### TAX RETURN FILING INSTRUCTIONS

FORM 990

#### FOR THE YEAR ENDING

DECEMBER 31, 2012

Prepared for	
	MOZILLA FOUNDATION 650 CASTRO STREET SUITE 300 MOUNTAIN VIEW, CA 94041
Prepared by	DELOITTE TAX LLP 225 WEST SANTA CLARA STREET SAN JOSE, CA 95113
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027
Return must be mailed on or before	NOVEMBER 15, 2013
Special Instructions	THE RETURN SHOULD BE SIGNED AND DATED.

Form <b>990</b>
Department of the Treasur

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



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

AF	or th	e 2012 calendar year, or tax year beginning and e	ending	_	
B C a	heck if pplicab	e: C Name of organization		D Employer identifie	cation number
	Addre	MOZILLA FOUNDATION			
	Name	Doing Business As		20-0	097189
	Initial returr		Room/suite	E Telephone number	
	]Termi ated	050 CASIKO SIKEEI SOIIE 500		650-	903-0800
	Amer	City, town, or post office, state, and ZIP code		G Gross receipts \$	9,046,398.
	Appli tion pend	MOUNTAIN VIEW, CA 94041		H(a) Is this a group re	
	penu	F Name and address of principal officer: MARK SORMAN		for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates inc	
		empt status: $X 501(c)(3) 501(c)$ (insert no.) 4947(a)(1) o	or 🛄 527	,	list. (see instructions)
		te: WWW.MOZILLA.ORG		H(c) Group exemption	
		forganization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 2003	State of legal domicile: CA
Ра	rt I				
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: MOZII PROTECTS THE INTERNET AS A PUBLIC RESOURCE	CE	UNDATION IM	PROVES AND
naı	2	Check this box		than 25% of its net as	sets
ver	3	······································		3	6
ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			4
80 00	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)			22
itie	6	Total number of volunteers (estimate if necessary)			30000
ctiv		Total unrelated business revenue from Part VIII, column (C), line 12			768.
۷		Net unrelated business taxable income from Form 990-T, line 34			0.
		· · · · · · · · · · · · · · · · · · ·		Prior Year	Current Year
ø	8	Contributions and grants (Part VIII, line 1h)		3,323,273.	5,805,972.
Revenue	9	Program service revenue (Part VIII, line 2g)		31,602.	2,719,942.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		596,550.	524,179.
Ē	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,683.	<3,732.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		3,954,108.	9,046,361.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		392,332.	1,154,357.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $_{\rm .}$		1,643,198.	4,141,765.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		180,086.	222,274.
ă	b	Total fundraising expenses (Part IX, column (D), line 25)	74.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,175,503.	4,304,455.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,391,119.	9,822,851.
	19	Revenue less expenses. Subtract line 18 from line 12		<1,437,011.	
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year
sset Bala		Total assets (Part X, line 16)		26,187,098.	25,377,720.
et A nd I	21	Total liabilities (Part X, line 26)	······	2,407,937.	1,373,997.
	22	Net assets or fund balances. Subtract line 21 from line 20		23,779,161.	24,003,723.
	nrt II	Signature Block			
Unde	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	ents, and to the best of m	/ knowledge and belief, it is

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer           MARK SURMAN, EXECUTIVE DIRECTOR           Type or print name and title	Date
Paid	Print/Type preparer's name Sharon Zorbach Preparer's signature Jubach	11/13/13 if point P00125475
Preparer	Firm's name DELOITTE TAX LLP	Firm's EIN 86-1065772
Use Only	Firm's address 225 WEST SANTA CLARA STREET	
	SAN JOSE, CA 95113	Phone no. $408 - 704 - 4000$
May the I	RS discuss this return with the preparer shown above? (see instructions)	X Yes No
232001 12-1	0-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form <b>990</b> (2012)

Form	8868
(Rev.	January 2013)
Departm	nent of the Treasury

Internal Revenue Service

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

OMB No. 1545-1709

0 1

File a separate application for each return.

<ul> <li>If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box</li> </ul>	٠	If you are filing for an	Automatic 3-Month Extension	n. 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.

**Electronic filing** (*e-file*) • You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits*.

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

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
print	MOZILLA FOUNDATION	20-0097189
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, see instructions. 650 CASTRO ST. SUITE 300	Social security number (SSN)
instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MOUNTAIN VIEW, CA 94041	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application	Return	Application			Return
Is For	Code	Is For			Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990-BL	02	Form 1041-A			08
Form 4720 (individual)	03	Form 4720			09
Form 990-PF	04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above)	06	Form 8870			12
• The books are in the care of $\blacktriangleright$ 650 CASTRO ST.	SUIT	· · · · · · · · · · · · · · · · · · ·			
Telephone No.► (650)903-0800		FAX No. ►			<b></b>
• If the organization does not have an office or place of business					
• If this is for a Group Return, enter the organization's four digit					
box ▶ If it is for part of the group, check this box ▶				ers the extension is	for.
1         I request an automatic 3-month (6 months for a corporation AUGUST 15, 2013 , to file the exemption				The extension	
is for the organization's return for: $\mathbf{X}$ calendar year $\underline{2012}$ or					
tax year beginning	, an	d ending		_ ·	
2 If the tax year entered in line 1 is for less than 12 months, c Change in accounting period	heck reas	on: 🗌 Initial return 🛄 Fina	al retur	n	
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any			
nonrefundable credits. See instructions.		-	3a	\$	Ο.
b If this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and	1		
estimated tax payments made. Include any prior year over	payment a	llowed as a credit.	Зb	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your pa			[		
by using EFTPS (Electronic Federal Tax Payment System).	See instru	ctions.	3c	\$	0.
Caution. If you are going to make an electronic fund withdrawal w	with this F	orm 8868, see Form 8453-EO and Form	8879-	EO for payment inst	uctions.
LHA For Privacy Act and Paperwork Reduction Act Notice,	see instr	uctions.		Form <b>8868</b> (Re	v. 1-2013)

#### Form 8868 (Rev. 1-2013)

Page 2 

•	f you a	are filing f	or an	Additional	(Not	Automatic	) 3-Mont	h Extensio	n, complete	only P	art I	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

Part	u are filing for an Automatic 3-Month Extension, compl II Additional (Not Automatic) 3-Month			al (no co	opies ne	eded).	
			Enter filer's		•		ructions
Туре с	Name of exempt organization or other filer, see instr	ructions			<u> </u>	tion numb	
print	· · · · · · · · · · · · · · · · · · ·						
• File by th	e MOZILLA FOUNDATION				20-0	09718	9
due date filing you		see instruc	tions.	Social se	curity nun	nber (SSN)	)
return. Se	$_{\text{m}}$ 650 CASTRO ST. SULTE 300						
instructio	<sup>nns.</sup> City, town or post office, state, and ZIP code. For a <b>MOUNTAIN VIEW, CA 94041</b>	foreign add	Iress, see instructions.				
Enter t	he Return code for the return that this application is for (f	ile a separa	te application for each return)				01
Applic	ation	Return	Application				Return
ls For		Code	Is For				Code
Form 9	90 or Form 990-EZ	01					
Form 9	90-BL	02	Form 1041-A				08
Form 4	720 (individual)	03	Form 4720				09
Form 9	90-PF	04	Form 5227				10
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069				11
Form 9	90-T (trust other than above)	06	Form 8870				12
Tele If th If th box 4	request an additional 3-month extension of time until	ss in the Ur t Group Exe and atta <b>NOVEM</b>	FAX No. ▶	f this is fo all memb	r the whol	e group, c	
	f the tax year entered in line 5 is for less than 12 months,			Final r	return		
	Change in accounting period						
ž	State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO COMPLETE AND ACCURATE RETURN	GATHE	R THE INFORMATION	NECES	SARY	TO FI	LE A
					1		
	f this application is for Form 990-BL, 990-PF, 990-T, 4720	, or 6069, e	nter the tentative tax, less any				0
-	nonrefundable credits. See instructions.			<u>8a</u>	\$		0.
	f this application is for Form 990-PF, 990-T, 4720, or 6069						
	ax payments made. Include any prior year overpayment a	allowed as a	a credit and any amount paid	9h	¢		0.
-	previously with Form 8868. <b>Balance due.</b> Subtract line 8b from line 8a. Include your p	avment wit	h this form if required by using	8b	\$		••
	EFTPS (Electronic Federal Tax Payment System). See inst	2	ar and rorm, in required, by daining	8c	\$		0.
			st be completed for Part II of		ι Ψ		
	enalties of perjury, I declare that I have examined this form, inclue, correct, and complete, and that I am authorized to prepare this	iding accomp	-	-	of my knowl	edge and be	elief,

Signature 🕨

Title ► A MEMBER OF THE STAFF OF Date 🕨

Form 8868 (Rev. 1-2013)

