990

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)

OMB No. 1545-0047 Open to Public

Department of the Treasury The organization may have to use a copy of this return to satisfy state reporting requirements. Internal Revenue Service and ending For the 2007 calendar year, or tax year beginning D Employer identification number C Name of organization Please use IRS label o Address change 20-0097189 MOZILLA FOUNDATION print or Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Initial return 650-903-0800 1981 LANDINGS DRIVE, BUILDING K Termin-Cash X Accrual F Accounting method: City or town, state or country, and ZIP + 4 Other (specify) Amended return MOUNTAIN VIEW, CA 94043 Application pending Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts H and I are not applicable to section 527 organizations. must attach à completed Schedule A (Form 990 or 990-EZ). H(a) Is this a group return for affiliates? Yes X No G Website: ►WWW.MOZILLA.ORG/FOUNDATION N/A H(b) If "Yes," enter number of affiliates ▶ Organization type (check only one) X 501(c) (3) (insert no.) 4947(a)(1) or H(c) Are all affiliates included? N/A Yes (If "No," attach a list.) K Check here ► if the organization is not a 509(a)(3) supporting organization and its gross H(d) is this a separate return filed by an organization covered by a group ruling? Yes X No receipts are normally not more than \$25,000. A return is not required, but if the organization N/A chooses to file a return, be sure to file a complete return. Group Exemption Number Check ► ____ if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF). 1,379,492. Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 Revenue, Expenses, and Changes in Net Assets or Fund Balances Part I Contributions, gifts, grants, and similar amounts received: a Contributions to donor advised funds 52,226 1b Direct public support (not included on line 1a) Indirect public support (not included on line 1a) Government contributions (grants) (not included on line 1a) 52,226. e Total (add lines 1a through 1d) (cash \$ 52,226. noncash \$ 1e 86,127. Program service revenue including government fees and contracts (from Part VII, line 93) 2 3 Membership dues and assessments 1,241,139. 4 Interest on savings and temporary cash investments 5 Dividends and interest from securities Gross rents Less: rental expenses 60 Net rental income or (loss). Subtract line 6b from line 6a 7 Other investment income (describe 8 a Gross amount from sales of assets other (B) Other 8a than inventory 8b b Less: cost or other basis and sales expenses Gain or (loss) (attach schedule) d Net gain or (loss). Combine line 8c, columns (A) and (B) Special events and activities (attach schedule). If any amount is from gaming, check here \rightarrow \textstyle{\lambda} of contributions reported on line 1b) ... 9a b Less: direct expenses other than fundraising expenses c Net income or (loss) from special events. Subtract line 9b from line 9a b Less: cost of goods sold ________10b c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a 10c 11 Other revenue (from Part VII, line 103) 11 1,379,492. Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 12 12 13 1,498,860. Program services (from line 44, column (B)) 13 Program services (from line 44, column (b))

Management and general (from line 44, column (C))

FOR PUBLIC INSPECTION 889,549. 14 14 15 Fundraising (from line 44, column (D)) 15 16 Payments to affiliates (attach schedule) 16

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Net assets or fund balances at end of year. Combine lines 18, 19, and 20

Total expenses. Add lines 16 and 44, column (A)

Net assets or fund balances at beginning of year (from line 73, column (A))

Excess or (deficit) for the year. Subtract line 17 from line 12

Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 1

Form 990 (2007)

2,388,409.

-1,008,917.

20,990,093.

21,759,871.

1,778,695.

17

18

19

20

17

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20

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Form 8868 (Rev. 4-2008)	Page 2
● If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box	► X
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8	3868.
● 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. You must file original and one co	ору.
Name of Exempt Organization Emplo	oyer identification number
Type or	
print MOZILLA FOUNDATION 20	0-0097189
due date for 1981 LANDINGS DRIVE, BUILDING K	RS use only
filing the return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. MOUNTAIN VIEW, CA 94043	
Check type of return to be filed (File a separate application for each return): X Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A Form 990-Form 1041-A	orm 5227 Form 8870 orm 6069
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed	d Form 8868.
The books are in the care of ► JAMES COOK	
Telephone No. ► 650-903-0800 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 ►	ers the extension is for.
4 request an additional 3-month extension of time until NOVEMBER 17, 2008.	
5 For calendar year 2007, or other tax year beginning , and ending,	
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 NECESARY	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	s N/A
with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 8c	\$ N/A
Signature and Verification	f t
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of it is true, correct, and complete, and that Lam authorized to prepare this formember of the Staff of Deloitte Tax LLP	t my knowledge and belief,
Signature All anon Soutable Title 50 Fromont Street, San Francisco, CA 94105 Date	Form 8868 (Rev. 4-2008)

Form **8868**

(Rev. April 2008)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

• If you a	re filing for an Automatic 3-Month Extension, complete only Part I and check this box	▶ X
If you a	re filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this	form).
Do not co	emplete Part II unless you have already been granted an automatic 3-month extension on a previously fi	led Form 8868.
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies needed).	
A corpora	tion required to file Form 990-T and requesting an automatic 6-month extension - check this box and con	plete
Part I only		. ▶ □
	orporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request ar ome tax returns.	extension of time
noted belo (not auton you must	c Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronicatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consubmit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic file ov/efile and click on e-file for Charities & Nonprofits.	cally if (1) you want the additional nsolidated Form 990-T. Instead,
Type or	Name of Exempt Organization	Employer identification number
print		
File by the	MOZILLA FOUNDATION	20-0097189
File by the due date for illing your return. See	Number, street, and room or suite no. If a P.O. box, see instructions. 1981 LANDINGS DRIVE, BUILDING K	
nstructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MOUNTAIN VIEW, CA 94043	
Check tvr	pe of return to be filed (file a separate application for each return):	
X Forr		
	n 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 52	
	n 990-EZ Form 990-T (trust other than above) Form 60	169
Forn	n 990-PF	570
The bo	oks are in the care of ► JAMES COOK	
Telepho	one No. ► 650-903-0800 FAX No. ►	
If the o	rganization does not have an office or place of business in the United States, check this box	>
If this is	s for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If thi	s is for the whole group, check this
oox 🕨 🛚	. 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.
	uest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time untia $\frac{AUGUST}{AUGUST} = \frac{15}{2008}$, to file the exempt organization return for the organization named a	
	r the organization's return for: X calendar year 2007 or	
	tax year beginning, and ending	
		·
2 if thi	s tax year is for less than 12 months, check reason: Initial return Final return	Change in accounting period
3a If thi	s application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	
nonr	efundable credits. See instructions.	3a \$
	s application is for Form 990-PF or 990-T, enter any refundable credits and estimated	
tax p	payments made. Include any prior year overpayment allowed as a credit.	3b \$
	nce Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,	
-	osit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).	/-
See	instructions.	3c \$ N/A

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.

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

Form 8868 (Rev. 4-2008)

