

**Return of Organization Exempt From Income Tax**

**2004**

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

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

**A** For the 2004 calendar year, or tax year beginning and ending

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return  
 Amended return  
 Application pending

**C** Name of organization: **MOZILLA FOUNDATION**  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: **1981 LANDINGS DRIVE, BLDG. K**  
 City or town, state or country, and ZIP + 4: **MOUNTAIN VIEW, CA 94043**

**D** Employer identification number: **20-0097189**

**E** Telephone number: **650-903-8000**

**F** Accounting method:  Cash  Accrual  
 Other (specify):

**G** Website: **WWW.MOZILLA.ORG/FOUNDATION**

**J** Organization type (check only one):  501(c) ( 3 ) (insert no.)  4947(a)(1) or  527

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return

**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12: **5,822,365.**

**H and I are not applicable to section 527 organizations**  
**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** If "Yes," enter number of affiliates: **>**  
**H(c)** Are all affiliates included? **N/A**  Yes  No (if "No," attach a list)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
**I** Group Exemption Number: **>**

**M** Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances			
Revenue	1	Contributions, gifts, grants, and similar amounts received:	
	a	Direct public support	1a 907,341.
	b	Indirect public support	1b
	c	Government contributions (grants)	1c
	d	Total (add lines 1a through 1c) (cash \$ 907,341. noncash \$ )	1d 907,341.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2 4,913,019.
	3	Membership dues and assessments	3
	4	Interest on savings and temporary cash investments	4 2,005.
	5	Dividends and interest from securities	5
	6a	Gross rents	6a
	6b	Less: rental expenses	6b
	6c	Net rental income or (loss) (subtract line 6b from line 6a)	6c
7	Other investment income (describe )	7	
Revenue	8a	Gross amount from sales of assets other than inventory	(A) Securities (B) Other
	8b	Less: cost or other basis and sales expenses	8b 1,558.
	8c	Gain or (loss) (attach schedule)	8c <1,558.>
	8d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d <1,558.>
	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	9
	a	Gross revenue (not including \$ of contributions reported on line 1a)	9a
	b	Less: direct expenses other than fundraising expenses	9b
	9c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c
Revenue	10a	Gross sales of inventory, less returns and allowances	10a
	10b	Less: cost of goods sold	10b
	10c	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	
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12 5,820,807.	
Expenses	13	Program services (from line 44, column (B))	13 1,933,794.
	14	Management and general (from line 44, column (C))	14 196,503.
	15	Fundraising (from line 44, column (D))	15 152,862.
	16	Payments to affiliates (attach schedule)	16
	17	Total expenses (add lines 16 and 44, column (A))	17 2,283,159.
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18 3,537,648.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19 2,126,343.
	20	Other changes in net assets or fund balances (attach explanation)	20 0.
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21 5,663,991.

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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	
22	Grants and allocations (attach schedule)					
	(cash \$ _____ noncash \$ _____)					
23	Specific assistance to individuals (attach schedule)					
24	Benefits paid to or for members (attach schedule)					
25	Compensation of officers, directors, etc.	204,688.	174,040.	20,408.	10,240.	
26	Other salaries and wages	1,257,438.	1,166,233.	74,663.	16,542.	
27	Pension plan contributions					
28	Other employee benefits	47,010.	43,092.	3,057.	861.	
29	Payroll taxes					
30	Professional fundraising fees					
31	Accounting fees	3,370.		3,370.		
32	Legal fees	29,474.		29,474.		
33	Supplies	9,599.	8,799.	624.	176.	
34	Telephone	4,961.	4,547.	323.	91.	
35	Postage and shipping					
36	Occupancy	27,576.	25,278.	1,793.	505.	
37	Equipment rental and maintenance					
38	Printing and publications					
39	Travel	14,298.	13,106.	930.	262.	
40	Conferences, conventions, and meetings	3,000.	2,750.	195.	55.	
41	Interest					
42	Depreciation, depletion, etc. (attach schedule)	19,824.	18,172.	1,289.	363.	
43	Other expenses not covered above (itemize):					
a	_____	43a				
b	_____	43b				
c	_____	43c				
d	_____	43d				
e	SEE STATEMENT 2	43e	661,921.	477,777.	60,377.	123,767.
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	2,283,159.	1,933,794.	196,503.	152,862.

