TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

DECEMBER 31, 2011

| | DECEMBER 31, 2011 |
|--|---|
| Prepared for | MOZILLA FOUNDATION 650 CASTRO ST. 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, 2012 |
| Special Instructions | THE RETURN SHOULD BE SIGNED AND DATED. |

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

| A F | or the 2 | 2011 calendar year, or tax year beginning and e | ending | | |
|-------------------------|---------------------------|---|---------------|------------------------------|-----------------------------------|
| 3 CI | neck if | C Name of organization | | D Employer identi | ification number |
| | plicable: | | | | |
| | Address change | MOZILLA FOUNDATION | | 20- | 0097189 |
| | Name change Initial | Doing Business As | Room/suite | E Telephone numb | |
| | return Termin- | Number and Street (or 1:0: box in main is not delivered to super and | NOUIII/Suite | 650 | -903-0800 |
| | ated Amended | 650 CASTRO ST. SUITE 300 | | G Gross receipts \$ | 3,954,108. |
| \vdash | return Applica- | City or town, state or country, and ZIP + 4 MOUNTAIN VIEW, CA 94041 | | H(a) Is this a group | |
| | Jtión pending | F Name and address of principal officer: JIM COOK | | for affiliates? | Yes X No |
| | | SAME AS C ABOVE | | H(b) Are all affiliates i | included? Yes No |
| LT | av.even | npt status: X 501(c)(3) | or 527 | If "No," attach | a list. (see instructions) |
| .I V | Vebsite | · ► WWW.MOZILLA.ORG | | H(c) Group exempt | tion number |
| K F | orm of o | rganization: X Corporation Trust Association Other | L Year | of formation: 2003 | M State of legal domicile: CA |
| | | 2 1 ma ma 0.10 / | | | MDDOWER AND |
| ø | 1 B | riefly describe the organization's mission or most significant activities: MOZI | LLA FC | UNDATION I | MPROVES AND |
| Activities & Governance | l P | ROTECTS THE INTERNET AS A PUBLIC COMMON | 5. | | |
| ern | 2 C | heck this box if the organization discontinued its operations or dispose | sed of more | than 25% of its net ، ، | 3 5 |
| VOK | 3 N | lumber of voting members of the governing body (Part VI, line 1a) | | | 4 3 |
| <u>ಹ</u> | 4 N | lumber of independent voting members of the governing body (Part VI, line 1b) | | | 5 13 |
| ies | | otal number of individuals employed in calendar year 2011 (Part V, line 2a) | | | 6 27250 |
| ξ | | otal number of volunteers (estimate if necessary) | | | 7a 21,602. |
| Ac | 7a ⊺ | otal unrelated business revenue from Part VIII, column (C), line 12 | | | 7b <7,135.> |
| _ | b N | let unrelated business taxable income from Form 990-1, line 34 | | Prior Year | Current Year |
| | | Contributions and grants (Part VIII, line 1h) | | 1,354,085 | |
| ne | | Program service revenue (Part VIII, line 2g) | | 22,282 | |
| Revenue | 10 Ir | nvestment income (Part VIII, column (A), lines 3, 4, and 7d) | | 558,292 | 596,550. |
| R | 11 0 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | • | 2,683. |
| | | otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 1,934,659 | |
| | | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 178,316 | |
| | 14 E | Benefits paid to or for members (Part IX, column (A), line 4) | | | 0. |
| S | 15 S | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 779,178 | 10000 |
| Expenses | | Professional fundraising fees (Part IX, column (A), line 11e) | | | 180,086. |
| xpe | b T | Total fundraising expenses (Part IX, column (D), line 25) | | 2,310,980 | 3,175,503. |
| Ш | 17 (| Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 3,268,474 | |
| | | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | <1,333,815 | |
| | | Revenue less expenses. Subtract line 18 from line 12 | | eginning of Current Ye | |
| sets or | | | P | 27,591,052 | |
| Sset | 20 1 | Fotal assets (Part X, line 16) | | 12,275,411 | |
| Net Ass Fund Bal | 21 7 | Fotal liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 | | 15,315,643 | |
| | 22 Nart II | Signature Block | | | |
| Unc | der nenal | ties of perjury, I declare that I have examined this return, including accompanying schedul | es and stater | nents, and to the best o | of my knowledge and belief, it is |
| true | e. correct | t, and complete. Declaration of preparer (other than officer) is based on all information of w | vhich prepare | er has any knowledge. | |
| | 1 | Com K Cod | | 11-10 | 1-2013 |
| Sig | ın | Signature of officer | | Date | |
| He | | JIM COOK, CFO | | | |
| | | Type or print name and title | | Data Januar | , I II PTIN |
| | | Print/Type preparer's name Sharon Zorbach Preparer's signature And areas | 1 | Date Check 11/14/12 if | D00125475 |
| Pai | | DELOTERED MAY LID | n | self-er | OC 40CEPPO |
| | parer | Firm's name DELOITTE TAX LLP | | Firm's EIN | 00 1003772 |
| Us | e Only | Firm's address 225 WEST SANTA CLARA STREET | | Phone no. | 408-704-4000 |
| | Jan 197 | SAN JOSE, CA 95113 | | T Hone no. | X Yes No |
| Ma | y the IF | as discuss this return with the preparer shown above? (see instructions) | | | 5 000 (2011) |

X

WEBCRAFT AND HACKASAURUS PROGRAMS, BOTH OF WHICH TEACH BASIC WEB DEVELOPMENT SKILLS. BY THE END OF 2011, THE FOUNDATION DECIDED TO CONSOLIDATE THESE PROGRAMS UNDER THE MOZILLA WEBMAKER BANNER WITH THE GOAL OF TEACHING WEB LITERACY TO A MUCH BROADER PUBLIC. WEBMAKER WAS LAUNCHED IN EARLY 2012. IN 2011, THE FOUNDATION ALSO CONTINUED ITS SUPPORT OF INNOVATIVE OPEN WEB TECHNOLOGY COURSES AT SENECA COLLEGE. DURING 2011, THE FOUNDATION SPENT \$555,052 ON ITS EDUCATIONAL PROGRAMS

976,988. including grants of \$ 86,500.) (Revenue \$ _____ 4c (Code:) (Expenses \$ MEDIA

MOZILLA RUNS PROGRAMS AND CREATES TOOLS THAT BRING OPENNESS AND INNOVATION TO THE WORLD OF ONLINE MEDIA. DURING 2011, THE FOUNDATION DEVELOPED AND RELEASED VERSION 1.0 OF MOZILLA POPCORN, AN OPEN SOURCE SOFTWARE FRAMEWORK DESIGNED THAT MAKES IT EASY TO CREATE INTERACTIVE WEB VIDEOS USING HTML5. THE FOUNDATION ALSO LAUNCHED KNIGHT-MOZILLA OPEN NEWS, A FELLOWSHIP AND COMMUNITY DEVELOPMENT PROGRAM DESIGNED TO PROMOTE INNOVATION IN JOURNALISM USING OPEN TECHNOLOGY. DURING 2011, THE FOUNDATION SPENT \$976,747 WHICH INCLUDES \$86,500 IN GRANTS.

| 4d | Other program services | (Describ | e in | Schedule | O.) |
|----|------------------------|----------|------|----------|-----|

619,911. including grants of \$

) (Revenue \$

Total program service expenses ► 4,050,307.

| orm 9 | 90 (2011) MOZILLA FOUNDATION 20-00971 | | 1.0 | ige o |
|-------|---|---------|------|---------------------|
| Part | IV Checklist of Required Schedules | | Yes | No |
| | | | Yes | NO |
| 1 ! | s the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | . | x | |
| | f "Van " namplate Schedule A | 1 2 | X | |
| | Use a security of the complete Schedule B. Schedule of Contributors? | 2 | 25 | |
| 3 1 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to cardidates for | , | | X |
| | Liver Control of the North Complete Schedule C. Part I | 3 | | |
| A . | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in election | | Х | |
| | | 4 | -22 | |
| e : | the organization a section 501(c)(4) 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | 5 | | Х |
| | -in-illar amounto as defined in Revenue Procedure 98-19? If "Yes," complete Scriedule C, Fart III | 5 | | |
| _ | or the provincian provincial any depart advised funds or any similar funds or accounts for which donors have the right to | | | Х |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If Yes, complete schedule B, Yakit I | 6 | | |
| | Did the example of the process of hold a conservation easement, including easements to preserve open space, | 7 | | Х |
| | the second historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | | | |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If Tes, complete | ا ہ ا | | Х |
| | Schodule D. Part III | 8 | | |
| _ | Bid the examplestion report an amount in Part X. line 21; serve as a custodian for amounts not listed in Part X, or provide | _ | | X |
| | and the suppositing do not management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Fait IV | . 9 | | |
| 40 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowners, permanent | 40 | | Х |
| | La contra de cura i andauments? If "Yes " complete Schedule D. Part V | 10 | | 121 |
| 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 | | | |
| | . Parallala | | | |
| а | as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | د | Х | |
| | Port VI | 11a | | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total | 446 | | Х |
| | coacts reported in Part X. line 162 If "Yes," complete Schedule D, Part VII | 11b | - | + |
| С | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total | | | Х |
| | to prod V. ling 162 If "Yes." complete Schedule D. Part VIII | 11c | | + |
| 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 | | | X |
| | D-+V 15-2 162 If "Vos." complete Schedule D. Part IX | 11d | X | 125 |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | 121 | + |
| f | Bit the appreciation's congrete or consolidated financial statements for the tax year include a loculote that addresses | | X | |
| | the experience liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Scriedule D, Fall A | 11f | 122 | - |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? It is easily complete | 10- | | Х |
| | Schedule D. Parts XI. XII. and XIII | 12a | ┼ | 121 |
| b | Was the examination included in consolidated, independent audited financial statements for the tax year? | 404 | x | |
| | If "Ves " and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional | 12b | 123 | X |
| 13 | le the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 10 | X | ┽╧ |
| 14a | Did the erganization maintain an office, employees, or agents outside of the United States? | 14a | + | ╫┈ |
| b | Bid the aurenization 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 | 4.41 | X | |
| | a 15 "Yea" complete Schedule F. Parts Land IV | 14b | + | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization | - | x | |
| | as entitly legated outside the United States? If "Yes." complete Schedule F, Parts II and IV | 15 | +== | + |
| 16 | Bid the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals | ĺ | X | . |
| | located outside the United States? If "Yes." complete Schedule F, Parts III and IV | 16 | + | |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | - | X | |
| | (A) lines 6 and 11o2 If "Ves." complete Schedule G. Part I | 17 | + | `- |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | X |
| | 1a and 2a2 If "Ves." complete Schedule G. Part II | 18 | +- | - 2 |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? it "Yes, | ۱., | | x |
| | complete Schedule G. Part III | 19 | | $\frac{\lambda}{X}$ |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | . 20 | | 12 |
| | of "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | . 201 | | 0 (001) |
| | | For | m ୪୪ | 0 (201 |