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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
22a Grants paid from donor advised funds	广				
(attach schedule)					
(cash \$ 0 • noncash \$ 0					
If this amount includes foreign grants, check here	22a			amamparana o	
22b Other grants and allocations (attach schedule)			STATEMENT 2	
(cash \$690,294. noncash \$ 0.	4	500 004	600 004		
If this amount includes foreign grants, check here	22b	690,294.	690,294.		
23 Specific assistance to individuals (attach					
schedule)	23				
24 Benefits paid to or for members (attach					
schedule)	24				
25a Compensation of current officers, directors, key					
employees, etc. listed in Part V-A	25a	244,725.	244,725.	0.	0.
b Compensation of former officers, directors, key			,		
employees, etc. listed in Part V-B	25b	0.	0.	0.	0.
c Compensation and other distributions, not included					
above, to disqualified persons (as defined under					
section 4958(f)(1)) and persons described in					
section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not					
included on lines 25a, b, and c	26	4,453.		4,453.	
27 Pension plan contributions not included on	F				
lines 25a, b, and c	27				
28 Employee benefits not included on lines	-			!	
25a - 27	28				<i>t</i>
	29				
29 Payroll taxes	30				
30 Professional fundraising fees	31	53,890.	48,501.	5,389.	
31 Accounting fees	32	33,030.	40,301.	3,303.	
32 Legal fees					
33 Supplies	33	2,859.	2,575.	284.	
34 Telephone	_	730.	4,313.	730.	
35 Postage and shipping	35	730.		730•	
36 Occupancy	36				
37 Equipment rental and maintenance	37				
38 Printing and publications	38	07 007		07 007	
39 Travel	39	87,007.	0 707	87,007.	
40 Conferences, conventions, and meetings	40	10,786.	9,707.	1,079.	
41 Interest	41	0 FCC	7 700	0.57	
42 Depreciation, depletion, etc. (attach schedule)	42	8,566.	7,709.	857.	
43 Other expenses not covered above (itemize):		400 000	400 066		
a PROFESSIONAL FEES	43a	493,066.	493,066.		
b INSURANCE	43b	7,868.		7,868.	
c TAXES & LICENSES	43c	773,698.		773,698.	
dOFFICE EXPENSE	43d	1,410.		1,410.	
eMEMBERSHIP DUES	43e	6,520.		6,520.	
OUTSIDE SERVICES	43f	2,537.	2,283.	254.	
9	43g				
Total functional expenses. Add lines 22a through					
43g. (Organizations completing columns (B)-(D),				ļ	
carry these totals to lines 13-15)	44	2,388,409.	1,498,860.	889,549.	0.
Joint Costs. Check ▶ if you are following	SOF				
Are any joint costs from a combined educational campai			oorted in (B) Program servi	ces? ▶□	Yes X No
If "Yes," enter (i) the aggregate amount of these joint cos			(ii) the amount allocated to		N/A ;
(iii) the amount allocated to Management and general \$	•		iv) the amount allocated to		N/A
723011 12-27-07					Form 990 (2007)

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.

Wh	at is the organization's primary exempt purpose? SEE STATEMENT 3	Program Service Expenses
clie org	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of ents served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) lanizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
а	SEE STATEMENT 12.	
		1
	(Grants and allocations \$ 690, 294.) If this amount includes foreign grants, check here ► X	1,498,860.
b		
_	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
С		
d	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ ☐	
u		
	·	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
е	Other program services (attach schedule)	
_	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ ☐	1 400 000
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	1,498,860.

		Balance Sneets (See the instructions.) ere required, attached schedules and amounts v	vithin the	a description column	/A\	1 1	(B)
		uld be for end-of-year amounts only.	vicinii tire	e description column	(A) Beginning of year		End of year
	45	Cash - non-interest-bearing				45	
	46	Savings and temporary cash investments	14,408,235.		12,308,362.		
	47 a	Accounts receivable	47a	28,972.			
		Less: allowance for doubtful accounts			71,293.	47c	28,972.
	48 a	Pledges receivable	48a				
	b.	Less: allowance for doubtful accounts	-			48c	* * * * * * * * * * * * * * * * * * * *
	49	Grants receivable				49	
	50 a	Receivables from current and former officers,		·		50a	
	h	key employees Receivables from other disqualified persons (a				JUA	
s	"	4958(f)(1)) and persons described in section 4				50b	
Assets	51 a	Other notes and loans receivable					
As		Less: allowance for doubtful accounts				51c	
	52	Inventories for sale or use		1		52	
	53	Prepaid expenses and deferred charges	•••••		8,091.		8,049.
	54 a	Investments - publicly-traded securities STM	T 5	Cost X FMV	20,552,727.	54a	24,298,108.
		Investments - other securities				54b	
	1	Investments - land, buildings, and					
		equipment: basis	55a				
	Ь	Less: accumulated depreciation	55b			55c	
	56	Investments - other				56	
	57 a	Land, buildings, and equipment: basis		29,092.			
		Less: accumulated depreciation		29,092. 20,259.	17,398.	57c	8,833.
	58	Other assets, including program-related investments					
		(describe ►S	EE S	TATEMENT 4	93,534.	58	116,677.
	59	Total assets (must equal line 74). Add lines 45			35,151,278.	59	36,769,001.
	60	Accounts payable and accrued expenses			114,351.	60	171,297.
	61	Grants payable				61	
s	62	Deferred revenue			5,834.	62	5,833.
ĬŦĬe	63	Loans from officers, directors, trustees, and ke				63	
Liabilities		Tax-exempt bond liabilities				648	
J	65	Mortgages and other notes payable Other liabilities (describe ► OTHER CURR			14,041,000.	64b 65	14,832,000.
	05	Other habitities (describe Times Cokic	1214 1	DIADIDITIES)	14,041,000.	05	14,032,000.
	66	Total liabilities. Add lines 60 through 65		14,161,185.	66	15,009,130.	
	Orga	nizations that follow SFAS 117, check here	• [X]	and complete lines			
G		67 through 69 and lines 73 and 74.				7.50	_i
JCe	67	Unrestricted			20,990,093.	67	21,759,871.
alaı	68	Temporarily restricted				68	
B	69	Permanently restricted				69	
5	Orga	nizations that do not follow SFAS 117, check	here 🕨	and			
or	70	complete lines 70 through 74.					
ets		Capital stock, trust principal, or current funds				70	
Net Assets or Fund Balances	71 72	Paid-in or capital surplus, or land, building, and				71	
et /	72 73	Retained earnings, endowment, accumulated in Total net assets or fund balances. Add lines 67 thro				72	
Z		(Column (A) must equal line 19 and column (B) must			20,990,093.	73	21,759,871.
	74	Total liabilities and net assets/fund balances			35,151,278.	74	36,769,001.
					23,232,2701	771	207.007.001.