Joint Costs. Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? **SEE STATEMENT 3**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)		Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)
a	SEE STATEMENT 4	
	(Grants and allocations \$ _____)	1,933,794.
b		
	(Grants and allocations \$ _____)	
c		
	(Grants and allocations \$ _____)	
d		
	(Grants and allocations \$ _____)	
e	Other program services (attach schedule)	(Grants and allocations \$ _____)
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	1,933,794.

**Part IV Balance Sheets**

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing		45
	46 Savings and temporary cash investments	768,702.	46 1,756,285.
	47 a Accounts receivable	47a 3,973,967.	
	b Less: allowance for doubtful accounts	47b	47c 3,973,967.
	48 a Pledges receivable	48a	
	b Less: allowance for doubtful accounts	48b	48c 1,150,000.
	49 Grants receivable		49
	50 Receivables from officers, directors, trustees, and key employees		50 22,743.
	51 a Other notes and loans receivable	51a	
	b Less: allowance for doubtful accounts	51b	51c
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges	1,811.	53
	54 Investments - securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54
	55 a Investments - land, buildings, and equipment basis	55a	
	b Less: accumulated depreciation	55b	55c
56 Investments - other		56	
57 a Land, buildings, and equipment basis	57a 125,585.		
b Less: accumulated depreciation	57b 26,665.	57c 84,873.	
58 Other assets (describe ▶ )		58	
59 Total assets (add lines 45 through 58) (must equal line 74)	2,155,386.	59 5,851,915.	
Liabilities	60 Accounts payable and accrued expenses	29,043.	60 158,485.
	61 Grants payable		61
	62 Deferred revenue		62
	63 Loans from officers, directors, trustees, and key employees		63 29,439.
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable		64b
	65 Other liabilities (describe ▶ )		65
66 Total liabilities (add lines 60 through 65)	29,043.	66 187,924.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted		67
	68 Temporarily restricted		68
	69 Permanently restricted		69
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds	0.	70 0.
	71 Paid-in or capital surplus, or land, building, and equipment fund	0.	71 0.
	72 Retained earnings, endowment, accumulated income, or other funds	2,126,343.	72 5,663,991.
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	2,126,343.	73 5,663,991.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	2,155,386.	74 5,851,915.

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.

**Part IV-A** Reconciliation of Revenue per Audited Financial Statements with Revenue per Return

a	Total revenue, gains, and other support per audited financial statements	a	5,822,365.
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify): \$		
	Add amounts on lines (1) through (4)	b	0.
c	Line a minus line b	c	5,822,365.
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify):		
	STMT 5 \$ <1,558.>		
	Add amounts on lines (1) and (2)	d	<1,558.>
e	Total revenue per line 12, Form 990 (line c plus line d)	e	5,820,807.

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

a	Total expenses and losses per audited financial statements	a	2,284,717.
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify): \$		
	Add amounts on lines (1) through (4)	b	0.
c	Line a minus line b	c	2,284,717.
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify):		
	STMT 6 \$ <1,558.>		
	Add amounts on lines (1) and (2)	d	<1,558.>
e	Total expenses per line 17, Form 990 (line c plus line d)	e	2,283,159.

**Part V** List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
MITCHELL BAKER C/O MOZILLA FOUNDATION, 1981 LANDINGS MOUNTAIN VIEW, CA 94043	PRESIDENT 40	34,804.	1,388.	0.
CHRISTOPHER BLIZZARD C/O MOZILLA FOUNDATION, 1981 LANDINGS MOUNTAIN VIEW, CA 94043	SECRETARY AND DIRECTOR 2	0.	0.	0.
BART DECREM C/O MOZILLA FOUNDATION, 1981 LANDINGS MOUNTAIN VIEW, CA 94043	TREASURER 20	16,999.	1,040.	0.
MITCHELL KAPOR C/O MOZILLA FOUNDATION, 1981 LANDINGS MOUNTAIN VIEW, CA 94043	CHAIRMAN 1	0.	0.	0.
BRIAN BEHLENDORF C/O MOZILLA FOUNDATION, 1981 LANDINGS MOUNTAIN VIEW, CA 94043	DIRECTOR 1	0.	0.	0.
BRENDEN FICH C/O MOZILLA FOUNDATION, 1981 LANDINGS MOUNTAIN VIEW, CA 94043	CHIEF ARCHITECT 40	152,885.	15,702.	0.
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75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule.  Yes  No