MOZILLA FOUNDATION Form 990 (2011) Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the Х 21 United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, 22 X 22 column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Х 23 Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete X 24a Schedule K. If "No", go to line 25 24b **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? 24d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a X 25a disqualified person during the year? If "Yes," complete Schedule L, Part I 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 X 25b Schedule L, Part I 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified Х 26 person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 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 X 27 of any of these persons? If "Yes," complete Schedule L, Part III 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): Х a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a $\overline{\mathbf{X}}$ **b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, X 28c director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х 30 contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? 31 Х 31 If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? 34 If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 X 35a 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of Х 35b section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? X 36 If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

Note. All Form 990 filers are required to complete Schedule O

| Form | 990 (2011) MOZILLA FOUNDATION | 20-0097 | 189 | Pa | age 5 |
|------|--|------------------------------|-----|-----|--------------|
| Par | 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 22 | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b 0 | | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and re | eportable 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 13 | | | |
| h | If at least one is reported on line 2a, did the organization file all required federal employment tax returns | | 2b | Х | |
| ~ | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions | | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | 3a | Х | |
| | | | 3b | Х | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other a | | | | |
| 74 | financial account in a foreign country (such as a bank account, securities account, or other financial a | | 4a | Х | |
| h | If "Yes," enter the name of the foreign country: ► SEE SCHEDULE O | 200001191 | | | |
| - | See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A | Accounts. | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | 5a | | Х |
| | 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 | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | | |
| ou | any contributions that were not tax deductible? | | 6a | | Х |
| h | If "Yes," did the organization include with every solicitation an express statement that such contribut | ions or aifts | | | |
| _ | were not tax deductible? | | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser | vices provided to the payor? | 7a | Х | |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | 7b | X | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | | |
| | to file Form 8282? | | 7c | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | | |
| | 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 contr | | 7f | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Fo | | 7g | N/ | A |
| | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization | ation file a Form 1098-C? | 7h | N/ | A |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Di | | | | |
| | organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at | | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | |
| а | Did the organization make any taxable distributions under section 4966? | N/A | 9a | | |
| | Did the organization make a distribution to a donor, donor advisor, or related person? | N/A | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | |
| 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: | | | | |
| 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 | | | l | |
| | amounts due or received from them.) | 11b |] | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | 1041? | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A | 12b | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | N/A | 13a | | |
| | Note. 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 | | | | |
| | organization is licensed to issue qualified health plans | 13b | | | |
| С | Enter the amount of reserves on hand | 13c | | | ļ |
| | | | 14a | | X |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul | e O | 14b | | |

Form 990 (2011) MOZILLA FOUNDATION 20-009 / 189 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

| | Check if Schedule O contains a response to any question in this Part VI | | | X |
|-----------|---|-----------|----------|-------------------|
| Sec | tion A. Governing Body and Management | | | |
| - | | | Yes | No |
| 12 | Enter the number of voting members of the governing body at the end of the tax year | | | |
| 10 | 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 O. | | 1 | |
| | Enter the number of voting members included in line 1a, above, who are independent 1b | | | |
| | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | |
| 2 | officer, director, trustee, or key employee? | 2 | | _X |
| | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | |
| 3 | of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | X |
| | of officers, directors, or trustees, or key employees to a management company of other potents. Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior roll of the organization's assets? | 5 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 6 | | X |
| 6 | Did the organization have members or stockholders? | | | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | 7a | | Х |
| | more members of the governing body? | 7,0 | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | 7b | | Х |
| | persons other than the governing body? | 10 | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | 8a | Х | |
| а | The governing body? | 8b | | Х |
| b | Each committee with authority to act on behalf of the governing body? | OD | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | Х |
| | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | - 25 |
| Sec | etion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | |
| | | | Yes | No X |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | <u> </u> |
| b | If "Yes " did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | 37 | ļ |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | X | |
| b | - was to be a set to be a second 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 | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | X | |
| c | and a project and appointment and enjoyed and enforce compliance with the policy? If "Yes," describe | | | |
| Ŭ | in Schedule O how this was done | 12c | X | |
| 13 | Did the organization have a written whistleblower policy? | 13 | <u> </u> | X |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | | X |
| 15 | Did the organization have a written determining the following persons include a review and approval by independent | | | |
| 13 | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | Î | | |
| | The organization's CEO, Executive Director, or top management official | 15a | l | X |
| | Other officers or key employees of the organization | 15b | | X |
| C | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | |
| | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | |
| 168 | Did the organization invest in, contribute assets to, or participate in a joint voltare or similar arrangement | 16a | | X |
| | taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | | |
| k | o If "Yes," did the organization follow a written policy or procedure required the organization is | ļ | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | 16b | | |
| | exempt status with respect to such arrangements? | | | and an arrange of |
| <u>Se</u> | ction C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed CA | Λ availa | hle | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s onl | ,, avana | | |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | |
| | X Own website Another's website X Upon request | and fine | ncial | |
| 19 | Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, | anu IIIli | ai icial | |
| | 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 organ | ı∠atıon: | _ | |
| | JAMES COOK - (650)903-0800 | | | |
| | 650 CASTRO ST. SUITE 300, MOUNTAIN VIEW, CA 94041 | | | 2 (0011 |

MOZILLA FOUNDATION

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

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

X

Page 7

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.

leted association componented one current officer director or trustee

| Check this box if neither the organization n | or any related | orga | niza | tion | con | nper | sat | ed any current officer, o | lirector, or trustee. | |
|--|-----------------------|---|-----------------------|---------|--------------|---------------------------------|------------|---------------------------|----------------------------------|--------------------|
| (A) | (B) | (C) | | | | | | (D) | (E) | (F) |
| Name and Title | Average | Position (do not check more than one | | | than o | ne | Reportable | Reportable | Estimated | |
| | hours per | box, | unles | ss per | son i | s both | n an | compensation | compensation | amount of |
| | week | _ | er an | a a ui | Tecto | i/uusi | .00) | from | from related | other compensation |
| | (describe | recto | | | | | | the organization | organizations (W-2/1099-MISC) | from the |
| | hours for | or di | 99 | | | sated | | (W-2/1099-MISC) | (44-2/1033-141100) | organization |
| | related organizations | ustee | trust | | 99 | uedu | | (44-27 1099-141100) | | and related |
| | in Schedule | ual tr | tional | | yoldı | st cor | _ | | | organizations |
| | 0) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) MITCHELL BAKER | | | | | | | | | | |
| CHAIR | 1.00 | Х | | | L | | | 0. | 544,972. | 35,864. |
| (2) JOI ITO | | | | | | | | | _ | 0 |
| DIRECTOR | 1.00 | Х | | | | | | 0. | 0. | 0. |
| (3) BOB LISBONNE | | | | | İ | | | | 0. | 0. |
| DIRECTOR | 1.00 | X | | | | | | 0. | U. | 0. |
| (4) BRENDAN EICH | 1 00 | ,, | | | | | | 0. | 549,972. | 36,080. |
| CTO | 1.00 | X | <u> </u> | | <u> </u> | - | <u> </u> | V • | 349,912. | 30,000. |
| (5) BRIAN BEHLENDORF | 1 00 | x | | | | | | 0. | 0. | 0. |
| DIRECTOR | 1.00 | <u> </u> | - | | ├- | ├ | | 0. | | |
| (6) RYAN MERKLEY | 40.00 | | | Х | | | ŀ | 129,782. | 0. | 24,863. |
| CHIEF OPERATING OFFICER (7) JAMES COOK | 40.00 | - | ┼ | 123 | \vdash | ┼- | | | | • |
| CFO | 4.00 | | ļ | x | | | | 0. | 505,782. | 35,882. |
| (8) MARK SURMAN | | 1 | <u> </u> | | | | | | | |
| EXECUTIVE DIRECTOR | 40.00 | | | Х | | | | 183,998. | 0. | 31,877. |
| | | Π | | | | | | | | |
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| Part | VII Section A. Officers, Directors, Tr | ustees, Key En | nplo | yee | s, aı | nd h | lighe | est (| Compensated Employ | ees (continued) | | | · | |
|------|--|--------------------|-------------|-----------------------|----------------|--------------|------------------------------|--------------|-------------------------------------|------------------------------|---------|-------------|-----------------|-----|
| | (A) | (B) | | | (C | ;) | | | (D) | (E) | | | (F) | |
| | Name and title | Average | (do | not ch | Posi neck i | nore | than c | ne | Reportable | Reportable | | | mated ount o | |
| | | hours per | box. | unles | s per | son i | s both | an | compensation | compensation from related | | | ther | I |
| | | week (describe | | an | | | | \dashv | from from related the organizations | | | | ensati | on |
| | | hours for | or director | | | | - I | | organization | (W-2/1099-MISC) | | m the | | |
| | | related | 38 Or (| stee | | | Highest compensated employee | | (W-2/1099-MISC) | | | organizatio | | |
| | | organizations | trustee | al tru: | |)yee | adwo | | | | | | relate | |
| | | in Schedule | Individual | Institutional trustee | Ja: | Key employee | nest c | Former | | | | orgar | nizatio | 115 |
| | | O) | Indi | Insti | Officer | Key | High | Foi | | | | | | |
| | | | | | | | | | | | | | | |
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| | the state of the s | | + | + | + | ╫ | + | ╁ | | | | | | |
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| | | | - | + | +- | + | +- | - | | | | | | |
| | | | Ì | | 1 | | | | | | | | | |
| | | | | | | J | | L | 313,780 | 1,600,72 | 6. | 16 | 4,5 | 66. |
| 1b | Sub-total | VIII Cookies A | | | | | | | 0. | | 0.1 | | | 0. |
| С | Total from continuation sheets to Part | VII, Section A | | | | | | | 313,780 | 1,600,72 | 6. | 16 | 4,5 | 66. |
| | Total (add lines 1b and 1c) Total number of individuals (including bu | t not limited to t | hos | e list | ed: | aho | vel w | ho i | received more than \$10 | | | | | _ |
| 2 | Total number of individuals (including be | | .1103 | C IIO | | 450 | . 0, | | | | | | | 2 |
| | compensation from the organization | | | | | | - Vingel | | | | _ | | Yes | No |
| 2 | Did the organization list any former office | er director or t | rust | ee. k | ev e | emp | loye | e, or | highest compensated | employee on | | | | |
| 3 | line 1a? If "Yes," complete Schedule J for | or such individue | al | , - | , | | , | | | | | 3 | | X |
| A | For any individual listed on line 1a is the | sum of reporta | ble | com | pen: | satio | on ar | d o | ther compensation fron | n the organization | | | | |
| 4 | and related organizations greater than \$ | 150,000? If "Ye. | s, " c | omp | ilete | Sc | hedu | ie J | for such individual | | | 4 | X | |
| 5 | Did any person listed on line 1a receive | or accrue comp | ensa | ation | fro | m ai | ny ur | rela | ited organization or ind | ividual for services | | | | 7 |
| • | rendered to the organization? If "Yes," o | omplete Sched | ule . | l for | suci | h pe | erson | | | | | 5 | | X |
| Sec | tion P. Indopendent Contractors | | | | | | | | | | | | | |
| 1 | Complete this table for your five highest | compensated i | nde | pend | dent | cor | ntrac | tors | that received more that | n \$100,000 of com | pensa | ation | trom | |
| | the organization. Report compensation | for the calendar | yea | r en | ding | wit | h or | with | in the organization's ta | x year. | | | | |
| | (A) | | | | | | | | (B) | | C | | C) ensatio | on |
| | Name and busin | | | | | | | | Description o | Services | | Omp | | |
| PA | RTNERS IN TRANSFORMAT | ION, WAT | CEI | RP | ARE | (| | | TITING A TOTALO | DIAMMING | | 11 | .3,9 | 96 |
| PL | ACE, 20 BAY STREET 12 | TH FLOOR | ₹, | TC | ORC |)N' | 10, | | FUNDRAISING | PLANNING | | | | |
| ~ | PLIN & DRYSDALE, ONE | THOMAS (| CII | RCI | JΕ, | , NI | Ν | | THOME CERVIT | CEC | | 1 (| 7,4 | 193 |
| CA | 44 TA CITTATOMONT DO | 20005 | | | | | | | LEGAL SERVI | CES | | | , , , . | |
| ST | . 11, WASHINGTON, DC | | | | | | | | | | | | | |
| ST | . 11, WASHINGTON, DC | | | | | | | | | | | | | |
| ST | . 11, WASHINGTON, DC | | | | | | | | | | | | | |
| ST | . 11, WASHINGTON, DC | | | | | | | | | | <u></u> | | | |
| ST | . 11, WASHINGTON, DC | | | | | | | | | | | | | |
| ST — | . 11, WASHINGTON, DC | | | | | | | | | | | | | |
| | | | | | | | | 1:-/ | | I more than | | | | |
| | Total number of independent contractors \$100,000 of compensation from the organization. | ors (including bu | t no | t lim | ited | to t | hose 2 | list | ed above) who received | d more than | | -147 | | |