	** PUBLIC DISCLOSURE COPY **
Form	990 (2012) MOZILLA FOUNDATION 20-0097189 Page 2
Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	MOZILLA FOUNDATION IMPROVES AND PROTECTS THE INTERNET AS A PUBLIC
	RESOURCE BY WORKING WITH THOUSANDS OF VOLUNTEERS TO (1) KEEP THE
	INTERNET AN UNIVERSAL OPEN PLATFORM AND (2) PROMOTE CONTINUED
	INNOVATION ON THE INTERNET.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 2,661,309. including grants of \$ 348,590. ) (Revenue \$ `
	COMMUNITY
	SUPPORT FOR THE BROADER MOZILLA AND OPEN INTERNET COMMUNITY IS A
	CENTRAL PART OF THE FOUNDATION'S WORK. THIS INCLUDES THE COMMUNITY OF
	OVER 30,000 VOLUNTEERS WHO BUILD, LOCALIZE AND PROMOTE MOZILLA SOFTWARE
	AND TECHNOLOGY. IN 2012, THE FOUNDATION CONTINUED TO BUILD AND SUPPORT
	GROWING COMMUNITIES WORKING ON EDUCATION, MEDIA MAKING AND THE WEB.
	THIS INCLUDED RUNNING THE MOZILLA FESTIVAL IN LONDON, UK; RUNNING AND
	EXPANDING THE HIVE NETWORK IN NEW YORK CITY AND TORONTO, CANADA; AND
	ORGANIZING A GLOBAL MOZILLA SUMMER CODE PARTY.
41	(Code:) (Expenses \$3,886,276. including grants of \$219,560. ) (Revenue \$1
4b	(Code:) (Expenses \$3,886,276. including grants of \$219,560. ) (Revenue \$ } EDUCATION
	MOZILLA RUNS EDUCATIONAL PROGRAMS TO GIVE PEOPLE SKILLS TO COMMUNICATE,
	BUILD AND INNOVATE USING THE OPEN TECHNOLOGY AND CULTURE OF THE WEB. IN
	2012, THE FOUNDATION LAUNCHED MOZILLA WEBMAKER WITH THE GOAL OF
	2012, THE FOUNDATION LAUNCHED MOZILLA WEBMAKER WITH THE GOAL OF TEACHING WEB LITERACY TO A MUCH BROADER PUBLIC. THIS INCLUDES TOOLS
	2012, THE FOUNDATION LAUNCHED MOZILLA WEBMAKER WITH THE GOAL OF TEACHING WEB LITERACY TO A MUCH BROADER PUBLIC. THIS INCLUDES TOOLS SUCH AS THIMBLE AND X-RAY GOGGLES THAT HELP TO TEACH THE BUILDING
	2012, THE FOUNDATION LAUNCHED MOZILLA WEBMAKER WITH THE GOAL OF TEACHING WEB LITERACY TO A MUCH BROADER PUBLIC. THIS INCLUDES TOOLS SUCH AS THIMBLE AND X-RAY GOGGLES THAT HELP TO TEACH THE BUILDING BLOCKS OF THE WEB. THE FOUNDATION ALSO LAUNCHED MOZILLA OPEN BADGES, A NEW ONLINE STANDARD TO RECOGNIZE AND VERIFY LEARNING. THE FOUNDATION ALSO SUPPORTED SELF-ORGANIZED LOCAL EDUCATIONAL WORKSHOPS UNDER THE
	2012, THE FOUNDATION LAUNCHED MOZILLA WEBMAKER WITH THE GOAL OF TEACHING WEB LITERACY TO A MUCH BROADER PUBLIC. THIS INCLUDES TOOLS SUCH AS THIMBLE AND X-RAY GOGGLES THAT HELP TO TEACH THE BUILDING BLOCKS OF THE WEB. THE FOUNDATION ALSO LAUNCHED MOZILLA OPEN BADGES, A NEW ONLINE STANDARD TO RECOGNIZE AND VERIFY LEARNING. THE FOUNDATION ALSO SUPPORTED SELF-ORGANIZED LOCAL EDUCATIONAL WORKSHOPS UNDER THE BANNER 'SUMMER CODE PARTY'. THE MOZILLA COMMUNITY ORGANIZED OVER 700
	2012, THE FOUNDATION LAUNCHED MOZILLA WEBMAKER WITH THE GOAL OF TEACHING WEB LITERACY TO A MUCH BROADER PUBLIC. THIS INCLUDES TOOLS SUCH AS THIMBLE AND X-RAY GOGGLES THAT HELP TO TEACH THE BUILDING BLOCKS OF THE WEB. THE FOUNDATION ALSO LAUNCHED MOZILLA OPEN BADGES, A NEW ONLINE STANDARD TO RECOGNIZE AND VERIFY LEARNING. THE FOUNDATION ALSO SUPPORTED SELF-ORGANIZED LOCAL EDUCATIONAL WORKSHOPS UNDER THE BANNER 'SUMMER CODE PARTY'. THE MOZILLA COMMUNITY ORGANIZED OVER 700 EVENTS IN 80 COUNTRIES AS A PART OF THIS EFFORT.
4c	2012, THE FOUNDATION LAUNCHED MOZILLA WEBMAKER WITH THE GOAL OF TEACHING WEB LITERACY TO A MUCH BROADER PUBLIC. THIS INCLUDES TOOLS SUCH AS THIMBLE AND X-RAY GOGGLES THAT HELP TO TEACH THE BUILDING BLOCKS OF THE WEB. THE FOUNDATION ALSO LAUNCHED MOZILLA OPEN BADGES, A NEW ONLINE STANDARD TO RECOGNIZE AND VERIFY LEARNING. THE FOUNDATION ALSO SUPPORTED SELF-ORGANIZED LOCAL EDUCATIONAL WORKSHOPS UNDER THE BANNER 'SUMMER CODE PARTY'. THE MOZILLA COMMUNITY ORGANIZED OVER 700 EVENTS IN 80 COUNTRIES AS A PART OF THIS EFFORT. (code:)(Expenses 1,295,425. including grants of \$ 586,207.) (Revenue \$]
	2012, THE FOUNDATION LAUNCHED MOZILLA WEBMAKER WITH THE GOAL OF TEACHING WEB LITERACY TO A MUCH BROADER PUBLIC. THIS INCLUDES TOOLS SUCH AS THIMBLE AND X-RAY GOGGLES THAT HELP TO TEACH THE BUILDING BLOCKS OF THE WEB. THE FOUNDATION ALSO LAUNCHED MOZILLA OPEN BADGES, A NEW ONLINE STANDARD TO RECOGNIZE AND VERIFY LEARNING. THE FOUNDATION ALSO SUPPORTED SELF-ORGANIZED LOCAL EDUCATIONAL WORKSHOPS UNDER THE BANNER 'SUMMER CODE PARTY'. THE MOZILLA COMMUNITY ORGANIZED OVER 700 EVENTS IN 80 COUNTRIES AS A PART OF THIS EFFORT.
4c	2012, THE FOUNDATION LAUNCHED MOZILLA WEBMAKER WITH THE GOAL OF TEACHING WEB LITERACY TO A MUCH BROADER PUBLIC. THIS INCLUDES TOOLS SUCH AS THIMBLE AND X-RAY GOGGLES THAT HELP TO TEACH THE BUILDING BLOCKS OF THE WEB. THE FOUNDATION ALSO LAUNCHED MOZILLA OPEN BADGES, A NEW ONLINE STANDARD TO RECOGNIZE AND VERIFY LEARNING. THE FOUNDATION ALSO SUPPORTED SELF-ORGANIZED LOCAL EDUCATIONAL WORKSHOPS UNDER THE BANNER 'SUMMER CODE PARTY'. THE MOZILLA COMMUNITY ORGANIZED OVER 700 EVENTS IN 80 COUNTRIES AS A PART OF THIS EFFORT. (Code:)(Expenses _ 1,295,425. including grants of \$ 586,207.) (Revenue \$ 795,425.
4c	2012, THE FOUNDATION LAUNCHED MOZILLA WEBMAKER WITH THE GOAL OF TEACHING WEB LITERACY TO A MUCH BROADER PUBLIC. THIS INCLUDES TOOLS SUCH AS THIMBLE AND X-RAY GOGGLES THAT HELP TO TEACH THE BUILDING BLOCKS OF THE WEB. THE FOUNDATION ALSO LAUNCHED MOZILLA OPEN BADGES, A NEW ONLINE STANDARD TO RECOGNIZE AND VERIFY LEARNING. THE FOUNDATION ALSO SUPPORTED SELF-ORGANIZED LOCAL EDUCATIONAL WORKSHOPS UNDER THE BANNER 'SUMMER CODE PARTY'. THE MOZILLA COMMUNITY ORGANIZED OVER 700 EVENTS IN 80 COUNTRIES AS A PART OF THIS EFFORT. (Code:)(Expenses \$1,295,425. including grants of \$586,207.) (Revenue \$ MEDIA MOZILLA RUNS PROGRAMS AND CREATES TOOLS THAT BRING OPENNESS AND
-4c	2012, THE FOUNDATION LAUNCHED MOZILLA WEBMAKER WITH THE GOAL OF TEACHING WEB LITERACY TO A MUCH BROADER PUBLIC. THIS INCLUDES TOOLS SUCH AS THIMBLE AND X-RAY GOGGLES THAT HELP TO TEACH THE BUILDING BLOCKS OF THE WEB. THE FOUNDATION ALSO LAUNCHED MOZILLA OPEN BADGES, A NEW ONLINE STANDARD TO RECOGNIZE AND VERIFY LEARNING. THE FOUNDATION ALSO SUPPORTED SELF-ORGANIZED LOCAL EDUCATIONAL WORKSHOPS UNDER THE BANNER 'SUMMER CODE PARTY'. THE MOZILLA COMMUNITY ORGANIZED OVER 700 EVENTS IN 80 COUNTRIES AS A PART OF THIS EFFORT. (Code:)(Expenses 1,295,425. including grants of \$ 586,207.) (Revenue \$
-4c	2012, THE FOUNDATION LAUNCHED MOZILLA WEBMAKER WITH THE GOAL OF TEACHING WEB LITERACY TO A MUCH BROADER PUBLIC. THIS INCLUDES TOOLS SUCH AS THIMBLE AND X-RAY GOGGLES THAT HELP TO TEACH THE BUILDING BLOCKS OF THE WEB. THE FOUNDATION ALSO LAUNCHED MOZILLA OPEN BADGES, A NEW ONLINE STANDARD TO RECOGNIZE AND VERIFY LEARNING. THE FOUNDATION ALSO SUPPORTED SELF-ORGANIZED LOCAL EDUCATIONAL WORKSHOPS UNDER THE BANNER 'SUMMER CODE PARTY'. THE MOZILLA COMMUNITY ORGANIZED OVER 700 EVENTS IN 80 COUNTRIES AS A PART OF THIS EFFORT. (Code:)(Expenses1,295,425. including grants of \$586,207.) (Revenue \$ MEDIA MOZILLA RUNS PROGRAMS AND CREATES TOOLS THAT BRING OPENNESS AND INNOVATION TO THE WORK OF ONLINE MEDIA. IN 2012, THE FOUNDATION DEVELOPED AND RELEASED VERSION 1.0 OF MOZILLA POPCORN MAKER, A FREE WEB
-4c	2012, THE FOUNDATION LAUNCHED MOZILLA WEBMAKER WITH THE GOAL OF TEACHING WEB LITERACY TO A MUCH BROADER PUBLIC. THIS INCLUDES TOOLS SUCH AS THIMBLE AND X-RAY GOGGLES THAT HELP TO TEACH THE BUILDING BLOCKS OF THE WEB. THE FOUNDATION ALSO LAUNCHED MOZILLA OPEN BADGES, A NEW ONLINE STANDARD TO RECOGNIZE AND VERIFY LEARNING. THE FOUNDATION ALSO SUPPORTED SELF-ORGANIZED LOCAL EDUCATIONAL WORKSHOPS UNDER THE BANNER 'SUMMER CODE PARTY'. THE MOZILLA COMMUNITY ORGANIZED OVER 700 EVENTS IN 80 COUNTRIES AS A PART OF THIS EFFORT. (Code:)(Expenses
-4c	2012, THE FOUNDATION LAUNCHED MOZILLA WEBMAKER WITH THE GOAL OF TEACHING WEB LITERACY TO A MUCH BROADER PUBLIC. THIS INCLUDES TOOLS SUCH AS THIMBLE AND X-RAY GOGGLES THAT HELP TO TEACH THE BUILDING BLOCKS OF THE WEB. THE FOUNDATION ALSO LAUNCHED MOZILLA OPEN BADGES, A NEW ONLINE STANDARD TO RECOGNIZE AND VERIFY LEARNING. THE FOUNDATION ALSO SUPPORTED SELF-ORGANIZED LOCAL EDUCATIONAL WORKSHOPS UNDER THE BANNER 'SUMMER CODE PARTY'. THE MOZILLA COMMUNITY ORGANIZED OVER 700 EVENTS IN 80 COUNTRIES AS A PART OF THIS EFFORT. (Code:)(Expenses1,295,425. including grants of \$586,207.) (Revenue \$ MEDIA MOZILLA RUNS PROGRAMS AND CREATES TOOLS THAT BRING OPENNESS AND INNOVATION TO THE WORK OF ONLINE MEDIA. IN 2012, THE FOUNDATION DEVELOPED AND RELEASED VERSION 1.0 OF MOZILLA POPCORN MAKER, A FREE WEB APP THAT MAKES IT EASY TO ENHANCE, REMIX AND SHARE WEB VIDEO. THE FOUNDATION ALSO CONTINUED TO BUILD OUT THE KNIGHT-MOZILLA OPEN NEWS
4c	2012, THE FOUNDATION LAUNCHED MOZILLA WEBMAKER WITH THE GOAL OF TEACHING WEB LITERACY TO A MUCH BROADER PUBLIC. THIS INCLUDES TOOLS SUCH AS THIMBLE AND X-RAY GOGGLES THAT HELP TO TEACH THE BUILDING BLOCKS OF THE WEB. THE FOUNDATION ALSO LAUNCHED MOZILLA OPEN BADGES, A NEW ONLINE STANDARD TO RECOGNIZE AND VERIFY LEARNING. THE FOUNDATION ALSO SUPPORTED SELF-ORGANIZED LOCAL EDUCATIONAL WORKSHOPS UNDER THE BANNER 'SUMMER CODE PARTY'. THE MOZILLA COMMUNITY ORGANIZED OVER 700 EVENTS IN 80 COUNTRIES AS A PART OF THIS EFFORT. (Code:) (Expenses \$1,295,425. including grants of \$586,207.) (Revenue \$7 MEDIA MOZILLA RUNS PROGRAMS AND CREATES TOOLS THAT BRING OPENNESS AND INNOVATION TO THE WORK OF ONLINE MEDIA. IN 2012, THE FOUNDATION DEVELOPED AND RELEASED VERSION 1.0 OF MOZILLA POPCORN MAKER, A FREE WEB APP THAT MAKES IT EASY TO ENHANCE, REMIX AND SHARE WEB VIDEO. THE FOUNDATION ALSO CONTINUED TO BUILD OUT THE KNIGHT-MOZILLA OPEN NEWS PROGRAM, A FELLOWSHIP AND COMMUNITY DEVELOPMENT PROGRAM DESIGNED TO
4c	2012, THE FOUNDATION LAUNCHED MOZILLA WEBMAKER WITH THE GOAL OF TEACHING WEB LITERACY TO A MUCH BROADER PUBLIC. THIS INCLUDES TOOLS SUCH AS THIMBLE AND X-RAY GOGGLES THAT HELP TO TEACH THE BUILDING BLOCKS OF THE WEB. THE FOUNDATION ALSO LAUNCHED MOZILLA OPEN BADGES, A NEW ONLINE STANDARD TO RECOGNIZE AND VERIFY LEARNING. THE FOUNDATION ALSO SUPPORTED SELF-ORGANIZED LOCAL EDUCATIONAL WORKSHOPS UNDER THE BANNER 'SUMMER CODE PARTY'. THE MOZILLA COMMUNITY ORGANIZED OVER 700 EVENTS IN 80 COUNTRIES AS A PART OF THIS EFFORT. (Code:)(Expenses \$1,295,425. including grants of \$586,207.) (Revenue \$ MOZILLA RUNS PROGRAMS AND CREATES TOOLS THAT BRING OPENNESS AND INNOVATION TO THE WORK OF ONLINE MEDIA. IN 2012, THE FOUNDATION DEVELOPED AND RELEASED VERSION 1.0 OF MOZILLA POPCORN MAKER, A FREE WEB APP THAT MAKES IT EASY TO ENHANCE, REMIX AND SHARE WEB VIDEO. THE FOUNDATION ALSO CONTINUED TO BUILD OUT THE KNIGHT-MOZILLA OPEN NEWS PROGRAM, A FELLOWSHIP AND COMMUNITY DEVELOPMENT PROGRAM DESIGNED TO PROMOTE INNOVATION IN JOURNALISM USING OPEN TECHNOLOGY. AND DURING THE
4c	2012, THE FOUNDATION LAUNCHED MOZILLA WEBMAKER WITH THE GOAL OF TEACHING WEB LITERACY TO A MUCH BROADER PUBLIC. THIS INCLUDES TOOLS SUCH AS THIMBLE AND X-RAY GOGGLES THAT HELP TO TEACH THE BUILDING BLOCKS OF THE WEB. THE FOUNDATION ALSO LAUNCHED MOZILLA OPEN BADGES, A NEW ONLINE STANDARD TO RECOGNIZE AND VERIFY LEARNING. THE FOUNDATION ALSO SUPPORTED SELF-ORGANIZED LOCAL EDUCATIONAL WORKSHOPS UNDER THE BANNER 'SUMMER CODE PARTY'. THE MOZILLA COMMUNITY ORGANIZED OVER 700 EVENTS IN 80 COUNTRIES AS A PART OF THIS EFFORT. (Code:
4c	2012, THE FOUNDATION LAUNCHED MOZILLA WEBMAKER WITH THE GOAL OF TEACHING WEB LITERACY TO A MUCH BROADER PUBLIC. THIS INCLUDES TOOLS SUCH AS THIMBLE AND X-RAY GOGGLES THAT HELP TO TEACH THE BUILDING BLOCKS OF THE WEB. THE FOUNDATION ALSO LAUNCHED MOZILLA OPEN BADGES, A NEW ONLINE STANDARD TO RECOGNIZE AND VERIFY LEARNING. THE FOUNDATION ALSO SUPPORTED SELF-ORGANIZED LOCAL EDUCATIONAL WORKSHOPS UNDER THE BANNER 'SUMMER CODE PARTY'. THE MOZILLA COMMUNITY ORGANIZED OVER 700 EVENTS IN 80 COUNTRIES AS A PART OF THIS EFFORT. (Code:
	2012, THE FOUNDATION LAUNCHED MOZILLA WEBMAKER WITH THE GOAL OF TEACHING WEB LITERACY TO A MUCH BROADER PUBLIC. THIS INCLUDES TOOLS SUCH AS THIMBLE AND X-RAY GOGGLES THAT HELP TO TEACH THE BUILDING BLOCKS OF THE WEB. THE FOUNDATION ALSO LAUNCHED MOZILLA OPEN BADGES, A NEW ONLINE STANDARD TO RECOGNIZE AND VERIFY LEARNING. THE FOUNDATION ALSO SUPPORTED SELF-ORGANIZED LOCAL EDUCATIONAL WORKSHOPS UNDER THE BANNER 'SUMMER CODE PARTY'. THE MOZILLA COMMUNITY ORGANIZED OVER 700 EVENTS IN 80 COUNTRIES AS A PART OF THIS EFFORT. (code:)(Expenses
	2012, THE FOUNDATION LAUNCHED MOZILLA WEBMAKER WITH THE GOAL OF TEACHING WEB LITERACY TO A MUCH BROADER PUBLIC. THIS INCLUDES TOOLS SUCH AS THIMBLE AND X-RAY GOGGLES THAT HELP TO TEACH THE BUILDING BLOCKS OF THE WEB. THE FOUNDATION ALSO LAUNCHED MOZILLA OPEN BADGES, A NEW ONLINE STANDARD TO RECOGNIZE AND VERIFY LEARNING. THE FOUNDATION ALSO SUPPORTED SELF-ORGANIZED LOCAL EDUCATIONAL WORKSHOPS UNDER THE BANNER 'SUMMER CODE PARTY'. THE MOZILLA COMMUNITY ORGANIZED OVER 700 EVENTS IN 80 COUNTRIES AS A PART OF THIS EFFORT. (Code:)(Expenses1,295,425. including grants of \$586,207.) (Revenue \$ MEDITA MOZILLA RUNS PROGRAMS AND CREATES TOOLS THAT BRING OPENNESS AND INNOVATION TO THE WORK OF ONLINE MEDIA. IN 2012, THE FOUNDATION DEVELOPED AND RELEASED VERSION 1.0 OF MOZILLA POPCORN MAKER, A FREE WEB APP THAT MAKES IT EASY TO ENHANCE, REMIX AND SHARE WEB VIDEO. THE FOUNDATION ALSO CONTINUED TO BUILD OUT THE KNIGHT-MOZILLA OPEN NEWS PROGRAM, A FELLOWSHIP AND COMMUNITY DEVELOPMENT PROGRAM DESIGNED TO PROMOTE INNOVATION IN JOURNALISM USING OPEN TECHNOLOGY. AND DURING THE 2012 PRESIDENTIAL ELECTION, THE FOUNDATION WORKED WITH PBS NEWS HOUR AND THE PARTICIPATORY CULTURE FOUNDATION ON A NUMBER OF OPEN, DIGITAL MEDITA PROJECTS TO HELP MAKE MAJOR ELECTION NEWS EVENTS MORE ACCESSIBLE. Other program services (Describe in Schedule 0.)
4d	2012, THE FOUNDATION LAUNCHED MOZILLA WEBMAKER WITH THE GOAL OF TEACHING WEB LITERACY TO A MUCH BROADER PUBLIC. THIS INCLUDES TOOLS SUCH AS THIMBLE AND X-RAY GOGGLES THAT HELP TO TEACH THE BUILDING BLOCKS OF THE WEB. THE FOUNDATION ALSO LAUNCHED MOZILLA OPEN BADGES, A NEW ONLINE STANDARD TO RECOGNIZE AND VERIFY LEARNING. THE FOUNDATION ALSO SUPPORTED SELF-ORGANIZED LOCAL EDUCATIONAL WORKSHOPS UNDER THE BANNER 'SUMMER CODE PARTY'. THE MOZILLA COMMUNITY ORGANIZED OVER 700 EVENTS IN 80 COUNTRIES AS A PART OF THIS EFFORT. (code:)(Expenses