Part VI Other Information

Form with multiple rows (76-91) containing questions and answers. Includes checkboxes for 'Yes' and 'No', and input fields for amounts and names. Key entries include 'CALIFORNIA' for state and 'JIM COOK' for books in care.

Located at 1981 LANDINGS DRIVE, MOUNTAIN VIEW, CA

ZIP + 4 94043

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year

92 N/A

**Part VII Analysis of Income-Producing Activities** (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a <b>CONTRACTED REVENUES</b>					152,585.
b <b>SPONSORSHIP REVENUES</b>					4,422,674.
c <b>PRODUCT REVENUES</b>	518112	99,270.	15	238,490.	
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	2,005.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	<1,558.>	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		99,270.		238,937.	4,575,259.
105 Total (add line 104, columns (B), (D), and (E))					4,913,466.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 34 of the instructions)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	SEE STATEMENT 7

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of the instructions)

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

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 34 of the instructions)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
  - (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No
- Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

I am a preparer of this return and I am not a partner, officer, director, or other person in a position to influence the organization's operations. I am providing this information to you for your records. I am providing this information to you for your records.

Date: 11/15/05  
 Type or print name and title: Amy A. McDevitt, Treasurer

Date: \_\_\_\_\_ Check if: \_\_\_\_\_ Preparer's SSN or PTIN: \_\_\_\_\_

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

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

OMB No 1545-0047

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

**2004**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information-(See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization **MOZILLA FOUNDATION** Employer identification number **20 0097189**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<u>CHRIS HOFMANN</u> 1981 LANDINGS DRIVE, MOUNTAIN VIEW, CA 94043	SR DIRECTOR 40	142,692.	14,988.	
<u>SCOTT MCGREGOR</u> 1981 LANDINGS DRIVE, MOUNTAIN VIEW, CA 94043	TECH. LEAD 40	132,500.	14,275.	
<u>JOHNNY STENBECK</u> 1981 LANDINGS DRIVE, MOUNTAIN VIEW, CA 94043	TECH. LEAD 40	127,403.	13,918.	
<u>DAVID BIENVENUE</u> 1981 LANDINGS DRIVE, MOUNTAIN VIEW, CA 94043	ENGIN. LEAD 40	124,615.	12,936.	
<u>ASA G. DOTZLER</u> 1981 LANDINGS DRIVE, MOUNTAIN VIEW, CA 94043	Q.A. LEAD 40	117,211.	13,205.	
Total number of other employees paid over \$50,000 ▶	4			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms) if there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>SPARK PUBLIC RELATIONS, LLC</u> 87 MC LEA COURT, SAN FRANCISCO, CA	PUBLIC RELATIONS	62,725.
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-----		
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Total number of others receiving over \$50,000 for professional services ▶	0	

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

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities <b>▶</b> \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
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) <b>SEE STATEMENT 8</b>		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?	X	
c Furnishing of goods, services, or facilities?	X	
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <b>SEE PART V, FORM 990</b>	X	
e Transfer of any part of its income or assets?		X
3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)		X
b Do you have a section 403(b) annuity plan for your employees?		X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

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

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

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

Provide the following information about the supported organizations. (See page 5 of the instructions.)