| Par | t VIII | II Statement of Revenue | | | | | | (P) |
|---|------------------|--|----------------|--------------------|----------------------|--|---|---|
| | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| Contributions, Gifts, Grants and Other Similar Amounts | b c d e | | 1b 1c 1d 1e 7 | 57,963. 565310. | | | | |
| dot | | similar amounts not included above Noncash contributions included in lines 1a-1f: | \$ | | 2222772 | | | |
| <u>8</u> | h | Total. Add lines 1a-1f | | | 3323273. | | | |
| | | | | Business Code | 10 015 | | 18,815. | |
| e l | 2 a | MERCHANDISE | | 900099 | 18,815. | | 10,013. | 10,000. |
| Program Service Revenue | b | | ES _ | 900099 | 10,000. | | 0 707 | 10,000. |
| Se | c | MOZILLA STORE REV | ENUE | 454110 | 2,787. | | 2,787. | |
| E S | d | | | | | | | |
| Peg | e | | | | | | | |
| P.0 | | | | | | | | |
| _ | f | g Total. Add lines 2a-2f | | ■ | 31,602. | | | |
| | 3 4 | Investment income (including divident of the similar amounts) Income from investment of tax-exe | lends, interes | t, and | 596,550. | | | 596,550. |
| | 5 | Royalties | | | | | | |
| | | , | (i) Real | (ii) Personal | | | | |
| | 6 a | a Gross rents | | | | | | |
| | | *************************************** | | | | | | |
| | | c Rental income or (loss) | | | | | | |
| | | d Net rental income or (loss) | | > | | | | |
| | i | | | (ii) Other | | | | |
| | 7 a | | Securities | (II) Other | | | | |
| | | assets other than inventory | | | | | | |
| | k | b Less: cost or other basis | 1 | | | | | |
| | | and sales expenses | | | | | | |
| | (| c Gain or (loss) | | | | | | |
| | (| d Net gain or (loss) | | > | | | | |
| evenue | 8 8 | Gross income from fundraising evincluding \$ contributions reported on line 1c). | of | | | | | |
| Other Re | | Part IV, line 18 | a b | D | | | | |
| | | c Net income or (loss) from fundrais | | | | | | |
| | 9 | a Gross income from gaming activit | l l | | | | | |
| | | Part IV, line 19 | | | 4 | | | |
| | | b Less: direct expenses | b | | | | | |
| | | c Net income or (loss) from gaming | activities | <u></u> | | | | |
| | 1 | a Gross sales of inventory, less retu and allowances | a | | | | | |
| | | b Less: cost of goods sold | | . | † | | | |
| | - | c Net income or (loss) from sales of | inventory | | | | | |
| | | Miscellaneous Revenue | CATA | Business Code | 2,683 | . 2,683. | | |
| | 11 | a FOREIGN EXCHANGE | GAIN | 900099 | 4,003 | 2,003. | | |
| | | b | | | | | | |
| | | С | | | | | | |
| | | d All other revenue | | | | | | |
| | | e Total. Add lines 11a-11d | | | 2,683 | | 21 (02 | 606 550 |
| | 12 | | | _ | 3954108 | . 2,683. | 21,602. | |
| 132 | | | | | | | | Form 990 (2011) |

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

| comp. | lete columns (B), (C), and (D). | | | | |
|---------|--|----------------------------|-----------------------------|---------------------------------|-------------------------|
| | Check if Schedule O contains a respons | se to any question in this | S Part IX | (C) | (D) |
| 7b, 8 | ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII. | (A) Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| | Grants and other assistance to governments and | 200 220 | 202 222 | | |
| | organizations in the United States. See Part IV, line 21 | 392,332. | 392,332. | | |
| | Grants and other assistance to individuals in | | | | |
| | the United States. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to governments, | | | | |
| | organizations, and individuals outside the | | | | |
| | United States. See Part IV, lines 15 and 16 | | | | |
| | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | 262 000 | 255 000 | 107 038 | |
| | trustees, and key employees | 363,828. | 255,890. | 107,938. | |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | 0.45 0.00 | 111 707 | |
| 7 | Other salaries and wages | 957,077. | 845,280. | 111,797. | |
| 8 | Pension plan accruals and contributions (include | | 25 545 | 10 070 | |
| | section 401(k) and section 403(b) employer contributions) | 54,525. | 35,546. | 18,979. | |
| 9 | Other employee benefits | 143,211. | 140,080. | 3,131. | |
| 10 | Payroll taxes | 124,557. | 104,497. | 20,060. | |
| 11 | Fees for services (non-employees): | | | | |
| | Management | 94,500. | | 94,500. | |
| b | Legal | 136,400. | | 136,400. | |
| | Accounting | 88,244. | | 88,244. | |
| d | Lobbying | | | | |
| u _ | Professional fundraising services. See Part IV, line 17 | 180,086. | | | 180,086. |
| f | Investment management fees | 213,683. | | 213,683. | |
| | 1 | 967,911. | 764,820. | 203,091. | |
| g 40 | Other Advertising and promotion | 522,441. | 517,522. | 4,919. | |
| 12 | · · | 80,928. | 37,631. | 43,297. | |
| 13 | Office expenses Information technology | | | | |
| 14 | | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 367,936. | 271,378. | 96,558. | |
| 17 | Travel | 30,7300 | | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | 10,147. | | 10,147. | |
| 22 | Depreciation, depletion, and amortization | 6,108. | | 6,108. | |
| 23 | Insurance | 0,100. | | - , | |
| 24 | 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 0.) | , | | | |
| _ | DIVERTING DIPOCE VMC | 619,911. | 619,911. | | |
| a | CDOMCOD CITTD | 55,420. | | | |
| b | DAME PEPC | 15,779. | | 15,779. | |
| d | MAYER BEER AND I TOPNER | <3,905. | | <3,905.> | |
| е | | E 201 112 | 4 040 207 | 1,170,726. | 180,086 |
| 25 | Total functional expenses. Add lines 1 through 24e | 5,391,119. | 4,040,307. | 1,110,120. | 100,000 |
| 26 | 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) | | | | |
| 1320 | 10 01-23-12 | | | | Form 990 (2011) |