20-0097189 Page 3

		FUDLIC DISCLUSURE COF	
Form 990 (2012)	MOZILLA	FOUNDATION	20-009
Part IV Checklist of	Required Sch	edules	

га				
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е		11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	Х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form **990** (2012)

		1 0000100			
Form 990 (2012)		FOUNDATION	20-0097189	) Pag	ge <b>4</b>
Part IV Checklis	t of Required Sch	edules (continued)			
				Yes	No

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23	х	
242	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
270	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	24a		x
h	Schedule K. If "No", go to line 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization mintain an escrow account other than a refunding escrow at any time during the year to defease	210		
•	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			v
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	200		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
00	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			_
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
		Form	990	(2012)

** PUBLIC DISCL	OSURE COPY **
-----------------	---------------

20-0097189	Page 5
------------	--------

Form	990 (2012) MOZILLA FOUNDATION		20-0097	189	Р	age <b>5</b>
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response to any question in this Part V					X
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	21			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and r	reportat	le gaming			
	(gambling) winnings to prize winners?			1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	22			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	Х	
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instruction					
3a				3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other	authori	tv over a			
	financial account in a foreign country (such as a bank account, securities account, or other financial		-	4a	х	
b	If "Yes," enter the name of the foreign country: ► SEE SCHEDULE O			ти		
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		r	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t					
	any contributions that were not tax deductible as charitable contributions?		Ĩ	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions or	gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se			7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		1	7b	X	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as requ	iired			37
	to file Form 8282?			7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	-	_		v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f	NT /	
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g	N/	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz		/ - 1	7h	N/	A
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D					
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any time	e during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		NT / 7			
а	Did the organization make any taxable distributions under section 4966?		/ - [	9a		<u> </u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?		N/A	9b		
10	Section 501(c)(7) organizations. Enter:	11				
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	11				
а	Gross income from members or shareholders N/A	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		NT / N			
а	Is the organization licensed to issue qualified health plans in more than one state?		N/A	13a		
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	11				
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				v
				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu,	еU		14b		1

650 CASTRO STREET SUITE 300,

SEE

	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?								
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
	in Schedule O how this was done	12c	Х						
13	Did the organization have a written whistleblower policy?	13		Х					
14	Did the organization have a written document retention and destruction policy?	14		Х					
15	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	a The organization's CEO, Executive Director, or top management official								
	b Other officers or key employees of the organization								
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
	taxable entity during the year?	16a		Х					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
	exempt status with respect to such arrangements?	16b							
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed CA, AK, AL, AR, CT, FL, GA, IL, KS	S,KY	,MA	, MD					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le						
	for public inspection. Indicate how you made these available. Check all that apply.								
	X Own website Another's website X Upon request Other (explain in Schedule O)								
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, ar	nd finar	ncial						
	statements available to the public during the tax year.								
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza <b>JAMES</b> COOK – (650)903-0800	ation: 🕨	-						

MOUNTAIN

SCHEDULE O FOR FULL LIST OF

VIEW

CA

STATES

** PUBLIC DISCLOSUF	

Form 990 (2012) Part VI Governance.

Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or

Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

organization's mailing address? If "Yes," provide the names and addresses in Schedule O

Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:

a The governing body?

10a Did the organization have local chapters, branches, or affiliates?

**b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,

Each committee with authority to act on behalf of the governing body?

officer, director, trustee, or key employee?

of officers, directors, or trustees, or key employees to a management company or other person?

Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

Did the organization become aware during the year of a significant diversion of the organization's assets?

Did the organization have members or stockholders?

more members of the governing body?

.....

Did the organization delegate control over management duties customarily performed by or under the direct supervision

response to line 8a. 8b. or

Check if Schedule O contains a response to any question in this Part VI

1a Enter the number of voting members of the governing body at the end of the tax year

If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.

**b** Enter the number of voting members included in line 1a, above, who are independent

Section A. Governing Body and Management

persons other than the governing body?

2

3

4

5

6

8

b

9

Χ

No

х

х

Х

Х

Х

х

Х

Х

Х

No

Х

х

Yes

Yes

6

4

2

3

4

5

6

7a

7b

8a

8b

9

10a

Form 990 (2012)

1a

1h

94041

Page 6

MOZILLA FOUNDATION	20-009718
Management, and Disclosure For each "Yes" response to lines 2	2 through 7b below, and for a "No'
10b below, describe the circumstances, processes, or changes in Schedul	e O. See instructions.

#### 20-0097189 Page 7

#### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response to any guestion in this Part VII

Form 990 (2012)

MOZILLA FOUNDATION

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. 

(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average hours per week	box	not c , unle	ss pe	more rson	than is bot pr/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MITCHELL BAKER CHAIR	1.00 40.00	x						0.	661,811.	53,565.
(2) JOI ITO	1.00						-	0.	001,011.	55,505.
DIRECTOR	1.00	x						0.	0.	0.
(3) BOB LISBONNE	1.00							•••	•••	
DIRECTOR		x						0.	0.	0.
(4) BRENDAN EICH	1.00									
СТО	40.00	X						0.	652,194.	37,420.
(5) BRIAN BEHLENDORF	1.00									
DIRECTOR		Х						0.	0.	0.
(6) CATHY DAVIDSON	1.00									
DIRECTOR		X						0.	0.	0.
(7) RYAN MERKLEY	40.00							150 045		16 500
CHIEF OPERATING OFFICER	4.00			X				150,045.	0.	16,503.
(8) JAMES COOK	4.00			37				0		27 204
TREASURER	40.00			X				0.	529,200.	37,204.
(9) MARK SURMAN EXECUTIVE DIRECTOR	40.00			x				213,814.	0.	17,748.
	I	I	I	L	I	-	L	1		<b>600</b> (0010)

Form	990 (2012) MOZILLA H	FOUNDATI	101	1						20-0097	189	Page <b>8</b>
Par	VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees	, and	d Hi	ghe	st C	ompensated Employe	es (continued)		
	(A)	(B)			(0	C)			(D)	(E)	(F	)
	Name and title	Average hours per	box	not c , unle:	ss pe	more rson	than is bot	h an	Reportable compensation	Reportable compensation	Estim: amou	
		week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee a	Officer D		Highest compensated snut/x	,	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	oth compen from organiz and re organiz	sation the ation lated
1b	Sub-total								363,859.	1,843,205.	162,	440.
	Total from continuation sheets to Part VI						•		0.	0.		0.
	Total (add lines 1b and 1c)								363,859.	1,843,205.	162,	440.
	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	ed al	bove	e) wł	no re	eceived more than \$100	0,000 of reportable		5
											Ye	
	Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for s		istee	e, ke	y er	nplc	yee.	orl	highest compensated e	mployee on	2	x
	For any individual listed on line 1a, is the su		 e cr						ner compensation from		3	
	and related organizations greater than \$150										4 X	
5	Did any person listed on line 1a receive or a					-		elate	ed organization or indivi	idual for services	_	v
Sect	rendered to the organization? If "Yes," com ion B. Independent Contractors	piete Schedule	e J f	or si	ıch	pers	son .				5	X
	Complete this table for your five highest co	mpensated inc	depe	ende	nt c	onti	racto	ors t	hat received more than	\$100,000 of compens	ation from	 ו
	the organization. Report compensation for											

(A) Name and business address	<b>(B)</b> Description of services	<b>(C)</b> Compensation
THE WATERSHED CO (M+R STRATEGIC SERVICES) 1901 L STREET, NW SUITE 800, WDC 20036 OUTSET CONSULTING, 1159 DUNDAS STREET EAST	FUNDRAISING SERVICES	133,528.
	FUNDRAISING SERVICES	118,328.
MICHELLE THORNE MANTEUFFELSTRASSE 81, BERLIN, GERMANY 10999	CONSULTING SERVICES	101,451.
2 Total number of independent contractors (including but not limited to those liste \$100,000 of compensation from the organization ► 3	d above) who received more than	

\$100,000 of compensation from the organization

b c

d All other revenue \_\_\_\_\_\_ e Total. Add lines 11a-11d \_\_\_\_\_

Total revenue. See instructions.

			** PU	BLIC DISCL	<b>_OSURE COF</b>	PY **	
Forn	n 990	(2012) <b>MOZIL</b>	LA FOUNE	ATION			20-0097
Pa	rt VI	II Statement of Reven	ue				
		Check if Schedule O conta	ains a response	to any question i	n this Part VIII		
					<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue
nts	1 a	Federated campaigns	1a				
Gra	b	Membership dues	1b				
Am (	с	Fundraising events	1c				
a Git	d	Related organizations	1d				
js,	е	Government grants (contributi	ons) <b>1e</b>	387,684.			
er S	f	All other contributions, gifts, grant	s, and				
ġ		similar amounts not included abov	e 1f	5,418,288.			
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines	1a- 1f: \$				
ភី ស៊	h	Total. Add lines 1a-1f		🕨	5,805,972.		
				Business Code			
ice	2 a			900099	2,500,000.	000.454	
ue V	b			900099	209,174.	209,174.	
S u S	С			900099	10,000.		
Be	d			454110	768.		768.
Program Service Revenue	e						
_	f	1 5		►	2,719,942.		
	<u> </u>	Total. Add lines 2a-2f			2,119,942.		
	3	other similar amounts)			524,216.		
	4	Income from investment of tax			· / · ·		
	5	Royalties		1			
	•		(i) Real	(ii) Personal			
	6 a	Gross rents	()	(			
		Less: rental expenses					
		Rental income or (loss)					
		Net rental income or (loss)		►			
	7 a	Gross amount from sales of	(i) Securities	(ii) Other			
		assets other than inventory					
	b	Less: cost or other basis					
		and sales expenses		37.			
	с	Gain or (loss)		<37.			
		Net gain or (loss)		····· ►	<37.	> <37.	>
an	8 a	Gross income from fundraising					
Other Revenue		including \$					
Be		contributions reported on line					
her	h	Part IV, line 18					
ą		Less: direct expenses Net income or (loss) from fund		►			
		Gross income from gaming act	-				
	54	Part IV, line 19					
	b	Less: direct expenses					
		Net income or (loss) from gami		►			
		Gross sales of inventory, less r					
		and allowances					
	b	Less: cost of goods sold					
		Net income or (loss) from sales		►			
		Miscellaneous Revenue	9	Business Code			
	11 -	FOREIGN EXCHANGE LOSS		900099	<3 732.	> <3 732.	>

<3,732.

205,405.

9,046,361.

►

►

20-0097189 Page 9

(D) Revenue excluded from tax under sections 512, 513, or 514

2,500,000.

10,000.

524,216.

3,034,216. Form **990** (2012)

768.

### \*\* PUBLIC DISCLOSURE COPY \*\* MOZILLA FOUNDATION

### 20-0097189 Page 10

#### Form 990 (2012) MOZILLA FOUND Part IX Statement of Functional Expenses

	Check if Schedule O contains a respon		is Part IX	(0)	X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	635,935.	635,935.		
2	Grants and other assistance to individuals in				
3	the United States. See Part IV, line 22 Grants and other assistance to governments,	141,611.	141,611.		
5	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	376,811.	376,811.		
1	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
,	persons described in section 4958(c)(3)(B)	3,282,287.	2,579,290.	702,997.	
3	Other salaries and wages Pension plan accruals and contributions (include	5,202,207.	2,319,290.	102,991.	
•	section 401(k) and 403(b) employer contributions)	231,055.	168,758.	62,297.	
)	Other employee benefits	332,425.	304,530.	27,895.	
, )	Payroll taxes	295,998.	249,589.	46,409.	
l	Fees for services (non-employees):	,	_ /		
	Management	101,286.		101,286.	
b	Legal	103,491.	8,802.	94,689.	
с	Accounting	114,373.		114,373.	
d	Lobbying	29,582.		29,582.	
е	Professional fundraising services. See Part IV, line 17	222,274.			222,27
f	Investment management fees	81,886.		81,886.	
g	Other. (If line 11g amount exceeds 10% of line 25,	1 1 0 0 0 0 1	1 1 1 1 5 0 0		
	column (A) amount, list line 11g expenses on Sch 0.)	1,199,981.	1,101,608.	98,373.	
2	Advertising and promotion	300,578.	299,997.	581.	
}	Office expenses	185,535.	75,718.	109,817.	
ŀ	Information technology				
5	Royalties				
		877,091.	648,159.	228,932.	
, ,	Travel Payments of travel or entertainment expenses	011,051.	040,100.	220,552.	
,	for any federal, state, or local public officials				
)	Conferences, conventions, and meetings				
)	Interest				
	Payments to affiliates				
2	Depreciation, depletion, and amortization	8,920.		8,920.	
	Insurance	25,143.	14,123.	11,020.	
	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount list line 24e expenses on Schedule O.)				
а	amount, list line 24e expenses on Schedule 0.)	722,848.	709,870.	12,978.	
a b	MERCHANDISE STOCK	300,824.	300,824.	,,,,,,	
c	PRIZES	96,636.	96,636.		
d	SPONSORSHIP	84,341.	84,341.		
е	All other expenses	71,940.	46,408.	25,532.	
	Total functional expenses. Add lines 1 through 24e	9,822,851.	7,843,010.	1,757,567.	222,27
;	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Eorm <b>990</b> (20

20-0097189 Page 11

Т

# MOZILLA FOUNDATION

		Check if Schedule O contains a response to any	/ quesi				·······
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing				1	10.
	2	Savings and temporary cash investments	1,486,115.	2	1,596,119.		
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net	318,840.	4	2,277,562.		
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	n 4958(	c)(3)(B), and contributing			
		employers and sponsoring organizations of sec	tion 50 <sup>.</sup>	1(c)(9) voluntary			
		employees' beneficiary organizations (see instr).	Comp	lete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
Ass	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			300,440.	9	149,364.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		61,036.			
	b	Less: accumulated depreciation	10b	57,462.	12,494.	10c	3,574.
	11	Investments - publicly traded securities			24,069,199.	11	21,350,091.
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line	11	····· _	10.	13	1,000.
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		····· _		15	
	16	Total assets. Add lines 1 through 15 (must equ			26,187,098.	16	25,377,720.
	17	Accounts payable and accrued expenses			402,104.	17	1,368,164.
	18	Grants payable			5,833.	18	5,833.
	19	Deferred revenue			5,055.	19	5,055.
	20	Tax-exempt bond liabilities				20	
ties	21	Escrow or custodial account liability. Complete		21			
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.					
Lia				22			
	22	• • • • • • • • • • • • • • • • • • • •		22			
	23 24	Secured mortgages and notes payable to unrelate Unsecured notes and loans payable to unrelate			23 24		
	2 <del>.</del> 25	Other liabilities (including federal income tax, pa		27			
	20	parties, and other liabilities not included on lines					
		Schedule D		•	2,000,000.	25	0.
	26	Total liabilities. Add lines 17 through 25			2,407,937.	26	1,373,997.
		Organizations that follow SFAS 117 (ASC 958					
se		complete lines 27 through 29, and lines 33 an					
nce	27	Unrestricted net assets			20,759,071.	27	20,983,633.
Sala	28	Temporarily restricted net assets	3,020,090.	28	3,020,090.		
Η	29			<u></u>		29	
Fur		Organizations that do not follow SFAS 117 (A	SC 958	3), check here			
Net Assets or Fund Balances		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or ec				31	
let	32	Retained earnings, endowment, accumulated in				32	
~	33	Total net assets or fund balances			23,779,161.	33	24,003,723.
	34	Total liabilities and net assets/fund balances		26,187,098.	34	25,377,720.	