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

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)



**Part IV-A**

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

Calendar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28)	1,243,700.				1,243,700.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	150,000.				150,000.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	1,013.				1,013.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	1,394,713.	0.	0.	0.	1,394,713.
24 Line 23 minus line 17	1,244,713.				1,244,713.
25 Enter 1% of line 23	13,947.				
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 24,894.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return Enter the total of all these excess amounts					26b 1,191,992.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 1,244,713.
d Add: Amounts from column (e) for lines: 18 1,013. 19 _____ 22 _____ 26b 1,191,992.					26d 1,193,005.
e Public support (line 26c minus line 26d total)					26e 51,708.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 4.1542%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return Enter the sum of such amounts for each year: N/A					
(2003) (2002) (2001) (2000)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A					
(2003) (2002) (2001) (2000)					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return Do not include these grants in line 15.

NONE

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

N/A

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

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
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?		
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? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
_____			
_____			
_____			
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
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? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
_____			
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
_____			
_____			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

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

N/A

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

Check  a if the organization belongs to an affiliated group. Check  b if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)		
37	Total lobbying expenditures to influence a legislative body (direct lobbying)		
38	Total lobbying expenditures (add lines 36 and 37)		
39	Other exempt purpose expenditures		
40	Total exempt purpose expenditures (add lines 38 and 39)		
41	Lobbying nontaxable amount. Enter the amount from the following table -		
	<b>If the amount on line 40 is -</b>		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
	<b>The lobbying nontaxable amount is -</b>		
	20% of the amount on line 40		
	\$100,000 plus 15% of the excess over \$500,000		
	\$175,000 plus 10% of the excess over \$1,000,000		
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)		
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36		
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

**4-Year Averaging Period Under Section 501(h)**

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

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

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

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

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h )			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			0.

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

**Part VII** Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 11 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

**a** Transfers from the reporting organization to a noncharitable exempt organization of:

	Yes	No
<b>51a(i)</b>		X
<b>a(ii)</b>		X
<b>b(i)</b>		X
<b>b(ii)</b>		X
<b>b(iii)</b>		X
<b>b(iv)</b>		X
<b>b(v)</b>		X
<b>b(vi)</b>		X
<b>c</b>		X

(i) Cash

(ii) Other assets

**b** Other transactions:

(i) Sales or exchanges of assets with a noncharitable exempt organization

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

**c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees

**d** If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received: N/A

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52 **a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶  Yes  No

**b** If "Yes," complete the following schedule: N/A

(a) Name of organization	(b) Type of organization	(c) Description of relationship

423151 11-24-04

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

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
DISPOSAL OF FIXED ASSET	04/26/04	11/12/04	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	1,760.	0.	202.	<1,558.>
TO FM 990, PART I, LN 8		1,760.	0.	202.	<1,558.>

FORM 990 OTHER EXPENSES STATEMENT 2

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
INSURANCE	15,460.	14,172.	1,005.	283.
MEALS AND ENTERTAINMENT	6,499.	5,957.	423.	119.
CONSULTANTS	255,013.	209,583.	41,242.	4,188.
COMPUTER EXPENSES	78,103.	71,594.	5,078.	1,431.
MISCELLANEOUS	16,631.	15,116.	1,183.	332.
TAXES, FEES, AND LICENSES	478.	438.	31.	9.
MARKETING AND PUBLIC RELATIONS	175,548.	160,917.	11,415.	3,216.
PROCESSING FEES	32,943.			32,943.
DONATION EXPENSES-PAYPAL, KEND LL BRYAN	81,246.			81,246.
TOTAL TO FM 990, LN 43	661,921.	477,777.	60,377.	123,767.

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

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 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 4

DESCRIPTION OF PROGRAM SERVICE ONE

SOFTWARE DEVELOPMENT - THE MOZILLA FOUNDATION RELEASED FIREFOX 1.0 IN NOVEMBER. FIREFOX 1.0 IS THE COMPLETION OF ROUGHLY 2 YEARS OF WORK ON THE REVOLUTIONARY NEW WEB BROWSER. THE RELEASE FOLLOWS UP THE HUGELY SUCCESSFUL PREVIEW RELEASE WHICH HAD OVER EIGHT MILLION DOWNLOADS. AT THE END OF 2005, MOZILLA FIREFOX 1.0 WAS DOWNLOADED OVER 10 MILLION TIMES, WITH ESTIMATES OF 5% OF THE WORLDWIDE MARKET SHARE. IN ADDITION, THE FOUNDATION RELEASED THE THUNDERBIRD 1.0 EMAIL CLIENT. THUNDERBIRD INCLUDES AN ARRAY OF NEW FEATURES SUCH AS SAVED SEARCH FOLDERS, MESSAGE GROUPING, COMPREHENSIVE MAIL MIGRATION FROM OTHER MAIL CLIENTS, AND BUILT IN RSS INTEGRATION.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A		1,933,794.