| art | - ^ | Balance Sheet | (A) Beginning of year | | (B) End of year |
|-----------------------------|-----|---|--------------------------|------|------------------------------------|
| | | | beginning or year | | |
| | | Cash - non-interest-bearing | 3,603,855. | 1 | 1,486,115. |
| ١ | 2 | Savings and temporary cash investments | 3,003,033. | 2 | 1,100,1100 |
| | | Pledges and grants receivable, net | 968,697. | 3 | 318,840. |
| | 4 | Accounts receivable, net | 900,037. | 4 | 310,0100 |
| ١ | 5 | Receivables from current and former officers, directors, trustees, key | | | |
| - | | employees, and highest compensated employees. Complete Part II | | _ | |
| İ | | of Schedule L | | 5 | |
| | 6 | Receivables from other disqualified persons (as defined under section | | | |
| | | 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing | | | |
| ١ | | employers and sponsoring organizations of section 501(c)(9) voluntary | | | |
| | | employees' beneficiary organizations (see instructions) | | 6 | |
| } | 7 | Notes and loans receivable, net | | 7 | |
| | 8 | Inventories for sale or use | 1 200 | 8 | 300,440. |
| ` | 9 | Prepaid expenses and deferred charges | 1,208. | 9 | 300,440 |
| ١ | 10a | Land, buildings, and equipment: cost or other | | | |
| | | hasis Complete Part VI of Schedule D 10a 61,036 | | | 12,494 |
| | b | Less: accumulated depreciation 10b 48,542 | 22,640. | 10c | 24,069,199 |
| - 1 | 11 | Investments - publicly traded securities | 21,994,652. | 1 | 24,003,133 |
| | 12 | Investments - other securities. See Part IV, line 11 | 1 000 000 | 12 | 10 |
| | 13 | Investments - program-related. See Part IV, line 11 | | | 10 |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | 15 | 26,187,098 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 27,591,052. | | 402,104 |
| | 17 | Accounts payable and accrued expenses | | | 402,104 |
| | 18 | Grants payable | F 033 | 18 | 5,833 |
| | 19 | Deferred revenue | | + | 3,033 |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| S | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| Liabilities | 22 | Payables to current and former officers, directors, trustees, key employees, | | | |
| <u> </u> | | highest compensated employees, and disqualified persons. Complete Part II | | | |
| Ĕ | | of Schedule L | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third | | | |
| | | parties, and other liabilities not included on lines 17-24). Complete Part X of | 11 005 300 | | 2,000,000 |
| | | Schedule D | 11,995,389 | | 2,407,937 |
| | 26 | Total liabilities. Add lines 17 through 25 | 12,275,411 | • 26 | 2,401,931 |
| | | Organizations that follow SFAS 117, check here X and complete | | | |
| ç | | lines 27 through 29, and lines 33 and 34. | 15 215 (41 | | 20,759,071 |
| ည | 27 | Unrestricted net assets | 15,315,641 | | 3,020,090 |
| ala | 28 | Temporarily restricted net assets | | 28 | 3,020,030 |
| g B | 29 | Permanently restricted net assets | | 29 | |
| Ë | | Organizations that do not follow SFAS 117, check here 🕨 📖 and | | | |
| or F | | complete lines 30 through 34. | | | |
| ts i | 30 | Capital stock or trust principal, or current funds | | 30 | |
| sse | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| Net Assets or Fund Balances | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | 22 770 161 |
| Š | 33 | Total net assets or fund balances | 15,315,641 | | 23,779,161 |
| | 34 | Total liabilities and net assets/fund balances | 27,591,052 | • 34 | 26,187,098 Form 990 (201 |

| orm ' | 990 (2011) MOZIBEZ T CONSTITUTION | | | |
|------------------|--|-------------------------------------|------------------------------|---------------------------------|
| Par | t XI Reconciliation of Net Assets | | | X |
| | Check if Schedule O contains a response to any question in this Part XI | | | |
| 2 3 4 5 | Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 1 3 2 5 3 <1 4 15 | ,954 ,393 ,43 ,31! ,900 | 1,10 1,10 7,00 5,60 | 19. 11. 41. 31. 61. |
| Pai | Check if Schedule O contains a response to any question in this Part XII | | | X |
| | Check it Schedule O contains a response to any queeton in any | | Yes | 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 O. Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | X |
| 2a | Were the organization's financial statements audited by an independent accountant? | 2b | X | |
| | the live the transport of the arganization have a committee that assumes responsibility for oversight of the audit, | 2c | Х | |
| 3a | separate basis, consolidated basis, or both: Separate basis Separate basis Separate basis Separate basis Both consolidated and separate basis As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit | 3a_ | | Х |
| b | Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. | 3b | 990 | (2011) |

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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.

2011

Open to Public Inspection

Name of the organization

MOZILLA FOUNDATION

Employer identification number 20-0097189

| Part I | | | t y Status (All organiza | | | | | uctions. | | | | | |
|------------|---|--|---|---------------|---------------------------|--|--------------|--------------------|--------------|--------------|----------|------|--|
| he organ | ization is not a | private foundation b | ecause it is: (For lines 1 | through 1 | 1, check o | nly one bo | x.) | | | | | | |
| 1 | A church, con | vention of churches | or association of churcl | nes descri | bed in sec | tion 170(b |)(1)(A)(i). | | | | | | |
| 2 | | A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A pospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). | | | | | | | | | | | |
| 3 | A bospital or a | cooperative hospita | al service organization de | escribed in | section 1 | 170(b)(1)(A | A)(iii). | | | | | | |
| 4 | A medical rese | A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, sity, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in | | | | | | | | | | | |
| + | city and state | | | | | | | | | | | | |
| 5 🔲 | An organization | on operated for the b | enefit of a college or uni | versity ow | ned or ope | erated by | a governm | ental unit | describe | d in | | | |
| 5 | | o)(1)(A)(iv). (Comple | | • | | | | | | | | | |
| <u>د</u> ا | A federal stat | o or local governme | ent or governmental unit | described | in section | 170(b)(1) | (A)(v). | | | | | | |
| 6 L 7 X | A receral, stat | e, or local governme | aivee a substantial nart o | f its suppo | ort from a o | overnmer | ntal unit or | from the | general p | ublic descr | ibed in | | |
| / 21 | An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) | | | | | | | | | | | | |
| • 🗀 | A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) | | | | | | | | | | | | |
| 8 | A community | trust described in se | eives: (1) more than 33 1. | /3% of its | support fro | om contrib | utions. m | embership | fees, and | d gross rec | eipts fr | om | |
| 9 📖 | An organization | on that normally rece | ctions - subject to certai | n excentic | ins and (2 | no more | than 33 1 | 3% of its | support f | rom gross | investn | nent | |
| | activities relat | ed to its exempt full | xable income (less secti | on 511 tax | () from hus | inesses a | cauired by | the organ | nization a | fter June 3 | 0, 1975 | j. | |
| | | | | OII O I I ta | y nom bac | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | 3 | | | | | |
| | See section s | 509(a)(2). (Complete | erated exclusively to tes | t for public | safety S | ee section | 509(a)(4 | ١. | | | | | |
| 10 | An organization | on organized and op | erated exclusively to tes | a hanafit c | of to nerfo | rm the fun | ctions of. | or to carry | out the r | ourposes o | f one o | r | |
| 11 📖 | or to carry out the purposes of one or | | | | | | | | | | | | |
| | more publicly | supported organiza | organization and comple | sta linge 11 | e through | 11h | ,, | | | | | | |
| | | | Type II c | Type | e III - Funct | ionally inte | egrated | | d 🔲 | Type III - C | ther | | |
| | a ☐ Type I | b | t the organization is not | controlled | directly or | indirectly | by one or | more disc | | | | 1 . | |
| e | By checking 1 | inis box, i certify that | nan one or more publicly | cunnorte | directiy or d organiza | tions desc | ribed in s | ection 509 | (a)(1) or s | ection 509 | (a)(2). | | |
| | toundation m | anagers and other to | ten determination from t | he IDS the | atitie a Tw | nel Tyne | II or Type | III | | | | | |
| f | | | | | | | | | | | | | |
| | supporting or | ganization, check th | rganization accepted an | | | | | | | | | | |
| g | Since August | 17, 2006, nas the c | irganization accepted an irectly controls, either al | one or tog | athar with | nersons d | escribed i | n (ii) and (i | ii) below. | | Yes | No | |
| | (i) A persor | n who directly or ind | rectly controls, either an | | ettici witii | persons a | | (, (| ., , | 11g(i) | | | |
| | the gove | erning body of the st | upported organization? n described in (i) above? | | | | | | | | | | |
| | (ii) A family | member of a persor | person described in (i) above? | li) about | | | | | | | | | |
| | | | | | | | | | | <u></u> , | L | | |
| h | Provide the f | ollowing information | about the supported org | yanızatıon | (3). | | | | | | | | |
| | | I | (iii) Type of | (iv) Is the c | rganization | (v) Did voi | notify the | (vi) ls | the | /vii\ Ar | nount of | : | |
| | e of supported | (ii) EIN | organization | | sted in your | | ion in col. | Lorganizátio | on in col. I | | port | | |
| or | ganization | | (described on lines 1-9 | | document? | | support? | (i) organiz U.S | .? | | • | | |
| | | | above or IRC section (see instructions)) | Yes | No | Yes | No | Yes | No | | | | |
| | | | (ded mendenen) | 100 | | | | | | | | | |
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Schedule A (Form 990 or 990-EZ) 2011 MOZILLA FOUNDATION 20-00971

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.)