	m 990 (2007) MOZILLA FOUNDATION art IV-A Reconciliation of Revenue per Audited Fina instructions.)	ncial Statements W	ith Revenue p		00971 turn (Se	
			· · · · · · · · · · · · · · · · · · ·			37/3
a	Total revenue, gains, and other support per audited financial stateme	nts	•••••		a	N/A
b	Amounts included on line a but not on Part I, line 12:	1.	al			
1	Net unrealized gains on investments		01			
2	Donated services and use of facilities		02			
3	Recoveries of prior year grants		03		.	
4	Other (specify):	L	<u> </u>		b	
	Add lines b1 through b4 Subtract line b from line a				0	
ď		•••••••••••••••••••••••••••••••••••••••			C	
1	Amounts included on Part I, line 12, but not on line a:	1.				
-	Investment expenses not included on Part I, line 6b Other (specify):	1.	11		1	
۷.			12]		4	
•	Add lines d1 and d2				0	
Pa	Total revenue (Part I, line 12). Add lines c and d	encial Statements V	/ith Expenses	per F	Return	
a	Total expenses and losses per audited financial statements				a	N/A
b	Amounts included on line a but not on Part I, line 17:					11/11
1	Donated services and use of facilities	1,	11	İ		
2	Prior year adjustments reported on Part I, line 20			\dashv		
3	Losses reported on Part I, line 20		3			
4	Other (and sife)		4			
7	Add lines b1 through b4	L			b	
С					0	
d	Subtract line b from line a Amounts included on Part I, line 17, but not on line a:			····· }		
1	Investment expenses not included on Part I, line 6b		11	ľ	jati	
			2			
٤.			<u></u>		d	
e	Add lines d1 and d2 Total expenses (Part I line 17) Add lines c and d			•		
	Total expenses (Part I, line 17). Add lines c and d			. •	е	ctor, trustee,
	Total expenses (Part I, line 17). Add lines c and d int V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we	y Employees (List ead re not compensated.) (See	ch person who was	s an off	e icer, direc	
	Total expenses (Part I, line 17). Add lines c and d	y Employees (List eac	ch person who was	s an off	e icer, direc	
	rt V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we	y Employees (List ead re not compensated.) (See	ch person who was	s an off	e icer, direc	
	Total expenses (Part I, line 17). Add lines c and d Int V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	y Employees (List ead re not compensated.) (See	th person who was the instructions.) (C) Compensation (If not paid, enter -0)	(D)Con employ plans compen	e ricer, direct tributions to yee benefit & deferred sation plans	(E) Expense account and other allowances
	rt V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we	y Employees (List ead re not compensated.) (See	ch person who was	(D)Con employ plans compen	e ricer, direct tributions to yee benefit & deferred sation plans	
	Total expenses (Part I, line 17). Add lines c and d Int V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	y Employees (List ead re not compensated.) (See	th person who was the instructions.) (C) Compensation (If not paid, enter -0)	(D)Con employ plans compen	e ricer, direct tributions to yee benefit & deferred sation plans	(E) Expense account and other allowances
	Total expenses (Part I, line 17). Add lines c and d Int V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	y Employees (List ead re not compensated.) (See	th person who was the instructions.) (C) Compensation (If not paid, enter -0)	(D)Con employ plans compen	e ricer, direct tributions to yee benefit & deferred sation plans	(E) Expense account and other allowances
	Total expenses (Part I, line 17). Add lines c and d Int V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	y Employees (List ead re not compensated.) (See	th person who was the instructions.) (C) Compensation (If not paid, enter -0)	(D)Con employ plans compen	e ricer, direct tributions to yee benefit & deferred sation plans	(E) Expense account and other allowances
	Total expenses (Part I, line 17). Add lines c and d Int V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	y Employees (List ead re not compensated.) (See	th person who was the instructions.) (C) Compensation (If not paid, enter -0)	(D)Con employ plans compen	e ricer, direct tributions to yee benefit & deferred sation plans	(E) Expense account and other allowances
	Total expenses (Part I, line 17). Add lines c and d Int V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	y Employees (List ead re not compensated.) (See	th person who was the instructions.) (C) Compensation (If not paid, enter -0)	(D)Con employ plans compen	e ricer, direct tributions to yee benefit & deferred sation plans	(E) Expense account and other allowances
	Total expenses (Part I, line 17). Add lines c and d Int V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	y Employees (List ead re not compensated.) (See	th person who was the instructions.) (C) Compensation (If not paid, enter -0)	(D)Con employ plans compen	e ricer, direct tributions to yee benefit & deferred sation plans	(E) Expense account and other allowances
	Total expenses (Part I, line 17). Add lines c and d Int V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	y Employees (List ead re not compensated.) (See	th person who was the instructions.) (C) Compensation (If not paid, enter -0)	(D)Con employ plans compen	e ricer, direct tributions to yee benefit & deferred sation plans	(E) Expense account and other allowances
	Total expenses (Part I, line 17). Add lines c and d Int V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	y Employees (List ead re not compensated.) (See	th person who was the instructions.) (C) Compensation (If not paid, enter -0)	(D)Con employ plans compen	e ricer, direct tributions to yee benefit & deferred sation plans	(E) Expense account and other allowances
	Total expenses (Part I, line 17). Add lines c and d Int V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	y Employees (List ead re not compensated.) (See	th person who was the instructions.) (C) Compensation (If not paid, enter -0)	(D)Con employ plans compen	e ricer, direct tributions to yee benefit & deferred sation plans	(E) Expense account and other allowances
	Total expenses (Part I, line 17). Add lines c and d Int V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	y Employees (List ead re not compensated.) (See	th person who was the instructions.) (C) Compensation (If not paid, enter -0)	(D)Con employ plans compen	e ricer, direct tributions to yee benefit & deferred sation plans	(E) Expense account and other allowances
	Total expenses (Part I, line 17). Add lines c and d Int V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	y Employees (List ead re not compensated.) (See	th person who was the instructions.) (C) Compensation (If not paid, enter -0)	(D)Con employ plans compen	e ricer, direct tributions to yee benefit & deferred sation plans	(E) Expense account and other allowances
	Total expenses (Part I, line 17). Add lines c and d Int V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	y Employees (List ead re not compensated.) (See	th person who was the instructions.) (C) Compensation (If not paid, enter -0)	(D)Con employ plans compen	e ricer, direct tributions to yee benefit & deferred sation plans	(E) Expense account and other allowances
	Total expenses (Part I, line 17). Add lines c and d Int V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	y Employees (List ead re not compensated.) (See	th person who was the instructions.) (C) Compensation (If not paid, enter -0)	(D)Con employ plans compen	e ricer, direct tributions to yee benefit & deferred sation plans	(E) Expense account and other allowances
	Total expenses (Part I, line 17). Add lines c and d Int V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	y Employees (List ead re not compensated.) (See	th person who was the instructions.) (C) Compensation (If not paid, enter -0)	(D)Con employ plans compen	e ricer, direct tributions to yee benefit & deferred sation plans	(E) Expense account and other allowances
	Total expenses (Part I, line 17). Add lines c and d Int V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	y Employees (List ead re not compensated.) (See	th person who was the instructions.) (C) Compensation (If not paid, enter -0)	(D)Con employ plans compen	e ricer, direct tributions to yee benefit & deferred sation plans	(E) Expense account and other allowances
	Total expenses (Part I, line 17). Add lines c and d Int V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	y Employees (List ead re not compensated.) (See	th person who was the instructions.) (C) Compensation (If not paid, enter -0)	(D)Con employ plans compen	e ricer, direct tributions to yee benefit & deferred sation plans	(E) Expense account and other allowances
	Total expenses (Part I, line 17). Add lines c and d Int V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	y Employees (List ead re not compensated.) (See	th person who was the instructions.) (C) Compensation (If not paid, enter -0)	(D)Con employ plans compen	e ricer, direct tributions to yee benefit & deferred sation plans	(E) Expense account and other allowances
	Total expenses (Part I, line 17). Add lines c and d Int V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	y Employees (List ead re not compensated.) (See	th person who was the instructions.) (C) Compensation (If not paid, enter -0)	(D)Con employ plans compen	e ricer, direct tributions to yee benefit & deferred sation plans	(E) Expense account and other allowances
	Total expenses (Part I, line 17). Add lines c and d Int V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	y Employees (List ead re not compensated.) (See	th person who was the instructions.) (C) Compensation (If not paid, enter -0)	(D)Con employ plans compen	e ricer, direct tributions to yee benefit & deferred sation plans	(E) Expense account and other allowances
	Total expenses (Part I, line 17). Add lines c and d Int V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	y Employees (List ead re not compensated.) (See	th person who was the instructions.) (C) Compensation (If not paid, enter -0)	(D)Con employ plans compen	e ricer, direct tributions to yee benefit & deferred sation plans	(E) Expense account and other allowances
	Total expenses (Part I, line 17). Add lines c and d Int V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	y Employees (List ead re not compensated.) (See	th person who was the instructions.) (C) Compensation (If not paid, enter -0)	(D)Con employ plans compen	e ricer, direct tributions to yee benefit & deferred sation plans	(E) Expense account and other allowances

81 a Enter direct and indirect political expenditures. (See line 81 instructions.)

b Did the organization file Form 1120-POL for this year?

Form **990** (2007)