FORM 990 OTHER REVENUE INCLUDED ON FORM 990 STATEMENT 5

DESCRIPTION	AMOUNT
LOSS ON DISPOSAL OF FIXED ASSET	<1,558.>
TOTAL TO FORM 990, PART IV-A	<1,558.>

FORM 990 OTHER EXPENSES INCLUDED ON FORM 990 STATEMENT 6

DESCRIPTION	AMOUNT
LOSS ON DISPOSAL OF FIXED ASSET	<1,558.>
TOTAL TO FORM 990, PART IV-B	<1,558.>

LINE EXPLANATION OF RELATIONSHIP OF ACTIVITIES

- 93A EXPEDITED DEVELOPMENT CONTRACTS - INSTITUTIONAL ADOPTION OF MOZILLA PRODUCTS IS NOT POSSIBLE UNLESS THE SOFTWARE CODE IS EXPANDED TO MEET THE NEED OF LARGE INSTITUTIONS. THE FOUNDATION HAS ENTERED INTO A FEW CONTRACTS WHERE THE LARGE COMPANIES DESIRE TO ADOPT THE PRODUCTS AND PAY THE FEE FOR EXPEDITING THE DEVELOPMENT OF THE FUNCTIONALITY NECESSARY TO DEPLOY MOZILLA PRODUCTS IN THEIR COMPANY. THE RESULTING FUNCTIONALITY IS APPROPRIATE FOR RELEASE TO AND USE BY THE GENERAL PUBLIC FREE OF CHARGE. SUCH CONTRACTS INCREASE THE NUMBER OF USERS ADOPTING MOZILLA PRODUCTS AND ARE, THEREFOR REALTED TO THE FOUNDATION'S EXEMPT PURPOSE.
- 93B QUALIFIED SPONSORSHIP PAYMENTS RECEIVED AS THE RESULT OF AGREEMENTS BETWEEN VARIOUS SEARCH PROVIDERS AND MOZILLA. THESE ARRANGEMENTS FACILITATE THE DISSEMINATION OF THE FOUNDATION'S FIREFOX BROWSER, THEREBY INCREASING THE ACCESSIBILITY OF THE INTERNET. MOZILLA RECEIVES PAYMENTS FOR ALLOWING THE INTERNET SEARCH PROVIDER TO OCCUPY ITS DEFAULT OR PRIMARY SEARCH LOCATION, OR FOR THE OPPORTUNITY TO BE INCLUDED IN THE FIREFOX WEB BROWSER.

SCHEDULE A

STATEMENT REGARDING ACTIVITIES WITH SUBSTANTIAL CONTRIBUTORS, TRUSTEES, DIRECTORS, CREATORS, KEY EMPLOYEES, ETC,. PART III, LINE 2

QUESTION 2B - KAPOR ENTERPRISES OWES MOZILLA FOUNDATION \$22,742 RELATED TO THE ACCRUAL OF EMPLOYEE BENEFITS DURING THE YEAR. KAPOR ENTERPRISES IS OWNED BY ONE OF THE DIRECTORS OF THE MOZILLA FOUNDATION.

QUESTION 2C - KAPOR ENTERPRISES PROVIDES ACCOUNTING AND HUMAN RESOURCE SERVICES TO MOZILLA FOUNDATION. KAPOR ENTERPRISES IS OWNED BY ONE OF THE DIRECTORS OF MOZILLA FOUNDATION.