| tion A. Public Support | | | | | (-) 0011 | (f) Total |
|---|--|---|--|--|--|---|
| idar year (or fiscal year beginning in) 📂 📗 | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (i) Iotai |
| Gifts, grants, contributions, and | | | | | | |
| | | | 000 607 | 1 254 005 | 2 242 088 | 5,070,422. |
| | 54,200. | 97,362. | 222,687. | 1,354,085. | 3,342,000. | 3,070,122. |
| IT I | | na e | | | | |
| 1 | | | | | 1 | |
| or expended on its behalf | | | | | | |
| | | | | | | |
| | | | | | | |
| 1 | | | | | | 5 050 400 |
| · · · | 54,200. | 97,362. | 222,687. | 1,354,085. | 3,342,088. | 5,070,422. |
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| l | : | | | | | 2,605,340. |
| | | | | | | 2,465,082. |
| | The second second | <u> </u> | | , | | |
| | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| | 54.200 | 97.362. | 222,687. | 1,354,085. | 3,342,088. | 5,070,422. |
| 1 | 32,720 | | | | | |
| | | | | | | |
| | | 1 | | | | |
| | 1 2/1 139 | 1 204 746 | 644.054 | 558,292. | 596,550. | 4,244,781. |
| | 1,241,133 | 2,200,100 | | | | |
| | | | | | | |
| | 60 611 | 66 086 | 28.547 | 10,346. | ! | 173,593. |
| | 00,014. | 00,000 | 30/0- | | | |
| | | | | | | |
| | | | | | 2,683. | 2,683. |
| | | | | | | 9,491,479. |
| Total support. Add lines 7 through 10 | | | | L | 12 | 50,000. |
| Gross receipts from related activities | , etc. (see instruct | tions) | ind fourth or fifth | tay year as a section | | |
| First five years. If the Form 990 is fo | r the organization | rs tirst, second, th | ina, iourui, or iilui | ian year as a seem | 50 . (5/(5/ | |
| organization, check this box and sto | p here | ercentage | | | | |
| ction C. Computation of Pub | iic Support Pi | or certage | column (fl) | | 14 | 25.97 % |
| Public support percentage for 2011 | (line 6, column (f) | aividea by line 11 | , column (i)) | , | | 14.71 % |
| Public support percentage from 201 | 0 Schedule A, Pai | rt II, line 14 | an line 10 and line | a 1/1 is 33 1/3% or | | |
| a 33 1/3% support test - 2011. If the | organization did r | not check the box | on line 13, and line | 5 14 13 JJ 1/J/0 UI | | ▶ □ |
| stop here. The organization qualifies | as a publicly sup | ported organization | on | nd line 15 is 33 1/3 | % or more check t | his box |
| b 33 1/3% support test - 2010. If the | organization did r | not check a box of | n line 13 or 16a, ai | 10 11116 13 13 33 173 | 70 Of Moro, officers | > |
| and stop here. The organization qua | alifies as a publicly | / supported organ | ization | 10 100 or 16h | and line 1/1 is 10% | or more |
| a 10% -facts-and-circumstances te | st - 2011. If the o | rganization did no | t check a box on II | ne 13, Toa, or Tob | and into 14 is 10% | nization |
| and if the organization meets the "fa | icts-and-circumsta | ances" test, check | this box and Stop | Here. Lypiani iii | art iv non and orga | . 57 |
| | " test. The organi: | zation qualifies as | a publicly support | ed organization | | |
| h +0% footo-and-circumstances te | st - 2010. If the o | rganization did no | t check a box on li | ne 13, 16a, 16b, 0 | r 17a, and line 15 is | 5 1070 01 |
| and if the examination meets | the "facts-and-cire | cumstances" test. | check this box an | @ Stob nere. ⊏xhis | III III I ait iv now a | .~ |
| | ircumstances" tes | t The organizatio | n qualities as a pui | Diiciy supported or | yanızanon | = |
| 3 Private foundation. If the organizat | ion did not check | a box on line 13, | 16a, 16b, 17a, or 1 | 7b, check this bux | and see mondetto | 0 or 990-EZ) 2011 |
| | First five years. If the Form 990 is for organization, check this box and stop oction C. Computation of Pub. Public support percentage for 2011 if Public support percentage from 2011 is 33 1/3% support test - 2011. If the stop here. The organization qualifies b 33 1/3% support test - 2010. If the and stop here. The organization qualifies and if the organization meets the "facts-and-circumstances the meets the "facts-and-circumstances the more, and if the organization meets | dar year (or fiscal year beginning in) ▶ Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization'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 3 The portion of total contributions 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) Public support. Subtract line 5 from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructivities the search of Public Support Potential Computation of Public Support Potential Support test - 2011. If the organization did restop here. The organization qualifies as a publicly support of facts-and-circumstances test - 2011. If the organization did restop here. The organization qualifies as a publicly support of facts-and-circumstances test - 2011. If the organization did restop here. The organization meets the "facts-and-circumstances" test. The organization mee | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization'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 3 The portion of total contributions 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) Public support. Subtract line 5 from line 4 cross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, the organization, check this box and stop here. The organization qualifies as a publicly supported organization and if the organization qualifies as a publicly supported organization and if the organization meets the "facts-and-circumstances" test. The organization id and of the organization meets the "facts-and-circumstances" test, check meets the "facts-and-circumstances test - 2010. If the organization qualifies as b 10% -facts-and-circumstances test - 2010. If the organization id in on one of the proganization meets the "facts-and-circumstances" test. The organization id in one organization meets the "facts-and-circumstances" test. The organization id in one organization meets the "facts-and-circumstances" test. The organization did not more, and if the organization meets the "facts-and-circumstances" test. The organization of more, and if the organization meets the "facts-and-circumstances" test. The organization of more and of the organization meet | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization'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 3 The portion of total contributions 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) Public support. Subtract line 5 from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization, check this box and stop here. The organization qualifies as a publicly supported organization in 2a 31/3% support test - 2010. If the organization did not check a box on line 13 and stop here. The organization qualifies as a publicly supported organization and if the organization meets the "facts and-circumstances" test, check this box and stop meets the "facts-and-circumstances" test. The organization did not check a box on line 13 or 16a, ar and stop here. The organization and if the organization meets the "facts and-circumstances" test. The organization did not check a box on line 13 or 16a, ar and stop here. The organization qualifies as a publicly supported organization and if the organization meets the "facts and-circumstances" test, check this box and stop meets the "facts and-circumstances" test. The organization did not check a box on line 13 or 16a, are and if the organization meets the "facts and-circumstances" test. The organization did not check a box on line 13 or 16a, are and if the organi | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization of mether 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 3 The portion of total contributions by each person (other than a governmental unit of the organization) included on line 1 that exceeds 2% of the amount shown on line 11. column (f) Public support. Subsect line 5 from line 4 Clions. Total Support Indiar year (or fiscal year beginning in) Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support test - 2011. If the organization is fire the organization check this box and stop here. The organization qualifies as a publicly supported organization uneets the "facts and circumstances" test. The organization qualifies as a publicly supported organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization organization meets the "facts and circumstances test. The organization qualifies as a publicly supported organization organization meets the "facts and circumstances" t | Gifts, grants, contributions, and membership fees received. (On not include any "unusual grants.") Tax revenues level for the organization'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'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 3 The portion of total contributions 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) Public support. Submett he is from lines. Total support. Submett he is from lines. Total support or form interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support, Add lines? If through 10 Gross receipts from related activities, etc. (see instructions) First five years. If the Form slop is for the organization of an other or not the business's receipts from related activities, etc. (see instructions) First five years. If the Form slop is for the organization of not not charge or 2011 (line 6, column (f) divided by line 11, column (f) 12 Total support test- 2011. If the organization and not ocheck he box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test, |

Schedule A (Form 990 or 990-EZ) 2011 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.)

| qualify under the tests listed b | elow, please comp | olete Part II.) | | | | |
|---|-------------------------------------|---|---|--|---------------------|---------------------|
| Section A. Public Support | | | 4 1 0000 | (d) 2010 | (e) 2011 | (f) Total |
| Calendar year (or fiscal year beginning in) ► | (a) 2007 | (b) 2008 | (c) 2009 | (a) 2010 | (0) 2011 | |
| 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 business under section 513 | | | | | | |
| 4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the | 5 | | | | | |
| amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6.) | | | | | | |
| Section B. Total Support | | | | | T | (O Total |
| Calendar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| 9 Amounts from line 6 10a 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 businesse acquired after June 30, 1975 | - | | | | | |
| c Add lines 10a and 10b 11 Net income from unrelated busines activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 Total support (Add lines 9, 10c, 11, and 1214 First five years. If the Form 990 is |) L | n'e firet second t | hird, fourth, or fift | th tax year as a sec | tion 501(c)(3) orga | anization, |
| 14 First five years. If the Form 990 is check this box and stop here | for the organization | ni a mat, accord, t | | . | | > |
| Section C. Computation of Pu | blic Support | Percentage | | | | |
| 15 Public support percentage for 201 | 1 (line 8 column (| f) divided by line 10 | 3, column (f)) | | 15 | 9 |
| | 010 Schedule A. F | art III, line 15 | | | 16 | 9, |
| Section D. Computation of In | vestment Inco | me Percentag | ge | | T.= T | 9 |
| 17 Investment income percentage fo | r 2011 (line 10c, co | olumn (f) divided by | y line 13, column | (f)) | 17 | 9 |
| | | | | | | |
| 19a 33 1/3% support tests - 2011. If more than 33 1/3%, check this bo | the organization dox and stop here. | lid not check the bar The organization q | ox on line 14, and jualifies as a publi con line 14 or line | icly supported orga 19a. and line 16 is | nization | % , and |
| 00 4 (00) | -bly thin hay an | d cton here line (| manization uudii | iles as a publicly of | · P P | |
| line 18 is not more than 33 1/3%, 20 Private foundation. If the organiz | ation did not chec | k a box on line 14, | 19a, or 19b, che | | | n 990 or 990-EZ) 20 |

Part IV | Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions). MOZILLA FOUNDATION ("THE FOUNDATION") QUALIFIES AS A PUBLICLY SUPPORTED CHARITY DESCRIBED IN SECTION 509(A)(1) OF THE INTERNAL REVENUE CODE UNDER THE FACTS-AND-CIRCUMSTANCES TEST OF REG. SEC. 1.170A-9T(F). SUBSTANTIAL PUBLIC SUPPORT AND SOURCES OF SUPPORT THE FOUNDATION'S SUPPORT FROM THE GENERAL PUBLIC FOR THE PRIOR FIVE TAXABLE YEARS, 2006 THROUGH 2011, IS 25.97%, IN EXCESS OF THE 10% PUBLIC SUPPORT REQUIRED BY THE REGULATIONS. THIS SUPPORT HAS BEEN RECEIVED FROM NUMEROUS INDIVIDUALS AND ORGANIZATIONS RATHER THAN FROM MEMBERS OF A SINGLE FAMILY OR ENTITY. ATTRACTION OF PUBLIC SUPPORT MOZILLA FOUNDATION HAS ACTIVELY SOUGHT PUBLIC SUPPORT FROM THE VERY OUTSET, AND IT HAS CONTINUOUSLY AND SUCCESSFULLY ATTRACTED SUCH SUPPORT OVER ITS LIFETIME. LIKE MANY YOUNG ORGANIZATIONS, THE FOUNDATION HAS ADJUSTED THE FOCUS OF ITS FUNDRAISING EFFORTS OVER TIME. FOR INSTANCE, EARLY FUNDRAISING EFFORTS WERE FOCUSED ON SUPPORT FROM COMPANIES AND INDIVIDUALS IN THE TECHNOLOGY FIELD WHO WANTED TO HELP THE FOUNDATION BUILD A SOLID FOOTING. MORE RECENTLY, IT HAS SHIFTED THE FOCUS OF ITS SOLICITATION EFFORTS TO MEMBERS OF THE PUBLIC AND FOUNDATIONS INTERESTED IN HELPING TO DEVELOP NEW PROGRAMS THAT MAINTAIN THE INTERNET AS A PUBLIC RESOURCE AND PROMOTE THE SOCIAL BENEFITS OF INNOVATION ON THE WEB.