81b

Pa	irt VI Other Information (continued)		20 003		Yes	No		
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities	at no cha	rge or at substantially			1		
	less than fair rental value?							
t	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.			ales.				
	(See instructions in Part III.)	82b						
83 a	Did the organization comply with the public inspection requirements for returns and exemptio	n applica	tions?	83a	Х			
t				83b	X			
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?			84a				
	If "Yes," did the organization include with every solicitation an express statement that such co				1.5			
	tax deductible?		N/A	84b				
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?			85a				
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		N/A	85b				
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the	ne organi	zation received a			14		
	waiver for proxy tax owed for the prior year.			13.5				
C	***************************************	85c	N/A					
d	(-)	85d	N/A			8.3		
е	55 5	85e	N/A					
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		N/A					
g				85g				
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount							
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditu							
	following tax year?		N/A	85h	C. C. KAK			
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on	1 1	NT / T					
	line 12	86a	N/A					
D OZ	Gross receipts, included on line 12, for public use of club facilities	86b	N/A					
87 L	501(c)(12) organizations. Enter: a Gross income from members or shareholders.	87a	N/A					
b		0.75	N/A					
88 a	against amounts due or received from them.) At any time during the year, did the organization own a 50% or greater interest in a taxable co							
0 0 u	or an entity disregarded as separate from the organization under Regulations sections 301.77			130				
	If "Yes," complete Part IX			88a	Х	PENSO.		
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity			1		 		
	section 512(b)(13)? If "Yes," complete Part XI			886	х			
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under					i en		
	section 4911 \triangleright 0 • ; section 4912 \triangleright 0 • ; section 495	5 🖊	0.					
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess			3				
	transaction during the year or did it become aware of an excess benefit transaction from a price	or 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 und	der		2.			
	sections 4912, 4955, and 4958		0.					
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.	3421				
е	All organizations. At any time during the tax year, was the organization a party to a prohibited t			89e		X		
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insu			89f	200 No. 10	X		
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Di			3000	3.5	1.64		
••	or a fund maintained by a sponsoring organization, have excess business holdings at any time	during th	ne year?	89g		X		
	List the states with which a copy of this return is filed ▶CA							
	Number of employees employed in the pay period that includes March 12, 2007			2 0	000	2		
y I a	The books are in care of JAMES COOK		one no. ► 650-90					
£	Located at 1981 LANDINGS DRIVE, BLDG. K, MOUNTAIN V					- NI -		
D	At any time during the calendar year, did the organization have an interest in or a signature or or		-		Yes			
	a financial account in a foreign country (such as a bank account, securities account, or other fi	nancial a	ccount)?	91b	675.AV 201	X		
	If "Yes," enter the name of the foreign country ► N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of F	oroier C	nol.					
	and Financial Accounts.	oreign Ba	u ik					
	and mandarious,			138 38 24 4	2018 668	Mary to		

06 1	Did the reporting organization make any transfers to a controlled	entity as defined in section	on 512(b)(13) of the Code2 if "Ves	Yes N
	complete the schedule below for each controlled entity.	criticy as defined in Section	in 3 (2(b)(13) of the Code? If Yes.	. 3
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a -				
} -				
-				
	Totals			
_				Yes N
7 0	omplete the asked the below for each control	lled entity as defined in se	ection 512(b)(13) of the Code? If "	
Т	omplete the schedule below for each controlled entity. (A)	(B)		X
	Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
MC	ZILLA_CORPORATION			
	81 LANDINGS DRIVE, BLDG K DUNTAIN VIEW, CA 94043			
	ZILLA CORPORATION	20-3226186	SEE STATEMENT 9	10,000
19	81 LANDINGS DRIVE, BLDG K			
MO	UNTAIN VIEW, CA 94043	20-3226186		7,218
				.,,,,,
		·		
	Totals			17,218
D:	of the surroute time to the state of the sta			Yes N
	d the organization have a binding written contract in effect on Au nuities described in question 107 above?	gust 17, 2006, covering th	ne interest, rents, royalties, and	
<u> </u>	Under penalties of periury 1 declare that I have examined this return, including sees	ompanying schedules and stateme	ints, and to the best of my knowledge and be	X Selief, it is true, correct
ase	and complete. Declaration of preparer (other than officer) is based on all information	of which preparer has any knowle	edge.	,
n n				
e	Signature of officer		Date	
	Type or print name and title			
		I Date	Check if Preparer's SSN o	or PTIN (See Gen. Inst.
l	signature	Julio	self-	ar in (See Gen, inst.
	Firm's name (or DELOTOTE TAY IID		employed >	•
arer') LIII F	
arer' Only	yours if self-employed), address, and			

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

MOZILLA FOUNDATION			20 0097	
Part 1 Compensation of the Five Highest Paid Em (See page 1 of the instructions. List each one. If there are none, e		n Officers, Dire	ctors, and T	rustees
(a) Name and address of each employee paid more than \$50,000	(b) Little and average hour per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and othe allowances
DAVID BOSWELL				
1981 LANDING DR. BLDG K, MT VIEW, CA	40.00	54,167.	15,193	. 0.
	_			
Total number of other employees paid over \$50,000	0			
Part II-A Compensation of the Five Highest Paid Index (See page 2 of the instructions. List each one (whether individual			onal Servic	es
(a) Name and address of each independent contractor paid more the	nan \$50,000	(b) Type of s	ervice	(c) Compensation
GERVASE MARKHAM 1981 LANDING DR. BLDG K, , MT. VIEW, HOOD & STRONG, LLP	CA 94043	CONSULTANT		76,092.
100 FIRST STREET, 14TH FLOOR, SAN FRA				75,070.
KORN FERRY 1 SANSOME STREET, #32, SAN FRANCISCO,		EXECUTIVE RECRUITING		67,368.
		KIICKOTTINO		07,300.
Total number of others receiving over				Na is to be shall be to a
\$50,000 for professional services	0	and the second of the second	g Janes of State Charles	
Part II-B Compensation of the Five Highest Paid Inde (List each contractor who performed services other than profession firms. If there are none, enter "None." See page 2 of the instruction	onal services, whether indivi		ervices	
(a) Name and address of each independent contractor paid more th	an \$50,000	(b) Type of so	ervice	(c) Compensation
NONE				
Total number of other contractors receiving over \$50,000 for other services	0			

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

F	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	T -		 -
	public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the			
	lobbying activities > \$ (Must equal amounts on line 38, Part VI-A, or			
	line i of Part VI-B.)	1		Х
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations		36, 35	\$ s.
	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?	2a		Х
t	Lending of money or other extension of credit?	2b		X
C	thurnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	2d	Х	
е	e Transfer of any part of its income or assets?	2e		X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a		Х
b	Did the organization have a section 403(b) annuity plan for its employees?	3b		X
C	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space,	30		
	the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		Х
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f	- 34		
	and 4g	4a		Х
b	Did the organization make any taxable distributions under section 4966?	4b		
C	Did the organization make a distribution to a donor, donor advisor, or related person? N/A	4c		
d	Enter the total number of donor advised funds owned at the end of the tax year		N/	A
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		N/	A
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on			
	line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			0.
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year			0.

Part IV	Reason for Non-Private Foundation	Status (See pages 4	through 8 of the instruction	ons.)				
I certify that	the organization is not a private foundation because it is:	(Please check only ONE	applicable box.)			77		
5	A church, convention of churches, or association of cl	hurches. Section 170(b)(1)(A)(i).					
6	A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)							
7	A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).							
8	A federal, state, or local government or governmental	, ,, ,,	, , ,					
9	A medical research organization operated in conjunction	on with a hospital. Sectio	n 170(b)(1)(A)(iii). Enter	the hospital	's name, city,			
40	and state -							
10	An organization operated for the benefit of a college or	r university owned or ope	erated by a governmental	unit. Section	170(b)(1)(A)(iv).		
44- V	(Also complete the Support Schedule in Part IV-A.)							
11a X	,		governmental unit or fron	n the general	public.			
446	Section 170(b)(1)(A)(vi). (Also complete the Support	•	4.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1					
11b	A community trust. Section 170(b)(1)(A)(vi). (Also cold An organization that normally receives: (1) more than		,					
12	receipts from activities related to its charitable, etc., fu							
	its support from gross investment income and unrelat							
	by the organization after June 30, 1975. See section 5	509(a)(2). (Also complet	e the Support Schedule i	n Part IV-A.)				
13	An organization that is not controlled by any disqualifie	ed persons (other than fo	undation managers) and	otherwise m	eets the requirer	nents of section		
	509(a)(3). Check the box that describes the type of su				3313 110 10quilor	nonto or bootion		
	Type I Type II	Type III-Fu	inctionally Integrated		Type III-0	ther		
					-,			
	Provide the following information a	bout the supported orga	nizations. (See page 8 of	the instructi	ons.)			
	(a)	(b)	(c)	(d	l)	(e)		
	Name(s) of supported organization(s)	Employer identification	Type of organization (described in lines		upported on listed in	Amount of		
		number (EIN)	5 through 12 above		pporting	support		
			or IRC section)		zation's			
				governing	documents?			
				Yes	No			
				ļ				
			•	ĺ				
					-			
	TVS PATRICULAR CO.A							
Total					▶			
44 [An experientian associated and an experience of	the market of the good to	(1) (0)					
14	An organization organized and operated to test for publ	ic safety. Section 509(a)	(4). (See page 8 of the ins					
	•			C.	nadula A /Earm	990 or 990-EZ) 2007		