Form **990** (2012)

## Form 990 (2012) Part X Balance Sheet Check if Schedule O contains a response to any question in this Part X

07100 10

	** PUBLIC DISCLOSURE COPY **	
MOZILLA	FOUNDATION	20-00

Form	1990 (2012) MOZILLA FOUNDATION	20-0	1097	T 8 A	Pa	ge 12
Ра	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI					X
1	Total revenue (revet actual Dart )/III. actume (A) line 10)	1	9	,04	<b>к</b> 3	61
י 2	Total revenue (must equal Part VIII, column (A), line 12)	2		,82		
	Total expenses (must equal Part IX, column (A), line 25)	3		<77		
3 1	Revenue less expenses. Subtract line 2 from line 1	4		,77		
	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	5	25			52.
5	Net unrealized gains (losses) on investments	6		50	5,0	52.
	Donated services and use of facilities	7				
;	Investment expenses	8			2 0	00.
	Prior period adjustments	9				00.
	Other changes in net assets or fund balances (explain in Schedule O)	9		50	0,0	00.
)	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		24	,00	ר ג	23
2	column (B))	10	44	,00	5,1	23.
a	rt XII Financial Statements and Reporting					X
	Check if Schedule O contains a response to any question in this Part XII				Yes	
			I		Tes	NO
	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule					v
а	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis				37	
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,				
	consolidated basis, or both:					
	Separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the					
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.				
а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	-				
	Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ			Т		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>		3b		
				Form	990	(2012

232021	
12-04-12	

Nan	ne of t	the organizati	on							Employer	iden	tificati	on nu	mber
		MOZILLA FOUNDATION 20-009718						189						
Pa	rt I	Reason	for Public Char	<b>ity Status</b> (All organiz	ations mu	st complet	te this par	t.) See inst	ructions					
The	organ	ization is not a	a private foundation	because it is: (For lines 1	1 through	11, check	only one b	ox.)						
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).												
2		A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)									
3		A hospital or	a cooperative hospi	tal service organization of	described	in <b>section</b>	170(b)(1)	(A)(iii).						
4		A medical res	search organization of	operated in conjunction	with a hos	pital desc	ribed in <b>se</b>	ction 170	(b)(1)(A)	( <b>iii).</b> Enter	the h	ospital	's nam	ıe,
		city, and stat												
5		An organizat	ion operated for the	benefit of a college or ur	niversity ov	wned or op	perated by	a governr	mental u	nit descrik	oed in	ו		
		section 170	(b)(1)(A)(iv). (Comple	ete Part II.)										
6		A federal, sta	ite, or local governm	ent or governmental unit	t described	d in <b>sectio</b>	on 170(b)(*	1)(A)(v).						
7	X			eives a substantial part	of its supp	ort from a	governme	ental unit o	or from th	le general	publi	ic desc	ribed i	in
			b)(1)(A)(vi). (Comple											
8	$\square$			ection 170(b)(1)(A)(vi).										
9		-	-	eives: (1) more than 33 1						-	-		-	
				nctions - subject to certa										
				axable income (less sect	tion 511 ta	x) from bu	isinesses a	acquired b	y the org	janization	after	June 3	0, 197	5.
40			509(a)(2). (Complete		الماريم بحر الم	a andatu a		- FOO(-)/4						
10	H			perated exclusively to te									£	
11		•	•	perated exclusively for th		· ·								or
				ations described in section				2). 366 <b>560</b>	2001 308	(a)(3). Of			liial	
				organization and comple	ype III - Fui			d		pe III - No	n fun	ctionall	vinto	aratad
е	$\square$	• •		t the organization is not			•			•				•
Ŭ				han one or more publicly										
f				ten determination from t						(-)(-)			()()-	
				nis box										
g				rganization accepted ar										•
				irectly controls, either al							/,		Yes	No
				upported organization?								11g(i)		
				n described in (i) above?								11g(ii)		
		(iii) A 35% controlled entity of a person described in (i) or (ii) above?												
h		Provide the f	ollowing information	about the supported or	ganization	(s).								
(i)	Name	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	organization	(v) Did you	u notify the	(vi)	ls the tion in col.	(vii)	Amount	of mo	netary
	orga	anization			in col. (i) lis governing (			1011 111 001.	l (i) organ	ized in the		sup	port	
				above or IRC section (see instructions))				-		S.?				
				· "	Yes	No	Yes	No	Yes	No				

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ. See separate instructions.

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Public Charity Status and Public Support** 

OMB No. 1545-0047

**Open to Public** . Inspection

l

SCHEDULE A
------------

		<b>b</b> Type II	c Type III - Functionally integrated	d  Type III - Non-functionally integrated
e 📖	By checking this box,	I certify that the orga	nization is not controlled directly or indirectly by or	ne or more disqualified persons other than
			r more publicly supported organizations described	
f	If the organization rece	eived a written detern	nination from the IRS that it is a Type I, Type II, or	Туре III

(i) Name of supported organization	(ii) EIN	(described on lines 1-9 above or IRC section	n col. (i) listed in your		on (v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
		(see instructions))	Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2012

### Schedule A (Form 990 or 990-EZ) 2012 MOZILLA FOUNDATION

### Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	97,362.	222,687.	1,354,085.	3,342,088.	5,805,972.	10,822,194.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	97,362.	222,687.	1,354,085.	3,342,088.	5,805,972.	10,822,194.
	The portion of total contributions			, , ,	, , -	, , -	, , ,
Ŭ	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						E E36 E03
•							5,536,503.
	Public support. Subtract line 5 from line 4.						5,285,691.
	tion B. Total Support	( ) 0000	(1) 0000	( ) 00 ( 0	( )) 00 ( )	( ) 00 ( 0	(A) = 1 + 1
	ndar year (or fiscal year beginning in) 🕨	(a) 2008 97,362.	(b) 2009 222,687.	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 4	97,302.	222,007.	1,354,085.	3,342,088.	5,805,972.	10,822,194.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties		C 4 4 9 5 4			504 016	
	and income from similar sources $\dots$	1,204,746.	644,054.	558,292.	596,550.	524,216.	3,527,858.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	66,086.	28,547.	10,346.		768.	105,747.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)				2,683.		2,683.
11	Total support. Add lines 7 through 10						14,458,482.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 2	,759,174.
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3)	
	organization, check this box and stop	here					<u></u>
Sec	ction C. Computation of Public	ic Support Pe	rcentage				
14	Public support percentage for 2012 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	36.56 %
15	Public support percentage from 2011	Schedule A, Part	II, line 14			15	25.97 <sub>%</sub>
16a	33 1/3% support test - 2012. If the c	organization did no	t check the box or	n line 13, and line <sup>-</sup>	14 is 33 1/3% or m	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				<b>X</b>
b	33 1/3% support test - 2011. If the c	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization quali	ifies as a publicly s	supported organization	ation			▶□
17a	10% -facts-and-circumstances test	t - 2012. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			-	-	-	
b	10% -facts-and-circumstances test	•			•		
	more, and if the organization meets th						
	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio		-		• • • •		s <b>&gt;</b>
-			,,	, ,, 11 %	,		····· •

Schedule A (Form 990 or 990-EZ) 2012

#### Schedule A (Form 990 or 990-EZ) 2012

### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
b	3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is						
12	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital assets (Explain in Part IV.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	the organization	I first second this	l d fourth or fifth t		$\frac{1}{1}$	l zation
14	First five years. If the Form 990 is for	U U					
Ser	check this box and stop here						
	Public support percentage for 2012 (li			column (f))		15	%
	Public support percentage from 2011					16	<u> </u>
	ction D. Computation of Inves						70
	· · · · · · · · · · · · · · · · · · ·					17	0/
	Investment income percentage for 20 Investment income percentage from 2					18	<u>%</u>
	<b>133 1/3% support tests - 2012.</b> If the						
130	more than 33 1/3%, check this box ar						
F	<b>33 1/3% support tests - 2011.</b> If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
				,,			

## Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2012

Employer identification number

Scnedule B (Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

. . . . . . . .

Name of the organization

Organization	type (check one):
--------------	-------------------

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

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

#### **Special Rules**

**X** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Part I

Employer identification number

20-0097189

#### MOZILLA FOUNDATION

(a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 1,250,000. Noncash \$ (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 X Person Payroll 745,000. Noncash \$ (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) Total contributions Type of contribution No. Name, address, and ZIP + 4 3 X Person Payroll 75,000. Noncash \$ (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 Х Person Payroll 387,684. Noncash (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 5 X Person Payroll 39,705. Noncash \$ (Complete Part II if there is a noncash contribution.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 X 6 Person Payroll 915,875. Noncash \$ (Complete Part II if there is a noncash contribution.)

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Schedule E	6 (Form 990,	990-EZ,	or 990-PF)	(2012)
------------	--------------	---------	------------	--------

#### Name of organization

Page **2** 

Employer	identification	number
----------	----------------	--------

MOZILLA FOUNDATION

20-0097189

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$106,037.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ <u>810,575.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$300,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$348,780.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)
Name of organization

Page 3

Employer identification number

20-0097189

#### MOZILLA FOUNDATION

**Part II** Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Part II	Noncash Property (see instructions). Use duplicate copies of Part II	li additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - s	

Name of org	ganization		Employer identification number
MOZILI	LA FOUNDATION		20-0097189
Part III	Exclusively religious, charitable, etc., indi year. Complete columns (a) through (e) and t the total of exclusively religious, charitable, et Use duplicate copies of Part III if addition	vidual contributions to section 501(c)( the following line entry. For organization c., contributions of <b>\$1,000 or less</b> for the nal space is needed.	7), (8), or (10) organizations that total more than \$1,000 for the s completing Part III, enter he year. (Enter this information once.)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
			·
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, a		Relationship of transferor to transferee

		** PUBLIC DISC	LOSURE COF	рү **					
SCHEDULE C	OMB No. 1545-0047								
(Form 990 or 990-EZ)	For Org	anizations Exempt From Incom	e Tax Under section	501(c) and section 5	27	2012			
Department of the Treasury Internal Revenue Service									
If the organization ans	ties), then								
-		plete Parts I-A and B. Do not cor			aigir Aotiri				
	•	01(c)(3)) organizations: Complete	•	. Do not complete Pa	rt I-B.				
<ul> <li>Section 527 organization</li> </ul>									
U U	•	Form 990, Part IV, line 4, or Fo	rm 990-EZ. Part VI. li	ne 47 (Lobbving Acti	vities). ther	1			
		have filed Form 5768 (election un							
	•	have NOT filed Form 5768 (election		•	•				
	E	Form 990, Part IV, line 5 (Proxy				-			
-		tions: Complete Part III.		<b>_</b> , <b>: u : !</b> , <b>i : i : i : : :</b>					
Name of organization	, or (o) organiza	tone. completer art m.			Employer i	dentification number			
C C	MOZILLA	FOUNDATION				0-0097189			
Part I-A Comple		janization is exempt und	er section 501(c)	or is a section 5					
		•							
1 Provide a description	on of the organiz	ation's direct and indirect politica	al campaign activities i	in Part IV.					
	0		1 0		▶\$				
					· · · ·				
					····				
Part I-B Comple	ete if the ord	anization is exempt und	er section 501(c)	(3).					
		incurred by the organization und			▶\$				
		incurred by organization manage							
		n 4955 tax, did it file Form 4720 f				Yes No			
					r	Yes No			
<b>b</b> If "Yes," describe in									
		janization is exempt und	er section 501(c)	, except section	501(c)(3)				
-		d by the filing organization for sec		•	► \$				
	• •	ization's funds contributed to oth			· •				
			-		▶ \$				
		. Add lines 1 and 2. Enter here ar			· · · ·				
	•			,	▶\$				
		1120-POL for this year?				Yes No			
5 Enter the names a	ddresses and en	nployer identification number (EIN	l) of all section 527 pc	litical organizations to	which the				
		tion listed, enter the amount paid		-					
	•	omptly and directly delivered to a							
political action com	mittee (PAC). If	additional space is needed, provi	de information in Part	IV.					
(a) Name	9	(b) Address	(c) EIN	(d) Amount paid f	rom (e	Amount of political			
(u) Haine				filing organization		ributions received and			
				funds. If none, ente		omptly and directly			
						livered to a separate olitical organization.			
						If none, enter -0			
For Paperwork Beduct	on Act Notice	see the Instructions for Form 9	90 or 990-F7	Pohod	ule C (Eara	990 or 990-EZ) 2012			

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

Schedule C (Form 990 or 990-EZ) 2012

### \*\* PUBLIC DISCLOSURE COPY \*\* Schedule C (Form 990 or 990-FZ) 2012 MOZILLA FOUNDATION

Part II-A Complete if the organ (election under section	nization is exe	mpt under sectio	on 501(c)(3) and fil	ed Form 5768	Pagez
A Check ► if the filing organization expenses, and share of B Check ► if the filing organization	n belongs to an aff of excess lobbying	expenditures).		group member's nar	ne, address, EIN,
	on Lobbying Expe	nditures		<b>(a)</b> Filing organization's totals	<b>(b)</b> Affiliated group totals
<b>1a</b> Total lobbying expenditures to influen	nce public opinion	(grass roots lobbying)			
<b>b</b> Total lobbying expenditures to influen					
c Total lobbying expenditures (add lines	s 1a and 1b)				
d Other exempt purpose expenditures					
e Total exempt purpose expenditures (a					
f Lobbying nontaxable amount. Enter t		e following table in bo	th columns.		
If the amount on line 1e, column (a) or (b	o) is: The lob	bying nontaxable am	ount is:		
Not over \$500,000		the amount on line 1e			
Over \$500,000 but not over \$1,000,0		00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,500		00 plus 10% of the exc			
Over \$1,500,000 but not over \$17,00	, , ,	00 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000	\$1,000,	000.			
g Grassroots nontaxable amount (enter	25% of line 1f)				
h Subtract line 1g from line 1a. If zero o					
i Subtract line 1f from line 1c. If zero or					
j If there is an amount other than zero					
reporting section 4911 tax for this year					Yes No
, <b>,</b>	ons that made a s	• •	Section 501(h) n do not have to comp es 2a through 2f on pa		
	Lobbying Expe	nditures During 4-Ye	ar Averaging Period		i
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2009	<b>(b)</b> 2010	<b>(c)</b> 2011	<b>(d)</b> 2012	<b>(e)</b> Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2012