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

DEDICATED TO ATTRACTING PUBLIC SUPPORT. THIS INCLUDED THE GROWTH OF THE MOZILLA DRUMBEAT EDUCATION AND MEDIA INITIATIVES, BOTH OF WHICH CONTINUE TO ATTRACT SUPPORT FROM INDIVIDUALS AND FOUNDATIONS INTERESTED IN THE RELATIONSHIP BETWEEN THE PUBLIC NATURE OF THE INTERNET AND OTHER PUBLIC GOODS SUCH AS EDUCATION AND A VIBRANT AND FREE PRESS. IT ALSO INCLUDED THE HIRING OF A DEDICATED DEVELOPMENT LEAD FOCUSED ON RELATIONSHIPS WITH OTHER FOUNDATIONS AND HIRING ADDITIONAL STAFF WORKING ON INDIVIDUAL FUNDRAISING EFFORTS.

THE RESULTS OF THIS INVESTMENT CONTINUED TO BEAR FRUIT IN 2011. TOTAL

PUBLIC CONTRIBUTIONS AND GRANTS GREW BY OVER 146%, FROM \$1,354,085 IN 2010

TO \$3,342,088 IN 2011. THIS PUT THE FOUNDATION AT 26% PUBLIC SUPPORT AT

THE END OF THE CURRENT FIVE YEAR PERIOD. THE NUMBER OF INDIVIDUALS MAKING

DONATIONS TO MOZILLA GREW BY 189%, FROM 5,588 IN 2010 TO 16,146 IN 2011.

THE FOUNDATION EASILY MEETS THE CRITERION OF TREASURY REGULATION

1.170A-9T(F) THAT IT BE "SO ORGANIZED AND OPERATED TO ATTRACT NEW AND

ADDITIONAL PUBLIC AND GOVERNMENTAL SUPPORT ON A CONTINUOUS BASIS." MANY

THOUSANDS OF INDIVIDUALS AND ORGANIZATIONS HAVE DONATED MONEY TO MOZILLA

OVER THE YEARS, RAISING OVER \$8.9 MILLION IN THE 2003 - 2011 PERIOD.

THOUSANDS MORE PEOPLE HAVE DONATED THEIR TIME TO HELP WITH MOZILLA

PROJECTS.

REPRESENTATIVE GOVERNING BODY

THE BOARD OF THE FOUNDATION CONSISTS OF EXPERTS IN INTERNET AND WEB

TECHNOLOGY AND LEADERS OF THE BROAD COMMUNITY OF INTERNET CIVIC AND SOCIAL

ACTIVISTS, INCLUDING MITCHELL BAKER (LEADER OF THE MOZILLA PROJECT SINCE

132024 01-24-12 Schedule A (Form 990 or 990-EZ) 2011

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SHORTLY AFTER ITS INCEPTION), BRIAN BEHLENDORF (CO-CREATOR OF THE APACHE
WEB SERVER, THE MOST WIDESPREAD FREELY AVAILABLE OPEN SOURCE WEB SERVER,
AND CO-FOUNDER OF THE APACHE FOUNDATION), BRENDAN EICH (INVENTOR OF THE
JAVASCRIPT LANGUAGE AND TECHNICAL LEADER OF THE MOZILLA PROJECT SINCE ITS
INCEPTION), JOI ITO (DIRECTOR OF MIT'S MEDIA LAB, CHAIRMAN OF CREATIVE
COMMONS AND WELL KNOWN INTERNET ENTREPRENEUR), AND BOB LISBONNE
(ENTREPRENEUR AND PAST VP OF NETSCAPE COMMUNICATIONS CORP.)

AVAILABILITY OF PUBLIC SERVICES

MOZILLA FOUNDATION'S EFFORTS TO PROMOTE THE INTERNET AS A PUBLIC COMMONS

ARE OF INTEREST TO ANYONE WHO USES THE INTERNET AND THE WORLD WIDE WEB,

WHETHER FOR EDUCATION, CIVIC PURPOSES, BUSINESS OR PERSONAL AND FAMILY

MATTERS.

ALL OF THE END PRODUCTS OF THE FOUNDATION'S ACTIVITIES ARE MADE AVAILABLE
AS PUBLIC ASSETS. THIS INCLUDES EVERYTHING FROM THE POPULAR FIREFOX WEB
BROWSER TO THE CORE MOZILLA SOFTWARE PLATFORM, WHICH IS USED BY DOZENS OF
PROJECTS AROUND THE WORLD, TO EDUCATIONAL MATERIALS PRODUCED BY THE
MOZILLA COMMUNITY. ALL OF THESE MATERIALS ARE PROVIDED FREE OF CHARGE TO
THE GENERAL PUBLIC UNDER A PERMISSIVE OPEN SOURCE LICENSE THAT GRANTS
ANYONE THE RIGHT NOT ONLY TO USE THESE MATERIALS BUT ALSO TO CREATE
FURTHER INNOVATIONS BY REPURPOSING THEM AND CREATING DERIVATIVE WORKS.

THE MOZILLA PROJECT IS DRIVEN BY THE INVOLVEMENT AND PARTICIPATION OF OVER 27,250 VOLUNTEERS FROM THE UNITED STATES AND AROUND THE WORLD. THESE VOLUNTEERS ARE INVOLVED IN EVERYTHING FROM THE DEVELOPMENT OF THE CORE MOZILLA SOFTWARE PLATFORM AND THE DEVELOPMENT AND LOCALIZATION OF FIREFOX, Schedule A (Form 990 or 990-EZ) 2011

| Schedule A (Form 990 or 990-EZ) 2011 MOZILLA FOUNDATION | 20-0097189 Page 4 |
|---|----------------------------------|
| Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line and Part III, line 12. Also complete this part for any additional information. (See instructions). | ne 10; Part II, line 17a or 17b; |
| THUNDERBIRD, POPCORN.JS, PROCESSING.JS AND OTHER MOZILLA-S | PONSORED OPEN |
| SOURCE SOFTWARE PROJECTS TO DELIVERY OF MOZILLA-SUPPORTED | EDUCATIONAL |
| EFFORTS LIKE THE SCHOOL OF WEBCRAFT AND HACKASAURUS TO THE | WIDESPREAD |
| PROMOTION OF OPEN WEB TECHNOLOGIES WITHIN THE FIELDS OF ME | DIA, EDUCATION |
| AND SOCIETY AS A WHOLE. | |
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Schedule B (Form 990, 990-EZ,

or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2011

Name of the organization

MOZILLA FOUNDATION

Employer identification number

20-0097189

| Organization type(ch | eck one): | | | |
|--|---|--|--|--|
| ilers of: | Section: | | | |
| Form 990 or 990-EZ | X 501(c)(3) (enter number) organization | | | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | |
| | 527 political organization | | | |
| Form 990-PF | 501(c)(3) exempt private foundation | | | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | |
| | 501(c)(3) taxable private foundation | | | |
| | | | | |
| Check if your organiz Note. Only a section | ation is covered by the General Rule or a Special Rule. 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. | | | |
| | | | | |
| X For an organ | | | | |
| Special Rules | | | | |
| 509(a)(1) an | id 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) 45,555 of (4) 275 | | | |
| total contrib | outions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or | | | |
| 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 X 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 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 organi | zation 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), | | | |

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) (2011)

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).

Name of organization

Employer identification number

MOZILLA FOUNDATION

20-0097189

| Part I | Contributors (see instructions). Use duplicate copies of Part I if a | dditional space is needed. | |
|------------|--|----------------------------|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | | \$\$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | | \$ 925,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | | \$\$ 76,105. | 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 |
| 4 | | \$\$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | | \$\$ | 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 |
| 6 | | \$\$. | Person X Payroll Noncash (Complete Part II if there is a noncash contribution |

MOZILLA FOUNDATION

123452 01-23-12

20-0097189

| Part I | Contributors (see instructions). Use duplicate copies of Part I if addition | nal space is needed. | |
|------------|--|----------------------------|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 7 | | \$60,370. | 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 | | \$\$ | 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 | | \$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 10 | | \$ 697,593. | 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 |
| 11 | | \$10,000. | 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 |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |

Employer identification number

MOZILLA FOUNDATION

20-0097189

| art II | Noncash Property (see instructions). Use duplicate copies of Pa | rt II if additional space is needed. | |
|------------------------------|---|--|----------------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| | | s | |
| (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 |
| | | | |
| | | \$ | 990, 990-EZ, or 990-PF) (2 |

Employer identification number

| A FOUNDATION | | 20-0097189 |
|--|---|---|
| Exclusively religious, charitable, etc., individually year. Complete columns (a) through (e) and the the total of exclusively religious, charitable, etc., | following line entry. For organizations contributions of \$1,000 or less for the space is needed. | (a), or (10) organizations that total infore than \$1,000 for the scompleting Part III, enter the year. (Enter this information once.) |
| (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| Transferee's name, address, and | (e) Transfer of gift | Relationship of transferor to transferee |
| (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | (e) Transfer of gift | |
| Transferee's name, address, an | d ZIP + 4 | Relationship of transferor to transferee |
| (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | (e) Transfer of gift | |
| Transferee's name, address, ar | ad ZIP + 4 | Relationship of transferor to transferee |
| (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | (e) Transfer of gif | t |
| | | |
| | Use duplicate copies of Part III if additional (b) Purpose of gift (b) Purpose of gift Transferee's name, address, and (b) Purpose of gift Transferee's name, address, and (b) Purpose of gift Transferee's name, address, and | Explosively: Feligious, charitable, etc., individual contributions to section 501(c), year. Complete columns (a) through (e) and the following line entry. For organizations the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the Use duplicate copies of Part III if additional space is needed. (b) Purpose of gift (c) Use of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift Transferee's name, address, and ZIP + 4 (e) Transfer of gift (f) Use of gift (g) Use of gift |