P	Note: You may use th	Complete only if you ch he worksheet in the inst	ecked a box on line 10 tructions for converting), 11, or 12.) Use cast I from the accrual to th	nethod of acc	ounti	ng. ountina.
beg	endar year (or fiscal year inning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	,	(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	92,502.	493,867.	2,057,341.	1.243.7	00.	3,887,410
16	Membership fees received				=/220//		3,007,110
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	124.198.	32,259,694.	989,782.			33,373,674.
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975		789,760.	76,973.	1,0	13.	
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			SEE STATEME			51,448.
23	Total of lines 15 through 22	1,487,722.	33,594,769.	3,124,096.	1,244,7	13.	51,448. 39,451,300.
24	Line 23 minus line 17	1 1,000,044.	T,333,073.	~, L)4, JL4 •	1,244,1	T 2 •	6,077,626.
25	Enter 1% of line 23		335,948.			47.	
26 b	Organizations described on lines 10 Prepare a list for your records to sho unit or publicty supported organization Do not file this list with your return. Total support for section 509(a)(1) to	ow the name of and amous on) whose total gifts for 2 . Enter the total of all thes	nt contributed by each pe 003 through 2006 exceed e excess amounts	rson (other than a goverr	imental line 26a.	26a 26b	121,553. 2,410,904. 6,077,626.
	Add: Amounts from column (e) for li			***************************************	······	26c	0,0//,020.
·	Add. Amoditis from column (c) for in	nes: 18 2,1	51.448. 266	2,410,90	4.	26d	4,601,120.
е	Public support (line 26c minus line 2			= 7 = 2 0 7 0 0		26e	1,476,506.
f	Public support percentage (line 26e	(numerator) divided by	line 26c (denominator))	SEE STMT	13	26f	24.2941%
27 b	Organizations described on line 12: records to show the name of, and tot such amounts for each year: (2006) For any amount included in line 17 th and amount received for each year, the described in lines 5 through 11b, as the larger amount described in (1) or (2006)	tal amounts received in ea N/A N/A (2005) nat was received from each hat was more than the lar well as individuals.) Do note (2), enter the sum of thes	ch year from, each "disqu (20 h person (other than "disc ger of (1) the amount on ot file this list with your r se differences (the excess	alified person." Do not fil (04) (ualified persons"), prepar line 25 for the year or (2) eturn. After computing the amounts) for each year:	e this list with you (2003 re a list for your re \$5,000. (Include i e difference betwe	or returns) cords to the linen the	rn. Enter the sum of to show the name of, ist organizations amount received and
C	Add: Amounts from column (e) for lir	nes: 15		16	(2000	7	
	17	nes: 15 20 and		21	▶	27c	N/A
d	Add: Line 27a total	and	d line 27b total		···	27d	N/A
е	Pudne suddon time 27c total minus n	ine 270 totan			■ 1	27e	N/A
f	Total support for section 509(a)(2) te	st: Enter amount on line 2	23, column (e) 🕽	► 27f I	I/A		
g	Public support percentage (line 27e	(numerator) divided by l	line 27f (denominator))	***************************************	▶[27g	N/A %
	Investment income percentage (line	e 18, column (e) (numera	itor) divided by line 27f (denominator))	▶	27h	N/A %
SI re	nusual Grants: For an organization denow, for each year, the name of the conturn. Do not include these grants in line 12-27-07	ntributor, the date and am ne 15	12 that received any unus nount of the grant, and a t ONE	ual grants during 2003 th rief description of the na	ture of the grant. C	o not 1	st for your records to file this list with your e A (Form 990 or 990-EZ) 2007
							. ,

Part V Private School Questionnaire (See page 9 of the instructions.)

N/A

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

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		Yes	No
	instrument, or in a resolution of its governing body?	29		l
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.)	\$2.50		
			4	
32	Does the organization maintain the following:			
а	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?			
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.)	X-11	40.	
				1. 184
	,			
33	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
C	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
е	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.)			3.1
			100	
		[3:3]		Not the Notation
	Does the organization receive any financial aid or assistance from a governmental agency?			
Þ	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.			Şiriliği.
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		

So	chedule A (Form 990 or 990-EZ) 2007 MOZILLA FOUNDATION		20)-0097189 Page 6
LF	Part VI-A Lobbying Expenditures by Electing Public Charities (See pa (To be completed ONLY by an eligible organization that filed Form 5768)	age 11	of the instructions.)	N/A
Ch	neck ▶ a if the organization belongs to an affiliated group. Check ▶ b if	you ch	ecked "a" and "limited control	provisions apply.
	Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for all electing organizations
_	(The term "expenditures" means amounts paid or incurred.)	T		electing organizations
00	Tatal labitudes are additional to define a laboratory of the labitude of the labitude of the laboratory of the laborator		N/A	
36	(gracerous roots) and a minority parties of minority (gracerous roots) may	36		
37	round roughly or permitted to initiative a logicitative body (alread tobb) http://	37		
38	(aud miles of all all all all all all all all all al	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 -	F		
	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		N 2	
	Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000	41		
	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	10 mm		
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			

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 13 of the instructions.)

		Lobbying Exp	oenditures During 4-Year A	veraging Period	N/A
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount				7, 7, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	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

44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

	ring the year, did the organization attempt to influence national, state or local legislation, including any attempt to uence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Ámount
	Volunteers		Х	A. 4. 78.7 - 4. 3-4.4.8.1
b	Paid staff or management (Include compensation in expenses reported on lines c through h.)		X	
	Media advertisements		Х	en en part part en augusta de en
đ	Mailings to members, legislators, or the public		Х	
е	Publications, or published or broadcast statements		Х	
f	Grants to other organizations for lobbying purposes		X	
g	Direct contact with legislators, their staffs, government officials, or a legislative body		Х	
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
	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.		······································	

723151 12-27-07

Part				nd Relationships With Nonchari	table		
51 D		izations (See page 14 of the inst					
		directly or indirectly engage in any of	-	· ·			
		section 501(c)(3) organizations) or		olitical organizations?	1	Vac	N.
		rganization to a noncharitable exemp	-		[54-0]	Yes	No
	(i) Cash				51a(i)		X
					. a(ii)		X
	ther transactions:						l
1	(i) Sales or exchanges of ass	ets with a noncharitable exempt orga	anization		b(i)		X
(ii) Purchases of assets from	a noncharitable exempt organization			b(ii)		Х
(i	ii) Rental of facilities, equipm	nent, or other assets			b(iii)		Х
(i	v) Reimbursement arrangem	nents			b(iv)		X
•	v) Loans or loan guarantees						Х
(v	i) Performance of services o	r membership or fundraising solicita	tions		b(vi)		X
		t, mailing lists, other assets, or paid e			[c]		X
				always show the fair market value of the			
		s given by the reporting organization					
tra	ansaction or sharing arranger	ment, show in column (d) the value o	of the goods, other assets, o	or services received:		N/A	
(a)	(b)	(c)		(d)			
Line no.	Amount involved	Name of noncharitable ex	empt organization	Description of transfers, transactions, and	sharing arr	angen	ients

•							
			AND LOCAL TO THE PARTY OF THE P				
52 a l s	the organization directly or in	idirectly affiliated with, or related to, c	one or more tax-exempt org	ganizations described in section 501(c) of the			
)(3)) or in section 527?		>	Yes	X] No
b If "	Yes," complete the following	schedule: N/A					
	(a	ı)	(b) Type of organization	(c)			
	Name of or	ganization	Type of organization	Description of relations	iip		
			<u> </u>				
 							
		MARKET AND A STATE OF THE STATE					
	•						
723152 12-27-07	•			Schedule A (For	n 990 or 99	90-EZ)	2007