## Schedule C (Form 990 or 990-EZ) 2012 MOZILLA FOUNDATION 20-009718 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(#	a)	(k	<b>)</b>
of the	lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
а	Volunteers?	x			
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X			
	Media advertisements?		Х		
	Mailings to members, legislators, or the public?		Х		
	Publications, or published or broadcast statements?		Х		
	Grants to other organizations for lobbying purposes?		Х		
	Direct contact with legislators, their staffs, government officials, or a legislative body?		Х		
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		29	9,582.
	Other activities?		Х		
j	Total. Add lines 1c through 1i			29	9,582.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х		
b	If "Yes," enter the amount of any tax incurred under section 4912				
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)	(5), or se	ction	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	l "No," O	R (b) Par	t III-A, lir	ne 3, is
	answered "Yes."				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	cal			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
С	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues _		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	cess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par					
	blete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; P	art II-A (affili	ated group	list); Part II	-A, line 2;
	Part II-B, line 1. Also, complete this part for any additional information.				
<b>FA</b>	RT II-B, LINE 1, LOBBYING ACTIVITIES:				

#### EMAIL AND BLOGGING ACTIVITY

	SCH	EDU	ILE	D
--	-----	-----	-----	---

(Form	990)
-------	------

Department of the Treasury

### \*\* PUBLIC DISCLOSURE COPY \*\*

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047					
2012					
<b>ZU IZ</b>					
Open to Public					
Inspection					

Interna	I Revenue Service		mepeetien
Nam	e of the organization MOZILLA FOUNDATION		Employer identification number 20-0097189
Pa	rt I Organizations Maintaining Donor Advised	Funds or Other Similar Funds o	r Accounts.Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6	S.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wri	iting that the assets held in donor advised	funds
	are the organization's property, subject to the organization's ex	clusive legal control?	Yes 📖 No
6	Did the organization inform all grantees, donors, and donor adv	isors in writing that grant funds can be us	ed only
	for charitable purposes and not for the benefit of the donor or o	donor advisor, or for any other purpose co	nferring
_			
Pa	rt II Conservation Easements. Complete if the organ	nization answered "Yes" to Form 990, Part	t IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or edu		ically important land area
	Protection of natural habitat	Preservation of a certifie	d historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	d conservation contribution in the form of	a conservation easement on the last
	day of the tax year.		Hold at the End of the Tay Veen
_	Table and the state of the second state of the		Held at the End of the Tax Year
a L	Total number of conservation easements		
a a		ture included in (a)	
C d	Number of conservation easements on a certified historic struc Number of conservation easements included in (c) acquired aft		
d			
3	listed in the National Register Number of conservation easements modified, transferred, relea		
Ū	year	ased, extinguished, or terminated by the of	
4	Number of states where property subject to conservation ease	ment is located	
5	Does the organization have a written policy regarding the period		
-	violations, and enforcement of the conservation easements it h		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, an		
7	Amount of expenses incurred in monitoring, inspecting, and en		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization	n's financial statements that describes the	e organization's accounting for
	conservation easements.		
Pa	rt III Organizations Maintaining Collections of A		er Similar Assets.
	Complete if the organization answered "Yes" to Form 99	90, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC		
	historical treasures, or other similar assets held for public exhib		e of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describe		
b	If the organization elected, as permitted under SFAS 116 (ASC		
	treasures, or other similar assets held for public exhibition, educ	cation, or research in furtherance of public	c service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical treas		ain, provide
	the following amounts required to be reported under SFAS 116		
a L	Revenues included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		🕨 \$

	*	* PUBLIC DIS	SCLO	SURE C	COPY **					
Sche	dule D (Form 990) 2012 MOZILLA	FOUNDATIO	N				2	20-00	97189	Page <b>2</b>
	t III Organizations Maintaining C			torical Tr	easures. d	or Othe				
3	Using the organization's acquisition, accession									
	(check all that apply):	,	,	,	5		•			
а		d		I oan or exc	hange progra	ams				
b	Scholarly research	e			nange progre					
c	Preservation for future generations	·								
4	Provide a description of the organization's co	ollections and explain	n how ti	hev further t	he organizati	on's exem	not ouroo	se in Par	t XIII	
5	During the year, did the organization solicit of	-		-	-					
•	to be sold to raise funds rather than to be ma								Yes	
Par	t IV Escrow and Custodial Arran									1
	reported an amount on Form 990, Par			o organizatio						
1a	Is the organization an agent, trustee, custodi	an or other intermed	liarv for	contributior	ns or other as	sets not i	ncluded			
	on Form 990, Part X?								Yes	
b	If "Yes," explain the arrangement in Part XIII									
									Amount	
с	Beginning balance						1c			
	Additions during the year									
	Distributions during the year									
f	Ending balance									
	Did the organization include an amount on Fo								Yes	No
	If "Yes," explain the arrangement in Part XIII.									
Par										
		(a) Current year		Prior year	(c) Two year		d) Three ye	ears back	(e) Four v	/ears back
1a	Beginning of year balance	(1)	(- <i>1</i> -	···· <b>/</b> ····			- <b>,</b> ,		(-) ;	
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
-	and programs									
f	Administrative expenses									
	End of year balance									
	Provide the estimated percentage of the curr	rent vear end balanc	e (line 1	l a. column (;	a)) held as:					
	Board designated or quasi-endowment		%	. g, e e e e e e e	.,,					
b	Permanent endowment	%	_^^							
c	Temporarily restricted endowment	%								
•	The percentages in lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should									
3a	Are there endowment funds not in the posse		ation th	at are held a	und administe	red for th	e organiz	ation		
	by:						e erganiz		Г	res No
	(i) unrelated organizations									
	(ii) related organizations									
h	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Sche	dule R?					3b	
4	Describe in Part XIII the intended uses of the								0.0	
	t VI Land, Buildings, and Equipm									
	Description of property	(a) Cost or o		i	or other	(c) Acc	cumulate	d	(d) Book	value
		basis (investr		1	(other)	• •	reciation		( )	
	Land									
	Buildings			1						
	Leasehold improvements			1						
	Equipment			6	1,036.		57,46	52.	3	,574.
	Other				-		•			
	Add lines 1a through 1e. (Column (d) must e		X, colur	mn (B), line 1	10(c).)				3	,574.
		. ,					5	Schedule		990) 2012
										-

Schedule D (Form 990) 2012 MOZILLA FOUN			20-0097189 <sub>Page</sub> 3
Part VII Investments - Other Securities. See			
(a) Description of security or category (including name of security)	<b>(b)</b> Book value	(c) Method of valu	ation: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(1)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related. See			
(a) Description of investment type	(b) Book value	(c) Method of valu	ation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. See Form 990, Part X, line 1	r		
, ,	o. escription		(b) Book value
	escription		
(1)			
(2)			
(3)			
(4) (5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		►
Part X Other Liabilities. See Form 990, Part X, lin			
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.) ►		
2 FIN 48 (ASC 740) Ecotorte In Part XIII, provide the text		he organization's financial at	atomanta that reports the ergenization's

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII .....

** PUBLIC DISCL	OSURE	COPY **
-----------------	-------	---------

	** PUBLIC DISCLOSU	RE COPY **		
Sche	edule D (Form 990) 2012 MOZILLA FOUNDATION		20-0097189	Page 4
	rt XI Reconciliation of Revenue per Audited Financial Sta	tements With Reve		
1	Total revenue, gains, and other support per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с				
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta			
1	Total expenses and losses per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments			
С	Other losses			
d				
е	Add lines <b>2a</b> through <b>2d</b>			
3	Subtract line <b>2e</b> from line <b>1</b>			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	, , , ,			
b	Other (Describe in Part XIII.)			
С	Add lines <b>4a</b> and <b>4b</b>			
5		3.)		
	rt XIII Supplemental Information			
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9;			; Part
	e 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this	part to provide any addition	onal information.	
501	MMARIZED FIN 48 DISCLOSURE:			
MO	ZILLA FOLLOWS THE ACCOUNTING STANDARD O	N ACCOUNTING	FOR UNCERTAINTY I	N
INC	COME TAXES, WHEREBY THE IMPACT OF AN UN	CERTAIN TAX E	OSITION THAT IS M	ORE

LIKELY THAN NOT OF BEING SUSTAINED UPON AUDIT BY THE RELEVANT TAXING

AUTHORITY MUST BE RECOGNIZED AT THE LARGEST AMOUNT THAT IS MORE LIKELY

THAN NOT TO BE SUSTAINED. NO PORTION OF AN UNCERTAIN TAX POSITION WILL BE

RECOGNIZED IF THE POSITION HAS LESS THAN A 50% LIKELIHOOD OF BEING

SUSTAINED.

Schedule D (Form 990) 2012

SCHEDULE F Form 990) Statement of Activities Outside the United Sta				ates 🔤	MB No. 1545-0047	
Department of the Treasury ► Attach to Form 990. ► See separate instructions.						<b>LUIL</b> Open to Public
Internal Revenue Service		Attach to F	orm 990. F See separate instructio	ons.	1	nspection
Name of the organization					Employer identi	fication number
MOZILLA FOUNDAT	ION				20-00971	39
		Activities Ou	tside the United States. Compl	ete if the orgar	nization answered "	Yes"
to Form 990, Par	,					
			ds to substantiate the amount of its gr the selection criteria used to award th			Yes 🗌 No
2 For grantmakers. Desc United States.	cribe in Part V the	e organization's	procedures for monitoring the use of it	ts grants and o	ther assistance ou	tside the
			an be duplicated if additional space is	1		1
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (d) gram service, e specific type ce(s) in region	(f) Total expenditures for and investments in region
			GRANTS TO RECIPIENTS			202 022
EUROPE			LOCATED IN REGION	WEB DEVELO	PMENT AND	202,033.
				DESIGN, CON	NSULTING	
				SERVICES, N	MGMT AND ADMIN	
NORTH AMERICA	2	14	PROGRAM SERVICES	TEAM, PROGE	RAM	2,055,712.
CENTRAL AMERICA & CARIBBEAN			INVESTMENTS			2,842,660.
						2,042,000.
EUROPE			INVESTMENTS			469,851.
				WEBSITE DEV	VELOPMENT,	105,001.
					STIVAL-EVENT	
				MANAGEMENT		
EUROPE	1	4	PROGRAM SERVICES	ORGANIZATIO	DNAL	590,679.
			GRANTS TO ORGANIZATIONS IN			
NORTH AMERICA			REGION			165,678.
3 a Sub-total	3	18				6,326,613.
<b>b</b> Total from continuation sheets to Part I	0	0				0.
c Totals (add lines 3a						
and 3b)	3	18				6,326,613.

**Statement of Activities Outside the United States** 

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART V FOR COLUMN (E) DESCRIPTIONS Schedule F (Form 990) 2012

OMB No. 1545-0047

and 3b)

#### Schedule F (Form 990) 2012 MOZILLA FOUNDATION

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NODELL AMERICA	SENECA COLLEGE OPEN SOURCE EDUCATION	100.460	NTRE MRANCEER	0		
		NORTH AMERICA	PROGRAM	100,460.	WIRE TRANSFER	0.		CASH VALUE
			SIM CENTER RESEARCH/EBOOK					
		NORTH AMERICA	PROJECT	65,218.	WIRE TRANSFER	0.		CASH VALUE
								+
			recognized as charities by the					2
			n 501(c)(3) equivalency letter			····· ►		Δ

Schedule F (Form 990) 2012

**	PUBL	IC I	DISCL	OSL	IRE	COPY	**
----	------	------	-------	-----	-----	------	----

20_	0097189	
20-	003/103	

#### Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Schedule F (Form 990) 2012

MOZILLA FOUNDATION

	Part III can be duplicated if additional space is needed.							
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)	
STIPENDS	EUROPE	3	202,033.	WIRE TRANSFER	0.			
		1		1	1	I	1	

Schedule F (Form 990) 2012

Page 3

Schedu	Ile F (Form 990) 2012 MOZILLA FOUNDATION	20-0097189	Page 4
Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	🗆 Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	X Yes	No No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)</i>	X Yes	No No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)</i>	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)	Yes	X No

Schedule F (Form 990) 2012

#### 20-0097189 Page 5

# Schedule F (Form 990) 2012 MOZILLA FOUNDATION Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

SCHEDULE F, PART I, LINE 2: WE MAINTAIN ONLINE INFORMATION ON GRANTS ON

OUR INTRANET AND SUPPORTING DOCUMENTATION SUCH AS GRANT PROPOSALS, SIGNED

AGREEMENTS, REPORTS FROM GRANTEES, ETC.

WE ENTER INTO APPROPRIATE CONTRACTUAL AGREEMENTS WITH INDIVIDUAL OR

CORPORATE GRANTEES REQUIRING THEM TO ACCOMPLISH CHARITABLE WORK OF DIRECT

BENEFIT TO THE PUBLIC AND SPECIFICALLY DESCRIBED IN A STATEMENT OF WORK.

FOR GRANTS TO NON-US NON-PROFIT ORGANIZATIONS WE USE A GRANT AGREEMENT

BASED ON ONE RECOMMENDED IN THE COUNCIL ON FOUNDATIONS PUBLICATION

"UNUSUAL GRANTS: AN ONLINE LEGAL GUIDE FOR PUBLIC CHARITIES", SECTION

D, "INTERNATIONAL GRANTMAKING" FOR PRIVATE FOUNDATIONS:

HTTP://CLASSIC.COF.ORG/ACTION/CONTENT.CFM?ITEMNUMBER=1648

ALTHOUGH MOST OF OUR FOREIGN GRANTS (AND ALL OF OUR FOREIGN GRANTS IN 2012) ARE TO FOREIGN CHARITIES MEETING THE STANDARDS SET FORTH ABOVE, WE OCCASIONALLY MAKE GRANTS TO OTHER NONPROFITS WE CANNOT DETERMINE TO BE EQUIVALENT TO A US CHARITY OR TO INDIVIDUALS OR BUSINESS ENTITIES. IN THOSE CASES, WE ENTER INTO APPROPRIATE CONTRACTUAL AGREEMENTS REQUIRING THE GRANTEE TO ACCOMPLISH CHARITABLE WORK OF DIRECT BENEFIT TO THE PUBLIC AND SPECIFICALLY DESCRIBED IN THE STATEMENT OF WORK.

THE GRANT AGREEMENTS WE USE INCLUDE REQUIREMENTS FOR THE GRANTEE TO

REPORT ON USE OF THE FUNDS.