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

▶ See separate instructions. If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

| | Section 501(c)(4), (5), or (6) organization | | | Emplo | yer identification number |
|----|--|--------------------------------------|----------------------------|--|--|
| | e of organization | | | Linbio | 20-0097189 |
| | MOZILLA | FOUNDATION anization is exempt under | or section 501(c) | or is a section 527 or | ganization. |
| Pa | rt I-A Complete if the orga | anization is exempt unde | EI 36011011 301(0) | 0 4 000 | |
| | | tionin direct and indirect nalities | al campaign activities in | n Part IV. | |
| 1 | Provide a description of the organizar | tion's direct and indirect politica | ar campaign detivities ii | ▶\$ | |
| 2 | Volunteer hours | | | | |
| 3 | Volunteer nours | | | | |
| Pa | rt I-B Complete if the org | anization is exempt und | er section 501(c)(| 3). | |
| | | sourced by the organization und | ler section 4955 | ₩ \$ | |
| ^ | Enter the amount of any excise tax i | ncurred by organization manage | ers under section 4955 | Ψ | Yes No |
| 3 | If the organization incurred a section | 1 4955 tax, did it file Form 4720 | for triis year? | | |
| 4a | Was a correction made? | | | | 1es 140 |
| | | | | | |
| Pa | o If "Yes," describe in Part IV. art I-C Complete if the org | anization is exempt und | er section 50 (c), | tion activities | J/(J). |
| 1 | Enter the amount directly expended | by the filing organization for se | ction 527 exempt func | tion activities • • | |
| 2 | Enter the amount of the filing organi | zation's funds contributed to ot | her organizations for se | ection 527 | |
| | exempt function activities | | 1100 DOL | | |
| 3 | Total exempt function expenditures | . Add lines 1 and 2. Enter here a | and on Form 1120-FOL | , • \$ | |
| | line 17b | | | ······································ | Yes No |
| 4 | Did the filing organization file Form Enter the names, addresses and en | 1120-POL for this year? | INI) of all section 527 no | olitical organizations to which | th the filing organization |
| 5 | | | | | |
| | made payments. For each organiza contributions received that were pr | amptly and directly delivered to | a separate political org | ganization, such as a separa | ite segregated fund or a |
| | political action committee (PAC). If | additional space is needed, pro | vide information in Part | i IV. | |
| - | | (b) Address | (c) EIN | (d) Amount paid from | (e) Amount of political |
| | (a) Name | (5) / (44) 656 | ` ' | filing organization's | contributions received and promptly and directly |
| | | | | funds. If none, enter -0 | delivered to a separate |
| | | | | | political organization. |
| | | | | | If none, enter -0 |
| | | | | | |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

| Schedule C (Form 990 or 990-EZ) 2011 1 | MOZIL: | LA FOU | NDATION | | | 0097189 Page 2 |
|--|-------------|---------------------------|----------------------------------|-----------------------------|--------------------------|----------------------|
| Part II-A Complete if the org | anizatio | n is exer | npt under section | ท์ 501(c)(3) and file | | |
| (election under sect | | | • | | | |
| A Check if the filing organizat | ion belon | ns to an affil | iated group (and list i | n Part IV each affiliated (| roup member's nan | ne, address, EIN, |
| expenses, and share | | | | • | , , | |
| | | , , | nd "limited control" pr | ovisions apply. | | |
| | | | | | (a) Filing | (b) Affiliated group |
| | | oying Exper leans amou | nditures nts paid or incurred | .) | organization's totals | totals |
| 1a Total lobbying expenditures to influ | ence nub | lic opinion (| grass roots Johnving) | | | |
| b Total lobbying expenditures to influ | | | | | | |
| | | | | | | |
| c Total lobbying expenditures (add lin | | | | | | |
| d Other exempt purpose expenditure | | | | | | |
| e Total exempt purpose expenditures | | | | | | * |
| f Lobbying nontaxable amount. Ente | | | | 11 | | |
| If the amount on line 1e, column (a) o | r (D) IS; | | bying nontaxable an | | | |
| Not over \$500,000 | | | the amount on line 1e | | | |
| Over \$500,000 but not over \$1,000 |),000 | | 0 plus 15% of the ex | | | |
| Over \$1,000,000 but not over \$1,5 | | | | cess over \$1,000,000 | | |
| Over \$1,500,000 but not over \$17, | 000,000 | | 0 plus 5% of the exc | ess over \$1,500,000. | | |
| Over \$17,000,000 | | \$1,000, | 000. | | | |
| | | | | | | |
| g Grassroots nontaxable amount (en | ter 25% c | of line 1f) | | | | |
| h Subtract line 1g from line 1a. If zero | or less, | enter -0 | | | | |
| i Subtract line 1f from line 1c. If zero | | | | | | |
| j If there is an amount other than ze | ro on eithe | er line 1h or | line 1i, did the organi: | zation file Form 4720 | | |
| reporting section 4911 tax for this | year? | | | | | Yes No |
| | | | eraging Period Unde | | | |
| | | | | n do not have to comp | | |
| со | lumns be | low. See th | e instructions for lin | es 2a through 2f on pa | ge 4.) | |
| | Lobi | bying Expe | nditures During 4-Ye | ear Averaging Period | | |
| Calendar year (or fiscal year beginning in) | (a) | 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) Total |
| | | | | | | |
| 2a Lobbying nontaxable amount | | | | | | |
| b Lobbying ceiling amount | | | | | | |
| (150% of line 2a, column(e)) | | | | | | |
| (10070 07 11.10 224, 001211111(0)) | LIMMONAVO | | | | | |
| c Total lobbying expenditures | | | | | | |
| | | | | | | |
| d Grassroots nontaxable amount | | | | | | |
| e Grassroots ceiling amount | | | | | | |
| (150% of line 2d, column (e)) | | | | | | |
| | | | | | | |
| f Grassroots lobbying expenditures | | 2000 | | | | |

Schedule C (Form 990 or 990-EZ) 2011

Schedule C (Form 990 or 990-EZ) 2011 MOZILLA FOUNDATION 20-0097189 Page 3 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 each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description | (; | a) | (b) | |
|---|---------------|---------------------|-------------|--------------|
| of the lobbying activity. | Yes | No | Amo | unt |
| 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: | | 37 | | |
| a Volunteers? | 77 | X | | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | Х | v | | |
| c Media advertisements? | | X | | |
| d Mailings to members, legislators, or the public? | | X | | |
| e Publications, or published or broadcast statements? | | $\frac{\lambda}{X}$ | | |
| f Grants to other organizations for lobbying purposes? | | X | | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | - | ^ | 1 | ,957. |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | · | X | <u></u> | ,,,,,,, |
| i Other activities? | | | 1 | ,957. |
| j Total. Add lines 1c through 1i | - | X | | ., , , , , , |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | ^ - | | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | | ··· |
| c 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? | tion 501/c | 1/5) or se | ction | |
| Part III-A Complete if the organization is exempt under section 501(c)(4), sec | טויט ווטוו | ,,(5), 01 30 | Ction | |
| 501(c)(6). | | | Yes | No |
| | | 1 | 100 | |
| 1 Were substantially all (90% or more) dues received nondeductible by members? | | | | |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | 3 | | |
| 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), sec | tion 501(c | | ction | |
| 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes." | ed "No" O | R (b) Part | III-A, lin | e 3, is |
| Dues, assessments and similar amounts from members | | 1 | | |
| 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of pol | iticai | | | |
| expenses for which the section 527(f) tax was paid). | | 20 | | |
| a Current year | | 2a 2b | | |
| b Carryover from last year | | | | |
| c Total | | | | |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | | | | |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the | d political | | | |
| does the organization agree to carryover to the reasonable estimate of nondeductible lobbying an | | 4 | | |
| expenditure next year? | | | | |
| 5 Taxable amount of lobbying and political expenditures (see instructions) | | | | <u>,,,,</u> |
| Part IV Supplemental Information Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5: | Part II-A: an | d Part II-B II | ne 1. Also. | complete |
| | , raitin, an | ia rait ii b, ii | , | |
| this part for any additional information. PART II-B, LINE 1, LOBBYING ACTIVITIES: | | | | |
| PART II-B, DINE I, HODDIING ACTIVITIES. | | | | |
| EMAIL AND BLOGGING ACTIVITY | | | | |
| EMAIL AND BLOGGING ACTIVITY | | | | |
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
► 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