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

Department of the Treasury Internal Revenue Service

Name of organization

Schedule of Contributors

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

OMB No. 1545-0047

Employer identification number

2007

<u>, </u>	MOZILLA FOUNDATION	20-0097189
Organization type (check	cone):	
Filers of:	Section:	
Form 990 or 990-EZ	X 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	
	n is covered by the General Rule or a Special Rule. (Note: Only a section 501(c)(7), (and a Special Rule-see instructions.)	8), or (10) organization can check boxes
General Rule-		
	s filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in mplete Parts I and II.)	n money or property) from any one
Special Rules-		
sections 509(a)(1(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support to I)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribut in line 1 of these forms. (Complete Parts I and II.)	
aggregate contri	1(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from an butions or bequests of more than \$1,000 for use exclusively for religious, charitable, prevention of cruelty to children or animals. (Complete Parts I, II, and III.)	
some contribution \$1,000. (If this because of the charitable, etc., p	1(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from an one for use exclusively for religious, charitable, etc., purposes, but these contribution ox is checked, enter here the total contributions that were received during the year for our pose. Do not complete any of the Parts unless the General Rule applies to this organizations, charitable, etc., contributions of \$5,000 or more during the year.)	s did not aggregate to more than or an exclusively religious, rganization because it received
	•	

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

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

requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

Schedule B (Fo	om 990, 990-EZ, or 990-PF) (2007)		Page 1 of 1 of Part I
Name of org	anization	Empl	yer identification number
MOZILI	LA FOUNDATION	2	0-0097189
Part I	Contributors (See Specific Instructions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	· .	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll Noncash Complete Part II if there is a noncash contribution.)

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	1
DESCRIPTION		AMOUNT	
UNREALIZED GAIN	ON INVESTMENTS	1,778,6	95.
TOTAL TO FORM 9	90, PART I, LINE 20	1,778,69	95.

FORM 990	CASH GRANTS AND ALLOCATIONS TO OTHERS	STATEMENT 2
CLASS OF ACTIVI	TY/DONEE'S NAME AND ADDRESS	AMOUNT
SEE ATTACHMENT A	4	690,294.
TOTAL INCLUDED	ON FORM 990, PART II, LINE 22B	690,294.

MOZILLA FOUNDATION 20-0097189

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 3
PART III

EXPLANATION

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.

FORM 990 OTHER ASSETS		STATEMENT	4
DESCRIPTION	BEGINNING OF YEAR	END OF YEA	AR
INTEREST RECEIVABLE MOZILLA CORPORATION INTER-COMPANY TRANSFER	93,534.	99,45 17,21	
TOTAL TO FORM 990, PART IV, LINE 58	93,534.	116,67	77.

FORM 990	NON-G	OVERNMENT S	ECURITIES		STATEMENT 5
SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
LEGG MASON/CAM ALL	FMV				
CAP VALUE (SAI) I INVEST LEGG MASON/CAM ALL	FMV			2,796,378.	2,796,378.
CAP VALUE (SAI) II INVEST	PHV			5,163,050.	5,163,050.
LEGG MASON/CAM OPPORTUNITY	FMV				
(MID/SMALL VALUE)	773.67.7			948,988.	948,988.
THORNBURG INTERNATIONAL INVEST	FMV			4,545,452.	4,545,452.
NEWGATE EMERGING MARKETS INVEST	FMV			1,768,118.	1,768,118.
LA SALLE REITS INVEST	FMV			214,208.	214,208.
NEWGATE GLOBAL	FMV			•	•
RESOURCES INVEST PRIMCO TOTAL RETURN	FMV			331,548.	331,548.
INVEST	***			8,530,366.	8,530,366.
TO FORM 990, LINE 54A	, COL B	THE STATE OF THE S		24,298,108.	24,298,108.

FORM 990 PART V-A - LIST OF C TRUSTEES	URRENT OFFICERS, AND KEY EMPLOYEES		STAT	ement 6
NAME AND ADDRESS	TITLE AND AVRG HRS/WK			EXPENSE
MITCHELL BAKER 1981 LANDINGS DRIVE, BUILDING K MOUNTAIN VIEW, CA 94043	DIRECTOR 1.00	0.	0.	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	DIRECTOR 1.00	0.	0.	0.
JAMES COOK 1981 LANDINGS DRIVE, BUILDING K MOUNTAIN VIEW, CA 94043	CONSULTANT CFO	67,365.	0.	0.
JOI ITO 1981 LANDINGS DRIVE, BUILDING K MOUNTAIN VIEW, CA 94043	DIRECTOR 1.00	0.	0.	0.
FRANK HECKER 8324 CHERRYBROOK CT. LAUREL, MD 20723	EXECUTIVE DIREC		19,800.	0.
BOB LISBONNE 1981 LANDINGS DRIVE, BUILDING K MOUNTAIN VIEW, CA 94043	DIRECTOR 1.00	0.	0.	0.
CARL MALAMUD 1981 LANDINGS DRIVE, BUILDING K MOUNTAIN VIEW, CA 94043	DIRECTOR 1.00	0.	0.	0.
BRENDAN EICH 1981 LANDINGS DRIVE, BUILDING K MOUNTAIN VIEW, CA 94043	DIRECTOR 1.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART	V-A =	224,925.	19,800.	0.

FORM 990 PART V-A OFFICER CORGAN		STA'	rement 7
OFFICER'S NAME	COMPENSATION	EMPLOYEE BENEFIT PLAN CONTRIBUTION	
MITCHELL BAKER	380,347.	179,090.	0.
NAME OF RELATED ORGANIZATION		EMPLOYER	ID NUMBER
MOZILLA CORPORATION		20-32	226186
RELATIONSHIP BETWEEN ORGANIZATIONS			
WHOLLY OWNED SUBSIDIARY			
OFFICER'S NAME	COMPENSATION	EMPLOYEE BENEFIT PLAN CONTRIBUTION	EXPENSE ACCOUNT
JAMES COOK	135,945.	0.	0.
NAME OF RELATED ORGANIZATION		EMPLOYER	ID NUMBER
MOZILLA CORPORATION		20-32	226186
RELATIONSHIP BETWEEN ORGANIZATIONS			
WHOLLY OWNED SUBSIDIARY			
OFFICER'S NAME	COMPENSATION	EMPLOYEE BENEFIT PLAN CONTRIBUTION	EXPENSE ACCOUNT
BRENDAN EICH	323,585.	154,740.	0.
NAME OF RELATED ORGANIZATION		EMPLOYER	ID NUMBER
MOZILLA CORPORATION		20-32	26186
RELATIONSHIP BETWEEN ORGANIZATIONS			
WHOLLY OWNED SUBSIDIARY			

FORM 990

PART IX - INFORMATION REGARDING TAXABLE SUBSIDIARIES AND DISREGARDED ENTITIES

STATEMENT

8

NAME OF CORPORATION, PARTNERSHIP OR DISREGARDED ENTITY

MOZILLA CORPORATION

ADDRESS

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

EMPLOYER	PERCENT	NATURE OF ACTIVITIES	TOTAL	END-OF-YEAR
ID NUMBER	OWNED		INCOME	ASSETS
20-3226186	100.00%	INTERNET SERVICES	71,980,451.	62,608,840.

FORM 990	DESCRIPTION OF TRANSFER PART XI, LINE 107	STATEMENT
NAME OF CONTROLLED ENTITY	7	EMPLOYER ID
MOZILLA CORPORATION	_	20-3226186
DESCRIPTION OF TRANSFER		
LICENSE FEE		
NAME OF CONTROLLED ENTITY	7	EMPLOYER ID
MOZILLA CORPORATION	-	20-3226186
DESCRIPTION OF TRANSFER		
MISC. TRANSFERS		

FOOTNOTES

STATEMENT 10

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 THE EMPLOYEES WERE ALSO TRANSFERRED TO CORPORATION. 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.

SCHEDULE A	OTHER INC	OME	S'	TATEMENT	11
DESCRIPTION	2006 AMOUNT	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT	
MISC. INCOME	0.	51,448.	0.		0.
TOTAL TO SCHEDULE A, LINE 22	0.	51,448.	0.	-	0.

MOZILLA FOUNDATION FORM 990 PART III a FOR TAX YEAR 12/31/2007

Statement of Program Service Accomplishments

Description of Program Service A

The Mozilla Foundation promotes the development of the Internet as a universal platform available to all and encourages continued innovation on the Internet.