#### 20-0097189 Page 5

# Schedule F (Form 990) 2012 MOZILLA FOUNDATION Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

#### **REGION: NORTH AMERICA**

(E) SPECIFIC TYPES OF SERVICES IN REGION: WEB DEVELOPMENT AND DESIGN,

CONSULTING SERVICES, MGMT AND ADMIN TEAM, PROGRAM MANAGEMENT, TECHNICAL

LEAD, MOZILLA COMMUNICATIONS, OFFICE SPACE AND ORGANIZATIONAL SERVICES

**REGION: EUROPE** 

(E) SPECIFIC TYPES OF SERVICES IN REGION: WEBSITE DEVELOPMENT, MOZILLA

FESTIVAL-EVENT MANAGEMENT, ORGANIZATIONAL DEVELOPMENT, WEB DEVELOPMENT

#### FOR CHALLENGE ON WEBSITE, COURSE ORGANIZATION AND CURRICULUM MANAGEMENT

(Form 990 or 990-EZ)

Department of the Treasury	
Internal Revenue Service	

#### \*\* PUBLIC DISCLOSURE COPY \*\* Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. 2012 Open To Public Inspection

OMB No. 1545-0047

Name of the organization	n			Employer	identification n	umber
	MOZILLA	FOUNDATION		20 - 00	97189	
<b>E</b> unduaia		• · · · · · · · ·	 			

Part I Fundraising Activities required to complete this part	<ul> <li>Complete if the organization answer</li> <li>t.</li> </ul>	ered "Y	'es" to	Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
<ol> <li>Indicate whether the organization rais</li> <li>a Mail solicitations</li> <li>b X Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, F</li> <li>b If "Yes," list the ten highest paid ind compensated at least \$5,000 by the</li> </ol>	e X Solicita f X Solicita g Special pr oral agreement with any individual Part VII) or entity in connection with p lividuals or entities (fundraisers) purs	tion of tion of fundra (inclue profess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, tru undraising services?	stees or	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or con contrib	ustody itrol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
THE WATERSHED COMPANY - 1901 L STREET, N.W, SUITE 800,	CONSULTANT	Yes	No X	0.	133,528.	<133,528.
OUTSET CONSULTING - 1159 DUNDAS ST E #149, TORONTO,	CONSULTANT		x	0.	88,746.	<88,746.
Total					222 274	<222 274

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL, AK, AR, AZ, CA, CO, CT, DC, FL, GA, IL, KS, KY, MA, MD, ME, MI, MI, MN, MO, NC, ND, NH, NJ, NY OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WI, WV

# Schedule G (Form 990 or 990-EZ) 2012 MOZILLA FOUNDATION

		of fundraising event contributions and gr	-			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
e			(event type)	(event type)	(total number)	
Revenue						
Re	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
Se	5	Noncash prizes				
xpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	, , , , , , , , , , , , , , , , , , , ,				()
Pa	11 Int	Net income summary. Combine line 3, colum	<u>n (d), and line 10</u> answered "Ves" to Form	990 Part IV line 19 or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.			reported more than	
۵			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue				bingo/progressive bingo		col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes%	Yes%	Yes%	
	7	Direct expense summary. Add lines 2 throug	n 5 in column (d)			()
	8	Net gaming income summary. Combine line	I. column d. and line 7		▶	
		<u> </u>				
9		ter the state(s) in which the organization opera		_		
		the organization licensed to operate gaming ac No," explain:		states?		Yes No
N						
	_					
		ere any of the organization's gaming licenses re	-	-	year?	Yes No
b	lf "	Yes," explain:				

Sch	nedule G (Form 990 or 990-EZ) 2012 MOZILLA FOUNDATION 20-	0097	189	Page <b>3</b>
	Does the organization operate gaming activities with nonmembers?		Yes	No No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	└── No
	Indicate the percentage of gaming activity operated in:			
	a The organization's facility			%
	b An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records:	13b		%
14				
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	└── No
I	<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount			
	of gaming revenue retained by the third party $\blacktriangleright$ \$			
(	c If "Yes," enter name and address of the third party:			
	Name			
	Address ►			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 \$			
	Description of services provided 🕨			
	Director/officer Employee Independent contractor			
47				
	Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	🗌 No
I	<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
_	organization's own exempt activities during the tax year 🕨 \$			
Pa	<b>art IV</b> Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (ii lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional informatic	, ,		,
sc	THEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISE	RS:		
<u> </u>	) NAME OF FUNDRAISER: THE WATERSHED COMPANY			
(1	·			
(1	) ADDRESS OF FUNDRAISER:			
19	01 L STREET, N.W, SUITE 800, WASHINGTON, DC 20036			
(1	) NAME OF FUNDRAISER: OUTSET CONSULTING			
(1	) ADDRESS OF FUNDRAISER:			

1159 DUNDAS ST E #149, TORONTO, ONTARIO, CANADA M4M3N9

Grants and Other Assistance to Organizations,

Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

SCHEDULE I

(Form 990)

Part I

#### MOZILLA FOUNDATION

Employer identification number 20-0097189

No

X Yes

General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any

recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

			cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
							PBS NEWSHOUR ELECTION
PARTICIPATORY CULTURE FOUNDATION							2012 – PARTICIPATORY
PO BOX 55071, #20335							JOURNALISM WITH DIGITAL
BOSTON, MA 02205-5071	20-2630593	501(C)(3)	202,563.	0.	CASH VALUE		CITIZENS
INSTITUTE OF PLAY							
134 WEST 26TH STREET SUITE 780							HIVE ACTIVITY DELIVERY
NEW YORK, NY 10001	20-8220833	501(C)(3)	12,604.	٥.	CASH VALUE		MECHANISM
GLOBAL KIDS INC							
137 EAST 25TH STREET, 2ND FLOOR							PENPAL NEWS SOFTWARE
,	13-3629485	501(C)(3)	7,500.	0	CASH VALUE		DEVELOPMENT
NEW IORK, NI 10010	13-3029405	501(C)(3)	7,500.	υ.	CASH VALUE		DEVELOPMENT
BAY AREA VIDEO COALITION							DIGITAL MEDIA PROJECT FOR
2727 MARIPOSA STREET							ADOLESCENT YOUTH IN SAN
	94-2403876	501(C)(3)	18,000.	0	CASH VALUE		FRANCISCO AREA
SAN FRANCISCO, CA STITU	J4 2403070	501(0/(5/	10,000.	0.	CADII VALUE		
DEPAUL UNIVERSITY							SUPPORT DIGITAL YOUTH
1 EAST JACKSON BLVD							NETWORK MENTORS AND TO
	36-2167048	501(C)(3)	27,600.	0.	CASH VALUE		HOST TRAINING WORKSHOPS
PERSONAL DEMOCRACY MEDIA							PANEL SPONSORSHIP AT
220 LAFAYETTE STREET, 2ND FLOOR							PERSONAL DEMOCRACY FORUM
NEW YORK, NY 10012	13-3981027	501(C)(3)	15,000.	0.	CASH VALUE		2012

**3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2012)

►

#### Schedule I (Form 990) MOZILLA FOUNDATION

#### Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

20-0097189 Page 1

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REV							
666 BROADWAY, SUITE 500							WORLD'S FAIR YOUTH
	94-3379913	501(0)(2)	7,250.	0	CASH VALUE		INTENSIVE
NEW YORK, NY 10012	94-3379913	501(C)(3)	7,250.	0,	CASH VALUE		EXPANSION OF NUMBER OF
COEMULADE EDEEDON CONCEDUANCY							
SOFTWARE FREEDOM CONSERVANCY							FREE, LIBRE AND OPEN
137 MONTAGUE STREET, SUITE 380	44 0000000		10.000				SOURCE SOFTWARE (FLOSS)
BROOKLYN, NY 11201-3548	41-2203632	501(C)(3)	10,000.	0.	CASH VALUE		PROJECTS
WNYC RADIO							
160 VARICK STREET, 9TH FLOOR NEW YORK, NY 10013	13-3015230	501(0)(2)	7,000.	0	CASH VALUE		CODE SPRINT
NEW TORK, NI TUUIS	13-3013230	501(0)(3)	7,000.	0.	CASH VALUE		SUPPORT OF HIVE FASHION
COOPER HEWITT NATIONAL DESIGN							WORKSHOPS AND
MUSEUM - 2 EAST 91ST STREET - NEW	52 0206027	E01(0)(2)	60.000	0	CASH VALUE		PROFESSIONAL DEVELOPMENT
YORK, NY 10128	53-0206027	501(C)(3)	60,000.	0.	CASH VALUE		PROGRAMMING
							FASHIONABLE GAMING: A
EYEBEAM							WEARABLE TECHNOLOGY
540 W 21ST STREET							PROGRAM FOR TEENS; OPEN
NEW YORK, NY 11001	13-3952075	501(C)(3)	25,562.	0.	CASH VALUE		ARTS
YMCA NYC							
32-23 QUEENS BLVD	12 1004020	F01(a)(2)	17 600	0			
NEW YORK, NY 11101	13-1624230	501(C)(3)	17,620.	0.	CASH VALUE		HIVE FASHION
NEW YORK HALL OF SCIENCE							
47-01 1111TH STREET							
NEW YORK, NY 11368	11-2104059	501(C)(3)	19,483.	0	CASH VALUE		HIVE FASHION
NEW TORK, NI 11500	11-2104033	501(0/(3)	19,403.	0.	CASH VALUE		HIVE FASHION
THE NEW YORK PUBLIC LIBRARY							
455 5TH AVENUE, NEW YORK							
	13-1887440	501(C)(3)	17 100	0	CASH VALUE		HIVE FASHION
NEW YORK, NY 10016	13-100/440		17,100.	0.	CASH VALUE		HIVE FASILON
BROOKLYN PUBLIC LIBRARY							
10 GRAND ARMY PLAZA							
BROOKLYN, NY 11238	11-1904261	501(C)(3)	20,000.	0	CASH VALUE		HIVE FASHION
DICOUTIN' NI 11220	1 11 1904201		20,000.	U.	· C		

Schedule I (Form 990)

Schedule I (Form 990)

MOZILLA FOUNDATION

20 - 0097189

Page 1

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NATIONAL MUSEUM OF MEXICAN ART							
1852 W 19TH STREET CHICAGO, IL 60608	36-3225519	501(C)(3)	14,875.	0.	CASH VALUE		HIVE FASHION
DREAM YARD PROJECT 1085 WASHINGTON AVENUE							
BRONX, NY 10456	13-3759661	501(C)(3)	20,000.	0.	CASH VALUE		HIVE FASHION
STREET LEVEL YOUTH MEDIA 1537 N ASHLAND							
CHICAGO, IL 60622	36-4039558	501(C)(3)	20,000.	0.	CASH VALUE		HIVE FASHION
THE NEW YORK COMMUNITY TRUST 909 THIRD AVENUE							TO SUPPORT DIGITAL MEDIA AND LEARNING EXPERIENCES FOR ADOLESCENT YOUTH IN
NEW YORK, NY 10022	13-3062214	501(C)(3)	50,000.	0.	CASH VALUE		NEW YORK CITY
CHICAGO PUBLIC LIBRARY 20 N. MICHIGAN AVE, SUITE 520 CHICAGO, IL 60602	36-3480353	501(C)(3)	20,000.	0.	CASH VALUE		HIVE FASHION
NORTHWESTERN UNIVERSITY SCHOOL OF EDUCATION AND SOCIAL POLICY - 2120 CAMPUS DRIVE, OFFICE 245 -							
EVANSTON, IL 60208	36-2167817	501(C)(3)	20,000.	0.	CASH VALUE		HIVE FASHION
YMCA CONTRIBUTIONS 36227 TREASURY CENTRE							
CHICAGO, IL 60694-6200	36-2179782	501(C)(3)	5,250.	0.	CASH VALUE		HIVE FASHION
BIG & LIL MARSH PRODUCTIONS 566 BROADWAY, SUITE 500							WORLD'S FAIR YOUTH
NEW YORK, NY 10029	94-3379913	501(C)(3)	7,250.	0.	CASH VALUE		INTENSIVE

Schedule I (Form 990)

20-0097189

Page 2

Schedule I (Form 990) (2012)	MOZILLA	FOUNDATION
------------------------------	---------	------------

## Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
STIPENDS	2	141,611.	0.	CASH VALUE	
<b>Deat IV O</b> such as a stable for most in the constant stable st	<u>I</u>				

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

#### SCHEDULE I, PART I, LINE 2: WE MAINTAIN ONLINE INFORMATION ON GRANTS ON OUR

#### INTRANET AND SUPPORTING DOCUMENTATION SUCH AS GRANT PROPOSALS, SIGNED

AGREEMENTS, REPORTS FROM GRANTEES, ETC.

