	Number of days on line 17 Number of days in taxable year x % (call FTB for %) x line 7	22				
22a	Add amounts for each column from line 18 through line 22	22a				
22b	Total estimated penalty due. Add line 22a, column (a) through column (d). Enter here and on Form 100, line 42a; Form 100W, line 41a; Form 100S, line 41a; or Form 109, line 30	22b				1,522.

539901  
12-05-05

580605104022

FTB 5806 2005 Side 1



**UNDERPAYMENT OF ESTIMATED TAX WORKSHEET**  
CA

Name(s) <b>MOZILLA FOUNDATION</b>				Identifying Number <b>C2543436</b>	
(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			
04/15/05	9,174.	9,174.	61	.000109589	61.
06/15/05	9,173.	18,347.	15	.000109589	30.
06/30/05	0.	18,347.	77	.000136986	194.
09/15/05	9,174.	27,521.	91	.000136986	343.
12/15/05	9,173.	36,694.	16	.000136986	80.
12/31/05	0.	36,694.	135	.000164384	814.
Penalty Due (Sum of Column F). .....					1,522.

\* Date of estimated tax payment, withholding  
credit date or installment due date.