Specifically, the Foundation runs programs designed to make the web more accessible, fuel innovation in the field of computer science and facilitate education about open source and the open Internet. It also supports the broader Mozilla community by managing www.mozilla.org, maintaining the ground-breaking Mozilla community governance structure and making grants to independent community organizations such as MozDev. This community includes thousands of people and organizations who develop their own open source software using Mozilla technologies, including tools for students, researchers and people with disabilities.

In addition to these programs, Mozilla Foundation makes significant contributions to the civic, scientific and educational value of the Internet through the work of its wholly-owned subsidiary, the Mozilla Corporation. Mozilla Corporation facilitates the development of the Firefox web browser and Thunderbird e-mail client. These highly-complex open source software programs are created with contributions from thousands of volunteers and are available for free to anyone anywhere. Firefox and Thunderbird help over 200 million people fully benefit from the Internet. They are of particular value to people whose native language is not English. In 2007, Firefox was available in 45 languages including Basque (~1 million speakers), Icelandic (~320,000 speakers), and Irish Gaelic (~1.6 million speakers). Firefox is often the only way that people in small language groups like these can access the Internet in their native tongue.

Accessibility Activities: Mozilla believes that the internet should be a universal platform that is accessible to anyone from anywhere. During 2007, Mozilla Foundation made \$472,161 in grants to organizations developing software and promoting technical standards that make the Internet accessible to people with disabilities. It continues to operate a series of web sites that teach web developers how to create content accessible to people with disabilities.

Science and Innovation Activities: Mozilla actively promotes innovation on the internet and in the field of computer science. In 2007, the Foundation made \$82,008 grants to other open source software projects, including initiatives like PERL which provides infrastructure used by hundreds of thousands of programmers and computer scientists. The Foundation continues to house and support Bugzilla, a project that creates software development support tools used by hundreds of organizations including NASA, Argonne National Laboratory, and Carnegie Mellon University. The Foundation also actively participates in Internet standards bodies such as the World Wide Web Consortium, the Internet Engineering Task Force and ECMA International.

Education Activities: Mozilla Foundation supports efforts to educate people about open source and an open internet. During 2007, this included a \$100,000 grant to Seneca College to develop an innovative approach teaching open source software development. It also included support for learning events such as the Internet as a Public Good Symposium at Harvard University and the Foundations of Open Media Software workshop. Foundation staff and volunteers spoke about the civic, scientific and educational benefits of the Internet at dozens of events, workshops and symposia during 2007. The Foundation also continues to operate online resources such as

developer.mozilla.org for people who want to learn about core Internet development technologies like HTML, AJAX and CSS. These resources include interactive discussion forums and live chat channels that allow learners to ask questions of and learn from experienced Mozilla developers.

Mozilla Foundation
EIN: 20-0097189
2007 Form 990
Facts and Circumstances Test

Mozilla Foundation ("the Foundation") qualifies as a publicly supported charity described in Section 509(a)(1) of the Internal Revenue Code under the facts-and-circumstances test of Reg. Sec. 1.170A-9(e)(3).

Substantial Public Support and Sources of Support

The Foundations support from the general public for the prior four taxable years, 2003 through 2006, is 24.29%, well in excess of the 10% public support required by the regulations. This support has been received from numerous individuals and organizations rather than from members of a single family or entity.

Attraction of Public Support

The Foundation has a continuous and bona fide program of solicitation of funds from the general public and carries out activities designed to attract such support. Specifically, the Foundation has been raising funds through donations since 2003. The majority of donors are individuals from across the United States and from around the world who contribute through the Mozilla.org web site (http://www.mozilla.org/foundation/donate.html). The Foundation has also solicited major gifts from select individuals in the community and has recently begun researching grant opportunities being offered by the government and other non-profits. There are also plans to put in place a new donor relationship management tool that will allow us to contact past donors so we can ask them to renew their support.

Representative Governing Body

The board of the Foundation consists of experts in Internet and web technology and leaders of the broad community of Internet civic and social activists, including Mitchell Baker (leader of the Mozilla project since shortly after its inception), Brian Behlendorf (co-creator of the Apache web server), Brendan Eich (inventor of the JavaScript language and technical leader of the Mozilla project since its inception), Joi Ito (chairman of Creative Commons and present or past board member of many other Internet-related nonprofit organizations), Mitch Kapor (inventor of Lotus 1-2-3 and co-founder of Electronic Frontier Foundation), and Bob Lisbonne (venture capitalist and past VP of Netscape Communications Corp.).

Availability of Public Services and Public Participation in Programs

The activities of the Foundation in promoting choice and innovation on the Internet are of interest to anyone who uses the Internet and World Wide Web, whether for education, civic purposes, business or personal and family matters. All of the end products of the Foundation's activities, including in particular the popular Firefox web browser, Thunderbird email program, and other Mozilla software products, are provided free of charge to the general public, both in binary executable form and in source code form with permissive "open source" license terms that allow others to create and distribute their own derivative works. The Foundation's programs to develop, distribute, support, and promote these software products are open to any member of the general public who wishes to participate. Tens of thousands of people in the U.S. and around the world take advantage of this opportunity by helping to create Mozilla technology, promoting Firefox and Thunderbird adoption in their schools and workplaces, helping other users with problems, testing new versions and reporting bugs, contributing bug fixes and other improvements to the code, translating the software into other languages, and building their own software based on the Mozilla code or designed to work with it.

	!		RELATIONSHIP
GRANIEE/ AUDRESS	AMOUNT	PURPOSE	TO GRANTOR
AMERICAN ASSOCIATION OF PEOPLE WITH DISABILITIES 1629 K STREET NW, SUITE 503 WASHINGTON, DC 20006	1,000	SPONSORSHIP OF THE AAPD LEADERSHIP GALA AND RELATED ACTIVITIES.	N/A
ANNODEX ASSOCIATION 1 COLSTON STREET, RYDE NSW 2112 AUSTRALIA	5,000	SUPPORT OF THE FOUNDATIONS OF OPEN MEDIA SOFTWARE (FOMS) WORKSHOP FOR DEVELOPERS OF OPEN SOURCE SOFTWARE DEALING WITH VIDEO AND AUDIO DATA IN STANDARD FORMATS.	N/A
ARIAL RIOS 12215 HUNTERS CHASE DR. SUITE 2203 AUSTIN, TX 78729	12,471	IMPROVE THE PERFORMANCE AND FUNCTIONALITY OF THOSE PORTIONS OF THE LINUX-BASED GNOME DESKTOP MANAGEMENT SOFTWARE THAT SUPPORT ENCHANCED ACCESSIBILITY FOR PEOPLE WITH DISABILITIES.	NO RELATIONSHIF
GNOME FOUNDATION PO BOX 101 GROTON, MA 01450	10,000	FUND VARIOUS PROJECTS TO IMPROVE THE ACCESSIBILITY OF THE LINUX-BASED GNOME DESKTOP MANAGEMENT SOFTWARE TO PEOPLE WITH DISABILITIES.	۸/۸

GRANTEE/ ADDRESS	AMOUNT	REPOSE	RELATIONSHIP
CHARLES CHEN 450 N MATHILDA AVE. APT. D102 SUNNYVALE, CA 94085	11,976	ENHANCE THE FIRE VOX OPEN SOURCE SCREEN READER SOFTWARE FOR BLIND AND OTHER VISION-IMPAIRED USERS TO SUPPORT NEW STANDARDS FOR ACCESSIBILITY OF WEB-BASED APPLICATIONS.	NO RELATIONSHII
CODETHINK LTD. OLD CORONERS COURT 14-38 NURSERY ST. SHEFFIELD S3 8GG	4,427	FUND A STUDY TO DETERMINE HOW TO IMPROVE THE PERFORMANCE OF THOSE PORTIONS OF THE LINUX-BASED GNOME DESKTOP MANAGEMENT SOFTWARE THAT SUPPORT ENHANCED ACCESSIBILITY FOR PEOPLE WITH DISABILITIES.	N/A
COMPUMENTOR 435 BRANNAN STREET, SUITE 100 SAN FRANCISCO, CA 94107	2,000	CONTRIBUTE TO THE 2007 TECHSOUP NETSQUARED CONFERENCE INNOVATION FUND TO SUPPORT INNOVATIVE SOFTWARE APPLICATIONS CREATED BY AND FOR NON-PROFIT ORGANIZATIONS.	N/A
EITAN ISACCSON 527 SUMMIT AVE. E. SEATTLE, WA 98102	40,000	IMPLEMENT OPEN SOURCE SOFTWARE TO TEST THE ACCESSIBILITY OF LINUX-BASED APPLICATION TO PEOPLE WITH DISABILITIES; IMPROVE THE PERFORMANCE AND FUNCTIONALITY OF THE LINUX-BASED ORCA	NO RELATIONSHIF

SCREEN READER SOFTWARE FOR BLIND AND OTHER VISION-IMPAIRED USERS.