**Mozilla Foundation**  
**Schedule of Contributors**  
January through December 2004  
EIN: 20-0097189

<u>Date</u>	<u>Name</u>	<u>Address</u>	<u>Amount</u>
05/24/2004	IBM	1701 North Street, Endicott, NY 13760-5553	150,000.00
06/05/2004	Google	1600 Amphitheatre Parkway, Mountain View, CA 94043	150,000 00
09/30/2004	Google	1600 Amphitheatre Parkway, Mountain View, CA 94043	75,000 00
11/29/2004	Mark Shuttleworth	Standard Bank Isle of Man, LTD 7 World Trade Center, NY, NY 10048	5,000 00
11/29/2004	Omidyar Network Fund	1991 Broadway, Suite 200, Redwood City, CA 94063-1958	7,000 00
11/29/2004	Linspire Inc	9333 Genesee Ave, Ste 300, San Diego, CA 92121	5,000 00
12/16/2004	Kendall Bryan Companies	17815 Newhope St , STE B, Fountain Vally, CA 92708	10,000.00
12/31/2004	Open Source Applications Foundation	543 Howard St, 5th Floor, San Francisco, CA 94105	72,192 00
			<u>474,192 00</u>



# Mozilla Foundation

## Fixed Asset Summary

December 31, 2004

20-0097189

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### Note 5 - Property and Equipment:

Property and equipment as of December 31, 2004 is as follows:

	2004	Useful Life (Years)
Furniture and equipment	\$ 125,585	5 - 7
Less accumulated depreciation	(26,665)	
<hr/>		
Net property and equipment	\$ 98,920	
<hr/>		

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

▶ File a separate application for each return.

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

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

**Form 990-T corporations** requesting an automatic 6-month extension - check this box and complete Part I only

*All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.*

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

<b>Type or print</b>	Name of Exempt Organization <b>MOZILLA FOUNDATION</b>	Employer identification number <b>20-0097189</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P O box, see instructions <b>543 HOWARD STREET, 5TH FLOOR</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>SAN FRANCISCO, CA 94105</b>	

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

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

- The books are in the care of ▶ **ERIN DECKER**  
 Telephone No. ▶ **415-946-3022** FAX No ▶ \_\_\_\_\_
- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the **whole** group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

**1** I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until **AUGUST 15, 2005** to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year **2004** or  
 ▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

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

**3a** If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ \_\_\_\_\_

**b** If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ \_\_\_\_\_

**c Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ 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. 12-2004)

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

<b>Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.</b>		
Type or print.	Name of Exempt Organization <b>MOZILLA FOUNDATION</b>	Employer identification number <b>20-0097189</b>
File by the extended due date for filing the return. See instructions	Number, street, and room or suite no. If a P O box, see instructions <b>543 HOWARD STREET, 5TH FLOOR</b>	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions <b>SAN FRANCISCO, CA 94105</b>	

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

Form 990   
  Form 990-EZ   
  Form 990-T (sec 401(a) or 408(a) trust)   
  Form 1041-A   
  Form 5227   
  Form 8870  
 Form 990-BL   
  Form 990-PF   
  Form 990-T (trust other than above)   
  Form 4720   
  Form 6069

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

- The books are in the care of **ERIN DECKER**  
Telephone No. **415-946-3022** FAX No. \_\_\_\_\_
- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the **whole** group, check this box  If it is for **part** of the group, check this box  and attach a list with the names and EINs of all members the extension is for
- 4 I request an additional 3-month extension of time until **NOVEMBER 15, 2005**
- 5 For calendar year **2004**, 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 COMPILE THE INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE TAX RETURN.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ \_\_\_\_\_

c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ **N/A**

**Signature and Verification**

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

Signature *Theresa W. Marshall* Title *CPA* Date *8/11/05*

**Notice to Applicant - To Be Completed by the IRS**

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

By: \_\_\_\_\_ **EXTENSION APPROVED**  
Director Date

**Alternate Mailing Address** - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above **811, 9th St 7011**

Type or print	Name <b>HOOD &amp; STRONG LLP, CPAS</b>	SUBMISSION PROCESSING, OCCEN
	Number and street (include suite, room, or apt. no.) or a P.O. box number <b>60 SPEAR STREET, SUITE 400</b>	
	City or town, province or state, and country (including postal or ZIP code) <b>SAN FRANCISCO, CA 94105</b>	

423832 01-10-05