SCHEDULE J (rom 990)       For certain Officers. Directors, Trustees, Key Employees, and Highest <ul> <li>Complete if the organization part IV, line 23.</li> <li>Attach to Form 990.</li> <li>Part VI.</li> <li>Attach to again attach provided any of the following to or for a person lated in Form 990.</li> <li>Part VI.</li> <li>Attach to again attach provided any of the following to or for a person lated in Form 990.</li> <li>Part VI.</li> <li>Attach to again attach provided any of the following to or for a person lated in Form 990.</li> <li>Part VI.</li> <li>Attach to comparison</li> <li>Part VI.</li> <li>Attach to again attach provide attach provide any of the following to or for a person lated in Form 990.</li> <li>Part VI.</li> <li>Attach to again attach provide atta</li></ul>			** PUBLIC DISCLOSURE COPY **			15 45 00	47
Complete if the organization answered "Yes" to Form 990, Determined the organization answered "Yes" to Form 990, Part II. Section A, line 1a. Complete Part III to provide any other following to or for a person listed in Form 990, Part VI. Section A, line 1a. Complete Part III to provide any other following to or for a person listed in Form 990, Part VI. Section A, line 1a. Complete Part III to provide any other following to or for a person listed in Form 990, Part VI. Section A, line 1a. Complete Part III to provide any other following to or for a person listed in Form 990, Part VI. Section A, line 1a. Complete Part III to provide any other following to or for a person listed in Form 990, Part VI. Section A, line 1a. Complete Part III to provide any other following to a for a person listed in Form 990, Part VI. Section A, line 1a. Complete Part III to provide any other following to a for a person listed in Form 990, Part VI. Section Part Part II to provide any other following to a for the part Part II to provide the section of all of the expense described above? If "No," complete Part III to provide the section of the organization or all or expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? Indicate which, if any, of the following the filling organization used to establish the compensation committee Compensation committee Ceo/Executive Director, regarding the section A, line 1a, with respect to the filling organization or a netted organization. Enclose a servence payment from, a supplemental nongalider of themesent of the capanization to establish compensation committee During the year, (di any person listed in Form 980, Part VII, Section A, line 1a, with respect to t			-			1545-00	47
Description         Complete if the organization answired "Yes" to Form 990, base separate instructions.         Opens to Public impaction           Name of the organization         MOZILLA FOUNDATION         Employer identification numbers 20-0097189           Part I Question Regarding Compensation         Yes         No           Part I Question Regarding Compensation provided any of the following to or for a personal lead in Form 990, Part VII. Section A, line 1a. Complete Part III to provide any relevant information regarding these fems.         Yes         No           Part I Guestion and gross-up payments         Personal sendence fee g, maid, Chandiffer, cheft         Image: Compensation or provide of all of the expenses described above? If "No," complete Part III to explain         Image: Compensation compensation or on the bas on the trave of the following expenses neurored by all offices, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?         2         Image: Compensation committee         2           I Und to enganization of the CEO/Executive Director, regarding the items checked in line 1a?         2         2         2           I Undicate which, if any, of the following	(Forn	n 990)			20	12	/
Attach to Form 990         See separate instructions.         Implection           Name of the organization         MOZILLA FOUNDATION         Employer identification number 20 – 0097189           Part II         Questions Regarding Compensation         Yes         No           Implection         Implection         Implection         Yes         No           Implection         Imp			Complete if the organization answered "Yes" to Form 990,				
Name of the organization         Description         Description         Employer identification number 20 - 0.09718.9           Part I         Questions Regarding Compensation         20 - 0.09718.9         Yes         No           Part II         Questions Regarding Compensation         Yes         No         Yes         No           Part II         Questions Regarding Compensation         Yes         No         Yes         No           Part III         Questions Regarding Compensation         Heath of social club dues or initiation for personal use         Yes         No           Part IIII or comparison         Payments for business use of personal residence         Heath of social club dues or initiation fees         Personal services (e.g., maid, houfferd, cheft)         It           IIII         Busing allowance or residence for personal use         Personal services (e.g., maid, houfferd, cheft)         It         It         It           IIII         Duestion require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustes, and the CEO/Executive Director, tregarding the time checked in line 12?         It							IC
MOZILIA FOUNDATION         20-0097189           Part I         Questions Regarding Compensation         Image: Compensation of the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1, a complete Part III to provide any relevant information regarding these tens.         Image: Complete Part III to provide any relevant information regarding these tens.         Image: Complete Part III to provide any relevant information regarding these tens.         Image: Complete Part III to provide any relevant information regarding these tens.         Image: Complete Part III to provide any relevant information regarding these tens.         Image: Complete Part III to provide any relevant information regarding payment or reinbursament or provision of all of the expansis described above 911 "No." Complete Part III to acyclain in Part Part Part Payment or reinbursants described above 911 "No." Complete Part III to acyclain in Part III.         Image: Complete Part III to acyclain in Part III.         Image: Complete Part III to acyclain in Part III.         Image: Complete Part III to acyclain in Part III.         Image: Complete Part III to acyclain in Part III.         Image: Complete Part III to acyclain in Part III.         Image: Complete Part III to acyclain in Part III.         Image: Complete Part III to acyclain in Part III.         Image: Complete Part III to acyclain in Part III.         Image: Complete Part III to acyclain in Part III.         Image: Complete Part III to acyclain in Part III.         Image: Complete Part III to acyclain in Part III.         Image: Complete Part III to acyclain in Part III.         Image: Complete Part III to acyclain in Part III.         Image: Complete Part III to acyclain in Part I				Employer ide			mber
Part I       Questions Regarding Compensation       Yes       No         1a       Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a, Complete Part III to provide any relevant information regarding these terms.       Image: Complete Part III to provide any relevant information regarding these terms.       Image: Complete Part III to provide any relevant information regarding these terms.       Image: Complete Part III to provide any relevant information regarding these terms.       Image: Complete Part III to explain 2000         1b       If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director. regarding the items checked in line 1a?       10         2       Indicate which, if any, of the following the filing organization used to establish the compensation of the organization to establish compensation roundite       2         3       Indicate which, if any, of the following the filing organization used to establish the compensation or committee       2       2         4       During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization to establish compensation arrangement from, a supplemental nonqualified retirement plan?       4a       X         4       During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization?       4a       X <td< td=""><td></td><td>5</td><td></td><td></td><td></td><td></td><td></td></td<>		5					
1a         Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant Information regarding these items.                — First-fass or charter travel — First-fass or charter travel — First-fass or charter travel — First-fass or charter travel — Travel for companions — Travel for companions and gross-up payments — Bayments for business use of personal use — Discretionary spending account — Personal services (e.g., maid, chauffeur, chef)            b         If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain To boxes, and the CEO/Executive Director, regarding the items checked in line 1a?               10                 2 Indicate which, if any, of the following the filing organization oused to establish the compensation of the companization s CEO/Executive Director. Check all that apply, Do not check any boxes for methods used by a related organization s CEO/Executive Director. Check all that apply, Do not check any boxes for methods used or compensation committee               Z                 — Compensation or But eCEO/Executive Director, but explain in Part III.               Compensation surfaut               Z                 — During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the fili	Part	I Questions					
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.       Image: Comparison of the comparison of						Yes	No
<ul> <li>First-class or charter travel</li> <li>Payments for business use of personal use</li> <li>Payments for business use of personal residence</li> <li>Travel for companions</li> <li>Payments for business use of personal residence</li> <li>Discretionary spending account</li> <li>Personal services (e.g., maid, chauffeur, chef)</li> </ul> <li>b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</li> <li>Did the organization require substantiation prior to reimburging or allowing expenses incurred by all officers. directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</li> <li>a Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish the Compensation committee</li> <li>Compensation committee</li> <li>Compensation committee</li> <li>Compensation committee</li> <li>A compensation y study</li> <li>Compensation committee</li> <li>A porval by the board or compensation committee</li> 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: <ul> <li>a Receive a severance payment from, a supplemental nonqualified retirement plan?</li> <li>4 a X</li> <li>4 b X</li> <li>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</li> <li>4 b X</li> <li>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</li> <li>b Any related organization?</li> <li>f "Yes" to any of lines 4ac, list the persona and provide the applicable amounts for each item in Part III.</li> <li>Only section 501(c)(3) and 501(c)(4) organization sust completa lines 5-9.</li> <li>5 F</li></ul>	<b>1a</b> C	heck the appropria	ate box(es) if the organization provided any of the following to or for a person listed in Form	990,			
Image: Travel for companions       Payments or business use of personal residence         Health or social club dues or initiation fees       Personal services (e.g., maid, chauffeur, chef)         b       If any of the boxes on line 1 are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No," complete Part III to explain       1b         2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation consultant       Image: Compensation committee         Compensation committee       X       Xiffette memployment contract       Image: Compensation committee         Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4a       X         Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4b       X         Participate in, or receive payment from, a supplemental nonqualified retirement plan?       5a       X         Participate in, or receive payment from, a supplemental nonqualified retirement plan?       5a       X         Participate in, or receive payment from, a supplemental nonqualified retirement plan?       5a       X	Р	art VII, Section A,	ine 1a. Complete Part III to provide any relevant information regarding these items.				1
Tax indemnification and gross up payments       Health or social club dues or initiation fees         Discretionary spending account       Personal services (e.g., maid, chauffeur, chef)         b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expresses described above? If "No: complete Part III to explain       1b         2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?       2         3       Indicate which, if any, of the following the filing organization used to establish the compensation of attest explains to a stabilish compensation committee       2         Compensation committee       IV written employment contract       Important approximation committee         A During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         a Receive a severance payment from, an equity based compensation arrangement?       4a       X         b Participate in, or receive payment from, an equity based compensation arrangement?       4a       X         ort yor lines 4ac, list the persons and provide the applicable amounts for each item in Part III.       Sb       X         Only section 501(c)(3) and 501(c)(4) organization amound item for 5-9.       5a       X         5 </td <td></td> <td>Eirst-class or c</td> <td>harter travel Housing allowance or residence for perso</td> <td>onal use</td> <td></td> <td></td> <td>1</td>		Eirst-class or c	harter travel Housing allowance or residence for perso	onal use			1
Discretionary spending account       Personal services (e.g., maid, chauffeur, chef)         b       If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?       2         3       Indicate which, if any, of the following the filing organization used to establish the compensation of the organization to establish compensation connuittee       2       2         Imdicate which, if any, of the following the filing organization used to establish the compensation to the CEO/Executive Director, but explain in Part III.       2       2         Independent compensation consultant       X       Compensation committee       X       4         Independent compensation or avelated organizations       X       Compensation committee       4       X         Pouring the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization are areluty based compensation arrangement?       4a       X         Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4a       X         During the year, did any person listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contin		Travel for com	panions Payments for business use of personal re	sidence			1
b       If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part II to explain       1b         2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?       2         3       Indicate which, if any, of the following the filing organization used to establish the compensation of the organization is CEO/Executive Director, but explain in Part III.       2         Compensation committee       X       X Written employment contract         Indicate which, if any, of the following the filing organization survey or study       Compensation or the CEO/Executive Director, but explain in Part III.         Compensation committee       X       Written employment contract         Indicate which, if any of the programizations       X Organization survey or study         Form 990 of other organizations       X Aproval by the board or compensation committee         4       During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         Participate in, or receive payment from, an equity-based compensation arrangement?       4c       X         If 'Yes' to any of lines 4ac, list the persons and provide the applicable amounts for each item in Part III.       5a <td< td=""><td>Ľ</td><td>Tax indemnific</td><td>ation and gross-up payments Health or social club dues or initiation fee</td><td>:S</td><td></td><td></td><td>1</td></td<>	Ľ	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	:S			1
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?       2         3       Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee       2         1       Compensation committee       Xivitten employment contract       2         1       Compensation committee       Xivitten employment contract       4         2       During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         4       During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         5       Participate in, or receive payment form, a supplemental nonqualified retriement plan?       4a       X         6       Participate in, or receive payment form, a supplemental nonqualified retriement plan?       4c       X         6       For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the resumples of:<		Discretionary s	pending account Personal services (e.g., maid, chauffeur, o	chef)			l
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?       2         3       Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee       2         1       Compensation committee       Xivitten employment contract       2         1       Compensation committee       Xivitten employment contract       4         2       During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         4       During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         5       Participate in, or receive payment form, a supplemental nonqualified retriement plan?       4a       X         6       Participate in, or receive payment form, a supplemental nonqualified retriement plan?       4c       X         6       For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the resumples of:<							ĺ
2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?       2         3       Indicate which, if any, of the following the filing organization used to establish the compensation of the cEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee       2         3       Indicate which, if any, of the following the filing organization used to establish the compensation of the CEO/Executive Director, but explain in Part III.       2         4       Compensation committee       X       Written employment contract       2         4       During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         4       During the year, did any person isted in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         5       Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4b       X         5       For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         5       For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:							
trustees, and the CEO/Executive Director, regarding the items checked in line 1a?       2         3       Indicate which, if any, of the following the filing organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee       2         Compensation committee       X       Written employment contract       1         Independent compensation consultant       X       Compensation survey or study       1         Form 990 of other organizations       X       Approval by the board or compensation committee       4a       X         4       During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization:       4a       X         b       Participate in, or receive payment from, as upplemental nonqualified retirement plan?       4b       X         c       Participate in, or receive payment from, as upplemental nonqualified retirement plan?       4c       X         b       Participate in, or receive payment from, an equity-based compensation pay or accrue any compensation contingent on the revenues of:       5a       X         c       Participate in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         d       For persons listed in Form 990, Part V					1b		<u> </u>
3       Indicate which, if any, of the following the filling organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee       Image: CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee         Image: CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee       Image: CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee         Image: CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee       Image: CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee         4       During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization rom receive payment from, an equity-based compensation arrangement?       4a       X         4       During the year, did any person and provide the applicable amounts for each item in Part III.       4b       X         4       During the year off and the organization pay or accrue any compensation contingent on the revenues of:       5a       X         5       For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net eamings		-					
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <ul> <li>Compensation of the CEO/Executive Director, but explain in Part III.</li> <li>Compensation committee</li> <li>X Orgensation survey or study</li> <li>Form 990 of other organizations</li> <li>Approval by the board or compensation committee</li> </ul> 4         During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: <ul> <li>Receive a severance payment from, a supplemental nonqualified retirement plan?</li> <li>Participate in, or receive payment from, an equity-based compensation arrangement?</li> <li>H * Yes* to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</li> </ul> <ul> <li>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</li> <li>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:             <ul> <li>The organization?</li> <li>Sb</li> <li>X</li> </ul> <ul> <li>Stad in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the retarmings of:             <ul> <li>The organization?</li> <li>Sb</li> <li>X</li> <li>Any related organization?</li> <li>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments no</li></ul></li></ul></li></ul>	tr	ustees, and the Cl	EU/Executive Director, regarding the items checked in line 1a?		2		<b></b>
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <ul> <li>Compensation of the CEO/Executive Director, but explain in Part III.</li> <li>Compensation committee</li> <li>X Orgensation survey or study</li> <li>Form 990 of other organizations</li> <li>Approval by the board or compensation committee</li> </ul> 4         During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: <ul> <li>Receive a severance payment from, a supplemental nonqualified retirement plan?</li> <li>Participate in, or receive payment from, an equity-based compensation arrangement?</li> <li>H * Yes* to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</li> </ul> <ul> <li>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</li> <li>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:             <ul> <li>The organization?</li> <li>Sb</li> <li>X</li> </ul> <ul> <li>Stad in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the retarmings of:             <ul> <li>The organization?</li> <li>Sb</li> <li>X</li> <li>Any related organization?</li> <li>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments no</li></ul></li></ul></li></ul>	3 In	dicato which if an	w of the following the filing organization used to establish the componention of the organiz	ation's			ĺ
establish compensation of the CEO/Executive Director, but explain in Part III.       Image: Compensation committee         Compensation committee       X       Written employment contract         Independent compensation consultant       X       Compensation survey or study         Form 990 of other organizations       X       Approval by the board or compensation committee         4       During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         a Receive a severance payment or change-of-control payment?       4a       X         b Participate in, or receive payment from, an equity-based compensation arrangement?.       4c       X         If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4a       X         Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.       5       For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         b Any related organization?       5a       X       5b       X         If "Yes" to line 5a or 5b, describe in Part III.       6a       X       Approval by or accrue any compensation contingent on the retarnings of:       6a       X         a The organization?       5a       X       5							1
Compensation committee       X         Written employment contract       Independent compensation consultant         Form 990 of other organizations       X         Ouring the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a         Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4a       X         Participate in, or receive payment from, an equity-based compensation arrangement?       4c       X         If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4a       X         Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.       5a       X         For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         The organization?       5a       X       5b       X         If "Yes" to line 5a or 5b, describe in Part III.       6a       X       6b       X         Any related organization?       6a       X       6b       X         If "Yes" to line 5a or 5b, describe in Part III.       6a       X       6b       X         Any related organization?       6a       X       6b       X       6a       X							1
Independent compensation consultant       X       Compensation survey or study         Form 990 of other organizations       X       Approval by the board or compensation committee         4       During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         a Receive a severance payment or change-of-control payment?       4a       X         b Participate in, or receive payment from, an equity-based compensation arrangement?       4c       X         If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       6a       X         Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.       5a       X         5       For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a The organization?       5a       X       5b       X         if "Yes" to line 5a or 5b, describe in Part III.       6a       X       6b       X         b Any related organization?       6a       X       6b       X         if "Yes" to line 6a or 6b, describe in Part III.       6b       X       6b       X         b Any related organization?       6a       X       6b       X	С. Г						
Image: Source of the second	Ē						
4       During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         a       Receive a severance payment or change-of-control payment?       4a       X         b       Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4c       X         c       Participate in, or receive payment from, an equity-based compensation arrangement?       4c       X         lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4a       X         Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.       5       For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a       The organization?       5a       X         lf "Yes" to line 5a or 5b, describe in Part III.       6a       X         6       For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a       The organization?       6a       X       X         b       Any related organization?       6a       X         if "Yes" to line 6a or 6b, describe in Part III.       7       X <t< td=""><td>Γ</td><td></td><td></td><td>committee</td><td></td><td></td><td>ĺ</td></t<>	Γ			committee			ĺ
organization or a related organization:       4a       X         a Receive a severance payment or change-of-control payment?       4a       X         b Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4b       X         c Participate in, or receive payment from, an equity-based compensation arrangement?       4c       X         if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.       5       For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a The organization?       5a       X       If "Yes" to line 5a or 5b, describe in Part III.       5b       X         6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       5b       X         a The organization?       5a       X       X         If "Yes" to line 6a or 6b, describe in Part III.       6a       X         b Any related organization?       6a       X         If "Yes" to line 6a or 6b, describe in Part III.       7       X         7       For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fix	_			2011111111100			ĺ
organization or a related organization:       4a       X         a Receive a severance payment or change-of-control payment?       4a       X         b Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4b       X         c Participate in, or receive payment from, an equity-based compensation arrangement?       4c       X         if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.       5       For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a The organization?       5a       X       If "Yes" to line 5a or 5b, describe in Part III.       5b       X         6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       5b       X         a The organization?       5a       X       X         If "Yes" to line 6a or 6b, describe in Part III.       6a       X         b Any related organization?       6a       X         If "Yes" to line 6a or 6b, describe in Part III.       7       X         7       For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fix	<b>4</b> D	uring the year, did	any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing				l
b       Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4b       X         c       Participate in, or receive payment from, an equity-based compensation arrangement?       4c       X         If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.       5       For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a       The organization?       5a       X         b       Any related organization?       5b       X         if "Yes" to line 5a or 5b, describe in Part III.       5b       X         6       For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a       The organization?       6a       X         b       Any related organization?       6a       X         if "Yes" to line 6a or 6b, describe in Part III.       7       X         7       For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III       7       X         8	0	rganization or a rel	ated organization:				1
c       Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.       For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a       The organization?       5a       X         b       Any related organization?       5b       X         if "Yes" to line 5a or 5b, describe in Part III.       5b       X         6       For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a       The organization?       6a       X         b       Any related organization?       6a       X         if "Yes" to line 6a or 6b, describe in Part III.       6b       X         7       X       6b       X         16 "Yes" to line 6a or 6b, describe in Part III.       7       X         8       Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.       8       X       9       9	<b>a</b> R	eceive a severanc	e payment or change-of-control payment?		4a		
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       Image: Contract of the persons and provide the applicable amounts for each item in Part III.         Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.       For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a The organization?       5a       X         b Any related organization?       5b       X         if "Yes" to line 5a or 5b, describe in Part III.       5b       X         6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a The organization?       6a       X       6b       X         f "Yes" to line 6a or 6b, describe in Part III.       6a       X       6b       X         f "Yes" to line 6a or 6b, describe in Part III.       7       X       8       7       X         8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9       If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III <t< td=""><td>bΡ</td><td>articipate in, or rec</td><td>eive payment from, a supplemental nonqualified retirement plan?</td><td></td><td>4b</td><td></td><td></td></t<>	bΡ	articipate in, or rec	eive payment from, a supplemental nonqualified retirement plan?		4b		
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.         5       For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: <ul> <li>a</li> <li>The organization?</li> <li>5a</li> <li>X</li> <li>b</li> <li>Any related organization?</li> <li>ff "Yes" to line 5a or 5b, describe in Part III.</li> <li>6</li> <li>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</li></ul>	сP	articipate in, or rec	eive payment from, an equity-based compensation arrangement?		4c		X
5       For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a       The organization?       5b       X         b       Any related organization?       5b       X         if "Yes" to line 5a or 5b, describe in Part III.       6       For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a       The organization?       6a       X         b       Any related organization?       6a       X         contingent on the net earnings of:       6b       X         a       The organization?       6a       X         b       Any related organization?       6b       X         if "Yes" to line 6a or 6b, describe in Part III.       7       X         7       For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.       7       X         8       Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9       If "Yes" to line 8, did the org	lf	"Yes" to any of lin	es $4a \cdot c$ , list the persons and provide the applicable amounts for each item in Part III.				ĺ
5       For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a       The organization?       5b       X         b       Any related organization?       5b       X         if "Yes" to line 5a or 5b, describe in Part III.       6       For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a       The organization?       6a       X         b       Any related organization?       6a       X         contingent on the net earnings of:       6b       X         a       The organization?       6a       X         b       Any related organization?       6b       X         if "Yes" to line 6a or 6b, describe in Part III.       7       X         7       For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.       7       X         8       Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9       If "Yes" to line 8, did the org							l
contingent on the revenues of:       5a         a The organization?       5a         b Any related organization?       5b         If "Yes" to line 5a or 5b, describe in Part III.       5b         6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a         a The organization?       6a       X         b Any related organization?       6a       X         b Any related organization?       6a       X         b Any related organization?       6b       X         f "Yes" to line 6a or 6b, describe in Part III.       6b       X         7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9       If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9							1
a The organization?       5a       X         b Any related organization?       5b       X         If "Yes" to line 5a or 5b, describe in Part III.       5b       X         6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a The organization?       6a       X         b Any related organization?       6b       X         contingent on the net earnings of:       6b       X         a The organization?       6b       X         b Any related organization?       6b       X         of Propersons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not describe in Part III.       7       X         7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.       7       X         8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.       8       X         9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9		-		n			1
b       Any related organization?       5b       X         If "Yes" to line 5a or 5b, describe in Part III.       6       For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a       The organization?       6a       X         b       Any related organization?       6b       X         if "Yes" to line 6a or 6b, describe in Part III.       6b       X         7       For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.       7       X         8       Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.       8       X         9       If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9		0			_		v
If "Yes" to line 5a or 5b, describe in Part III.         6       For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:         a       The organization?         b       Any related organization?         if "Yes" to line 6a or 6b, describe in Part III.         7       For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III         7       X         8       Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III         9       If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?							A V
6       For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6       X         a       The organization?       6a       X         b       Any related organization?       6b       X         If "Yes" to line 6a or 6b, describe in Part III.       6b       X         7       For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III       7       X         8       Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9       If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9					. 5b		
contingent on the net earnings of:       6a       X         a The organization?       6a       X         b Any related organization?       6b       X         If "Yes" to line 6a or 6b, describe in Part III.       6b       X         7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III       7       X         8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9							
a The organization?       6a       X         b Any related organization?       6b       X         If "Yes" to line 6a or 6b, describe in Part III.       6b       X         7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III       7       X         8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9				n			1
b       Any related organization?       6b       X         If "Yes" to line 6a or 6b, describe in Part III.       6b       X         7       For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III       7       X         8       Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9       If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9		-	-		6-		v
If "Yes" to line 6a or 6b, describe in Part III.         7       For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III         8       Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III         9       If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?							
7       For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III       7       X         8       Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9       If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9					dð		
not described in lines 5 and 6? If "Yes," describe in Part III       7       X         8       Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9       If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9				c.			
<ul> <li>8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</li> <li>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</li> <li>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in 9</li> </ul>					7		x
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9							
9       If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in         Regulations section 53.4958-6(c)?       9		•			R		x
Regulations section 53.4958-6(c)?							
					9		1
						n 990	2012