GRANTEE/ ADDRESS	AMOUNT	PURPOSE	RELATIONSHIP TO GRANTOR
FREE SOFTWARE FOUNDATION 51 FRANKLIN ST. 5TH FLOOR BOSTON, MA 02110	10,000	SUPPORT DEVELOPMENT OF THE COREBOOT (FORMERLY LINUXBIOS) SOFTWARE DESIGNED TO PROVIDE A STANDARD NON-PROPRIETARY MECHANISM FOR BOOTING OPERATING SYSTEMS ON IBM-COMPATIBLE PCs.	N/A
GIJS KRUITSBOSCH 55 WILLEM BEUKELSSTRAAT 1097 CR AMSTERDAM, NETHERLANDS	3,000	IMPROVE ACCESSIBILITY OF THE CHATZILLA OPEN SOURCE INTERNET CHAT SOFTWARE TO PEOPLE WITH DISABILITIES.	NO RELATIONSHIF
HENRI SIVONEN KUUSITIE 10 A 10.00270 HELSINKI, FINLAND	30,008	PROMOTE THE PROPOSED HTMLS STANDARD MARKUP LANGUAGE FOR THE WEB, BY IMPLEMENTING OPEN SOURCE SOFTWARE TO PARSE AND VALIDATE HTMLS DOCUMENTS.	NO RELATIONSHIF
JOERG DOTSKI SAARBRUECKER WEG 3.59439 HOLZWICKEDE, GERMANY	4,500	DEVELOP OPEN SOURCE SOFTWARE TO ENABLE DEVELOPERS OF WEB-BASED APPLICATIONS TO MAKE THEIR APPLICATIONS MORE ACCESSIBLE TO COLOR-BLIND USERS.	NO RELATIONSHII
KNOWBILITY, INC. 3925 W. BRAKER LANE 3RD FLOOR AUSTIN, TX 78759	000'6	SPONSOR VARIOUS EVENTS EDUCATING DEVELOPERS IN HOW TO MAKE WEB APPLICATIONS MORE ACCESSIBLE TO PEOPLE WITH DISABILITIES.	A/N

SS	AMOUNT	PURPOSE	RELATIONSHIP TO GRANTOR
MOZDEV COMMUNITY ORGANIZATION 35 S PORTLAND AVE. STE. 3 BROOKLYN, NY 11217	30,000	SUPPORT GENERAL OPERATION OF THE MOZDEV WEB SITE SUPPORTING INDEPENDENT DEVELOPERS OF APPLICATIONS BASED ON THE MOZILLA OPEN SOURCE SOFTWARE CODE BASE.	N/A
NV ACCESS VICTORIA, AUSTRALIA	89,994	SUPPORT DEVELOPMENT OF THE OPEN SOURCE NVDA SCREEN READER SOFTWARE FOR BLIND AND OTHER VISION-IMPAIRED USERS.	N/A
OPEN SOURCE SOFTWARE INSTITUTE PO BOX 547 OXFORD, MS 38655	30,000	IMPLEMENT IMPROVEMENTS TO THE OPEN SOURCE APACHE WEB SERVER TO SUPPORT ENHANCED VERIFICATION OF DIGITAL CERTIFICATES WHEN USING THE SSL PROTOCOL.	N/A
PERL FOUNDATION P6832 MULDERSTRAAT GRAND IEDGE, MI 48837	10,000	SUPPORT DEVELOPMENT OF VERSION 6 OF THE OPEN SOURCE PERL SCRIPTING LANGUAGE INTERPRETER.	N/A
PETER JAROS 7590 N BROADWAY APT. G. RED HOOK, NY 12571	1,125	IMPLEMENT ENHANCEMENTS TO THE OPEN SOURCE CAMINO WEB BROWSER TO BETTER SUPPORT SCRIPTING OF BROWSER FUNCTIONS.	NO RELATIONSHIF
SCOTT HAEGER 1686 WOODRIDGE DR. CLEARWATER, FL 33756	51,000	IMPLEMENT ENHANCEMENTS TO THE OPEN SOURCE ORCA SCREEN READER SOFTWARE TO BETTER SUPPORT ACCESSIBILITY OF COMPLEX WEB DOCUMENTS TO BLIND AND OTHER VISUALLY-IMPAIRED USERS.	NO RELATIONSHIF
SENECA COLLEGE 70 THE POND ROAD	100,000	SUPPORT DEVELOPMENT OF A CURRICULUM FOR TEACHING OPEN SOURCE DEVELOPMENT	N/A

GRANTEE/ ADDRESS	AMOUNT	PURPOSE	RELATIONSHIP TO GRANTOR
TORONTO, ONTARIO M3J 3M6, CANADA		PRACTICES TO UNDERGRADUATE STUDENTS.	
SIMON HARPER 2.44 KILBURN BUILDING MANCHESTER M13 9PL, UNITED KINGDOM	1,000	SPONSOR AN INTERNATIONAL CROSS-DISCIPLINARY CONFERENCE ON WEB ACCESSIBILITY	NO RELATIONSHIF
STEVE LEE 8 LOWER KING AVE. EXETER, UNITED KINGDOM	36,793	SUPPORT DEVELOPMENT OF SOFTWARE TO PROVIDE ENHANCED ACCESSIBILITY OF BROWSER SOFTWARE FOR PEOPLE WITH PHYSICAL DISABILITIES	NO RELATIONSHIF
ALEXANDER SURKOV 665303 IRKUTSK REGION SAYANSK CITY, RUSSIA	32,000	IMPLEMENT A MORE MODERN APPLICATIONS PROGRAMING INTERFACE (API) IN THE MOZILLA OPEN SOURCE CODE TO BETTER SUPPORT ASSISTIVE TECHNOLOGY (AT) PRODUCTS THAT SUPPORT ACCESSIBILITY TO PEOPLE WITH DISABILITIES.	NO RELATIONSHII
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL COMPUTER SCIENCE DEPT. SITTERSON HALL, CB 3175 CHAPEL HILL, NC	10,000	FUND RESEARCH INTO THE USE OF INEXPENSIVE "WEBCAM" CAMERAS AS EYE TRACKING DEVICES FOR COMPUTER USERS WITH PHYSICAL DISABILITIES.	N/A

MOZILLA FOUNDATION 2007 FORM 990 CASH GRANTS AND ALLOCATIONS TO OTHERS

GRANTEE/ ADDRESS	AMOUNT	PURPOSE	RELATIONSHIP TO GRANTOR
UNIVERSITY OF TORONTO 130 ST. GEORGE STREET TORONTO, ON, MSS 1AS, CANADA	140,000	PROMOTE NEW STANDARDS FOR MAKING WEB APPLICATIONS MORE ACCESSIBLE TO PEOPLE WITH DISABILITIES, AND ADD SUPPORT FOR SUCH STANDARDS TO THE DOJO OPEN SOURCE TOOLKIT USED BY MANY WEB APPLICATION DEVELOPERS.	N/A
UTAH STATE UNIVERSITY 3807 OLD MAIN HILL LOGAN, UT 84322	15,000	CREATE DOCUMENTATION TO INSTRUCT DEVELOPERS OF MOZILLA-BASED DESKTOP APPLICATIONS IN HOW TO PROVIDE BETTER ACCESSIBILITY TO PEOPLE WITH DISABILITIES.	N/A

690,294

TOTAL GRANTS