20-0097189

#### Schedule J (Form 990) 2012 MOZILLA FOUNDATION

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation reported as deferred
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	in prior Form 990
(1) MITCHELL BAKER	(i)	0.	0.	0.	0.	0.		0.
CHAIR	(ii)	369,050.	247,098.	45,663.	17,500.	36,065.	715,376.	0.
(2) BRENDAN EICH	(i)	0.	0.	0.	0.	0.		0.
СТО	(ii)	400,000.	251,475.	719.	17,500.	19,920.		
(3) RYAN MERKLEY	(i)	150,045.	0.	0.	10,503.	6,000.	166,548.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JAMES COOK	(i)	Ο.	0.	0.	0.	0.	0.	0.
TREASURER	(ii)	300,000.	228,750.	450.	17,500.	19,704.		0.
(5) MARK SURMAN	(i)	213,814.	0.	0.	14,967.	2,781.		0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Page 2

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization \*\* PUBLIC DISCLOSURE COPY \*\*

#### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. OMB No. 1545-0047

MOZILLA FOUNDATION

Employer identification number 20-0097189

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

THE \$209,174 IN REVENUES REPRESENTS THE NON-DEDUCTIBLE PORTION OF

CONTRIBUTIONS IN RETURN FOR WHICH MOZILLA FOUNDATION SUPPORTERS

RECEIVED A T-SHIRT OR SIMILAR ITEM.

EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ 209,174.

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

JAPAN, CHINA, TAIWAN, AUSTRALIA,

CANADA, FRANCE, UNITED KINGDOM, DENMARK,

SPAIN

FORM 990, PART VI, SECTION A, LINE 8B: THE AUDIT COMMITTEE PERIODICALLY MEETS IN EXECUTIVE SESSION. ALTHOUGH, SEPARATE MEETING MINUTES ARE NOT KEPT, IT REPORTS BACK TO THE EXECUTIVE BOARD WHERE MEETING MINUTES ARE KEPT.

FORM 990, PART VI, SECTION B, LINE 11: SEVERAL INDIVIDUALS ASSOCIATED WITH THE ORGANIZATION DILIGENTLY GATHER AND PREPARE ALL DATA AND NARRATIVE EXPLANATIONS TO ACCURATELY COMPLETE IRS FORM 990. SEVERAL DRAFTS OF THE FORM 990 ARE REVIEWED AND EDITED BY MANAGEMENT, OFFICERS, AND DIRECTORS. ALL DIRECTORS RECEIVE A FINAL COPY OF THE 990 PRIOR TO FILING. UPON FINAL DRAFT, THE AUDIT COMMITTEE OF THE MOZILLA FOUNDATION BOARD OF DIRECTORS REVIEWS AND APPROVES THE FINAL FILING OF THE FORM 990 TO THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: MOZILLA REQUIRES ALL BOARD MEMBERS

Schedule O (Form 990 or 990-EZ) (2012)

Name of the organization MOZILLA FOUNDATION

Employer identification number 20-0097189

1,101,608.

1,101,608.

0.

0.

Page 2

INTEREST.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

CA, AK, AL, AR, CT, FL, GA, IL, KS, KY, MA, MD, MI, MN, MS, NC, NH, NJ, NY, OK, OR, PA, RI, SC, TN

UT, VA, WI, WV

FORM 990, PART VI, SECTION C, LINE 19: THE 1023, 990, 990-T, GOVERNING

DOCUMENTS AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC ON THE

MOZILLA FOUNDATION'S WEBSITE.

FORM 990, PART IX, LINE 11G, OTHER FEES:

FEES FOR SERVICES:

PROGRAM SERVICE EXPENSES

MANAGEMENT AND GENERAL EXPENSES

FUNDRAISING EXPENSES

TOTAL EXPENSES

SEE DESCRIPTION BELOW :PROGRAM SERVICE EXPENSES0.MANAGEMENT AND GENERAL EXPENSES98,373.FUNDRAISING EXPENSES0.TOTAL EXPENSES98,373.TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A1,199,981.

LINE 11 G DESCRIPTION :

THESE EXPENSES RELATE PRIMARILY TO CONSULTANTS WORKING ON PROGRAM

SERVICE ACTIVITIES DESCRIBED IN PART III, INCLUDING WEBMAKER, OPEN

BADGES, OPEN NEWS, ETC.

MODIFIEM TOONDATION	20 000/100
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
INCOME TAX BENEFIT	500,000.
FORM 990, PART XI, LINE 2C: THE PROCESS TO SELECT AN INDE	PENDENT
AUDITOR DID NOT CHANGE FROM THE PRIOR YEAR.	

Schedule O (Form 990 or 990-EZ) (2012) Name of the organization

MOZILLA FOUNDATION

Employer identification number 20-0097189

SCHEDULE R

(Form 990) Department of the Treasury Internal Revenue Service

#### **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

Attach to Form 990. See separate instructions.

OMB No. 1545-0047 2012 Open to Public Inspection

Name of the organization

#### MOZILLA FOUNDATION

Employer identification number 20-0097189

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Exempt Code section	<b>(e)</b> Public charity status (if section	<b>(f)</b> Direct controlling entity	cont	<b>g)</b> 512(b)(13) rolled tity?
				501(c)(3))		Yes	No

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2012

#### Schedule R (Form 990) 2012 MOZILLA FOUNDATION

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		portion- cations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag partne	<sup>I or</sup> Percentage <sup>ing</sup> ownership r?
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yesl	10

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	512( cont	<b>i)</b> tion b)(13) rolled ity?
		country)						Yes	No
MOZILLA CORPORATION - 20-3226186									
650 CASTRO ST SUITE 300			MOZILLA						
MOUNTAIN VIEW, CA 94041	INTERNET SERVICES	CA	FOUNDATION	C CORP	302,180,157.	232,073,674.	100.00%	Х	
	-								
	-								
	-								

#### Schedule R (Form 990) 2012 MOZILLA FOUNDATION

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No				
<b>1</b> During the tax year, did the organization engage in any of the following transaction		0			X					
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity										
<b>b</b> Gift, grant, or capital contribution to related organization(s)										
c Gift, grant, or capital contribution from related organization(s)										
d Loans or loan guarantees to or for related organization(s)										
e Loans or loan guarantees by related organization(s)										
					x					
f Dividends from related organization(s)										
g Sale of assets to related organization(s)				1g		X				
h Purchase of assets from related organization(s)				1h		X				
i Exchange of assets with related organization(s)				. <u>1i</u>		X				
j Lease of facilities, equipment, or other assets to related organization(s)				. <u>1j</u>		X				
k Lease of facilities, equipment, or other assets from related organization(s)				1k		X				
I Performance of services or membership or fundraising solicitations for related org	ganization(s)			. 11		X				
${f m}$ Performance of services or membership or fundraising solicitations by related org	anization(s)			_ 1m		X				
n Sharing of facilities, equipment, mailing lists, or other assets with related organiza	ition(s)			. 1n	X X					
o Sharing of paid employees with related organization(s)										
						x				
p Reimbursement paid to related organization(s) for expenses										
<b>q</b> Reimbursement paid by related organization(s) for expenses						X				
r Other transfer of cash or property to related organization(s)				1r		X				
s Other transfer of cash or property from related organization(s)						X				
2 If the answer to any of the above is "Yes," see the instructions for information on	who must complete t	his line, including covered	relationships and transaction thresholds.							
(a)	(b)	(c)	(d)							
Name of other organization	Transaction	Amount involved	Method of determining amount in	nvolved						
	type (a-s)									
(1) MOZILLA CORPORATION	A	10,000.	TRADEMARK LICENSE AGREE	MENI						
	_									
(2) MOZILLA CORPORATION	F	2,500,000.	CASH							
(3)										
<u>(4)</u>										
<u>(5)</u>										
(6)										

#### Schedule R (Form 990) 2012 MOZILLA FOUNDATION

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are a partners 501(c) orgs.	) ill is sec. (3) ?	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(I Dispr tion alloca	n) opor- nate tions? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Gener manag partn Yes	) ging her?	<b>(k)</b> Percentage ownership
			, ,					Tes	NO		162		

Schedule R (Form 990) 2012

Schedule R (Form 990) 2012 MOZI
Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

MOZILLA FOUNDATION

SCHEDULE R, PART V, LINE 2

TRADEMARK VALUE

PER OUR AUDITED FINANCIAL STATEMENTS, THE MOZILLA FOUNDATION DOES NOT

RECORD THE FAIR MARKET VALUE OF THIS INTANGIBLE ASSET ON ITS BALANCE

SHEET DUE TO BOTH STANDARD ACCOUNTING PRACTICES AND THE NON-EXISTENCE

OF A READILY ACERTAINABLE MARKET VALUE FOR THIS LICENSE. THEREFORE, WE

CONTINUE TO SHOW THE AMOUNT INVOLVED AS THE ACTUAL AMOUNT PAID UNDER

THE ORIGINAL LICENSE AGREEMENT.