Name of the organization

MOZILLA FOUNDATION

Employer identification number 20-0097189

| Pai | t I Organizations Maintaining Donor Advised Fo | unds or Other Similar Funds | or Accounts. Complete if the |
|--------|---|---|--|
| | organization answered "Yes" to Form 990, Part IV, line 6. | | |
| | | (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 writin | a that the assets held in donor advis | ed funds |
| - | are the organization's property, subject to the organization's exclu | | |
| 6 | Did the organization inform all grantees, donors, and donor advise | | |
| • | for charitable purposes and not for the benefit of the donor or dor | | |
| | impermissible private benefit? | | |
| Pai | | | |
| 1 | Purpose(s) of conservation easements held by the organization (c | | |
| • | Preservation of land for public use (e.g., recreation or education) | | storically important land area |
| | Protection of natural habitat | · — | ified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a qualified of | onservation contribution in the form | of a conservation easement on the last |
| ~ | day of the tax year. | onservation contribution in the form | or a correct ration saccine and are |
| | day of the tax year. | | Held at the End of the Tax Year |
| 9 | Total number of conservation easements | | |
| h | Total acreage restricted by conservation easements | | |
| D C | Number of conservation easements on a certified historic structure | | i I |
| c | Number of conservation easements on a certified instone structure. Number of conservation easements included in (c) acquired after | | |
| d | listed in the National Register | | i I |
| 3 | Number of conservation easements modified, transferred, release | | |
| 3 | year | a, extinguished, or terminated by the | o organization during the tax |
| 4 | Number of states where property subject to conservation easeme | ant is located | |
| 5 | Does the organization have a written policy regarding the periodic | | |
| J | violations, and enforcement of the conservation easements it hold | | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, and | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, and enfor | | |
| 8 | Does each conservation easement reported on line 2(d) above sa | | |
| | and section 170(h)(4)(B)(ii)? | | |
| 9 | In Part XIV, describe how the organization reports conservation e | asements in its revenue and expense | |
| 3 | include, if applicable, the text of the footnote to the organization's | | |
| | conservation easements. | inanola statomorno that document | and organization o accounting to |
| Pai | t III Organizations Maintaining Collections of Ar | t, Historical Treasures, or O | ther Similar Assets. |
| | Complete if the organization answered "Yes" to Form 990, | | |
| 1a | If the organization elected, as permitted under SFAS 116 (ASC 95) | | ment and balance sheet works of art. |
| ١ | historical treasures, or other similar assets held for public exhibition | | |
| | the text of the footnote to its financial statements that describes | | , |
| b | If the organization elected, as permitted under SFAS 116 (ASC 98 | | t and balance sheet works of art, historical |
| | treasures, or other similar assets held for public exhibition, educa | | |
| | relating to these items: | tion, or recognition in randocarres of pa | 2 co |
| | (i) Revenues included in Form 990, Part VIII, line 1 | | \$ |
| | (ii) Assets included in Form 990, Part X | | |
| 2 | If the organization received or held works of art, historical treasure | ae or other similar assets for financia | al gain provide |
| 2 | the following amounts required to be reported under SFAS 116 (A | | ii gairi, provido |
| _ | Revenues included in Form 990, Part VIII, line 1 | | S |
| a | | | |
| a | Assets included in Form 990, Part X | | |

| | ule D (Form 990) 2011 MOZILLA | FOUNDATIO | N + 11:-4- | vical Tv | OCCUPAC OF | Other | | ts (continu | |
|----------|--|------------------------|--------------------------|--------------|------------------|-------------|----------------------|---------------|-------------|
| Part | | ollections of Ar | t, Histo | ricai iii | easures, or | Other | nificant uso of its | collection i | tome |
| 3 | Using the organization's acquisition, accessic | n, and other record | s, check a | any of the | tollowing that a | are a sign | fillicant use of its | COllection | (CITIS |
| (| (check all that apply): | | ┌ ┐. | | | | | | |
| а | Public exhibition | d | | | hange program | | | | |
| b | Scholarly research | е | L 0 | tner | | | | | |
| С | Preservation for future generations | | | | | da awana | nt nurnaca in Da | + VI\/ | |
| 4 | Provide a description of the organization's co | llections and explair | n how the | y turtner t | ne organization | ı s exem | pr purpose iii Fai | t AIV. | |
| 5 | During the year, did the organization solicit or | receive donations | of art, hist | torical trea | sures, or other | Similar | 155615 | Yes | No |
| - | to be sold to raise funds rather than to be ma | intained as part of t | ne organi | zation's co | DIRECTION? | oo" to E | form 000 Part IV | | |
| Parl | | | ete if the c | organizauc | m answered i | es 101 | Omi 990, i aitiv, | m10 0, 01 | |
| | reported an amount on Form 990, Par | | lian (fan a | antribution | o or other acce | ate not in | acluded | | |
| 1a | Is the organization an agent, trustee, custodi | an or other intermed | nary for C | Ontributioi | is of other asse | 513 1101 11 | Cidded | Yes | ☐ No |
| | on Form 990, Part X? | | | | | | | _ 100 | |
| b | If "Yes," explain the arrangement in Part XIV | and complete the to | llowing ta | we. | | | | Amount | |
| | | | | | | | 1c | 7 4110 4111 | |
| | Beginning balance | | | | | | | _ | |
| | Additions during the year | | | | | | | | |
| | Distributions during the year | | | | | | | | |
| f | Ending balance | 000 D 1V F | | | | | | Yes | No |
| | Did the organization include an amount on Fo | orm 990, Part X, line | 217 | | | | | _ 100 | |
| | If "Yes," explain the arrangement in Part XIV. t V Endowment Funds. Complete in | the examination or | "cwered" | Ves" to Fo | orm 990 Part IV | / line 10 |) | | |
| Par | t V Endowment Funds. Complete | | | ior year | (c) Two years | hack (| d) Three years back | (e) Four y | ears back |
| | | (a) Current year | (0) =1 | ior year | (c) two youro | Buon (| u , | (0) | |
| | Beginning of year balance | | | | | | | | |
| | Contributions | | | | | | | | |
| С | Net investment earnings, gains, and losses | | | | <u> </u> | | | | |
| d | Grants or scholarships | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | |
| | and programs | | | | | | | | |
| | Administrative expenses | | | | | | | | |
| g | End of year balance | rant voor and halan | o (line 1c | r column i | (a)) held as: | | | | *** |
| | Provide the estimated percentage of the cur | | را الحاري 24 (اللحاري | y, column i | (a)) ficia as. | | | | |
| | Board designated or quasi-endowment | | — ′° | | | | | | |
| | Permanent endowment | | | | | | | | |
| С | Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c shot | | | | | | | | |
| • | Are there endowment funds not in the posses | and equal 100%. | ation tha | t are held | and administer | ed for th | ne organization | | |
| 3a | | 5331011 Of the Organiz | acion tha | t are mora | | | 3 | [| Yes No |
| | by: (i) unrelated organizations | | | | | | | 3a(i) | |
| | (ii) related organizations | | | | | | | 3a(ii) | |
| h | If "Yes" to 3a(ii), are the related organization | s listed as required | on Sched | lule R? | | | | | |
| | Describe in Part XIV the intended uses of the | | | | | | | | |
| 4 Par | t VI Land, Buildings, and Equipn | | | | | | | | |
| | Description of property | (a) Cost or | | | st or other | (c) Ac | cumulated | (d) Book | value |
| | Description of property | basis (invest | | | s (other) | dep | oreciation | | |
| 12 | Land | | | | | | | | |
| | Buildings | | | | | | | | |
| | Leasehold improvements | | | | | | | | |
| _ | Equipment | | | | 61,036. | | 48,542. | 12 | 2,494. |
| | Other | | | | | | | | |
| Tota | I. Add lines 1a through 1e. (Column (d) must e | equal Form 990, Par | t X, colun | nn (B), line | 10(c).) | | <u>▶</u> | | 2,494. |
| | The state of the s | | | | | | 0 - 11- | In D /Form | 0001 2011 |

| Part VII Investments - Other Securities. Securities. | Form 990, Part X, | line 12. | | |
|--|---|----------------|---|-----------------------|
| (a) Description of security or category (including name of security) | (b) Book value | | (c) Method of valuates of end-of-year mar | |
| (1) Financial derivatives | | | | |
| (2) Closely-held equity interests | | | | |
| (3) Other | | | | |
| (A) | | | | |
| (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) (F) | | | | |
| (G) | | | | |
| (H) | V 7 - V 6 V 6 V 7 V 6 V 6 V 6 V 6 V 6 V 6 V 6 | | | |
| (1) | | | | |
| Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) | | | | |
| Part VIII Investments - Program Related. Se | ee Form 990, Part X, | line 13. | | |
| (a) Description of investment type | (b) Book value | | (c) Method of valua est or end-of-year mar | |
| (1) | | | | |
| (2) | | | | 1 |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | ····· |
| (6) | | | | |
| (7) | | | · · · · · · · · · · · · · · · · · · · | |
| (8) | | | | |
| <u>(9)</u> (10) | | | | |
| Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) | | | | |
| Part IX Other Assets. See Form 990, Part X, line | 15. | | | |
| | Description | | | (b) Book value |
| (1) | | | | |
| (2) | | • | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | **** | | | |
| <u>(9)</u> (10) | | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line | 15) | | | |
| Part X Other Liabilities. See Form 990, Part X, I | | | ······ | |
| (a) Description of liability | | (b) Book value | | |
| (1) Federal income taxes | | | 1 | |
| (2) UNRECOGNIZED INCOME TAX B | ENEFITS | 2,000,000. | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| (10) | | | - | |
| (11) | 05) | 2 000 000 | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line | 25.) tne organization s financia | 2,000,000. | ization's liability for uncertai | n tax positions under |

| 2 | ule D (Form 990) 2011 MOZILLA FOUNDATION | 00 to Audited Fir | ancial St | atement | s | |
|-------|---|--------------------------|---|----------------------|--------------|--------------|
| ır | ix I Reconciliation of Change in Net Assets from Form 9 | 90 to Addited i ii | 1 | | | |
| | Total revenue (Form 990, Part VIII, column (A), line 12) | | ··· _ | | | |
| | Total expenses (Form 990, Part IX, column (A), line 25) | | ··· | | | |
| | Excess or (deficit) for the year. Subtract line 2 from line 1 | | ··· | | | |
| | Net unrealized gains (losses) on investments | | | | | |
| | Donated services and use of facilities | | | | | |
| | Investment expenses | | ···· | | | |
| | Prior period adjustments | | ···· | | | |
| | Other (Describe in Part XIV.) | | | | | |
|) | Total adjustments (net). Add lines 4 through 8 | 0 and 0 | | | | |
| | Excess or (deficit) for the year per audited financial statements. Combine line | es 3 and 9 | | er Return | l | |
| ar | Excess or (deficit) for the year per audited financial statements. Combine in t XII Reconciliation of Revenue per Audited Financial Statements. | dements with the | | 11 | | |
| 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: | 2a | | | | |
| а | Net unrealized gains on investments | | | | | |
| b | Donated services and use of facilities | | | | | |
| С | Recoveries of prior year grants | | | | í | |
| d | Other (Describe in Part XIV.) | | *************************************** | 2e | | |
| е | Add lines 2a through 2d | | | - | | |
| 3 | Subtract line 2e from line 1 | | | | | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | 4a | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4b | | | | |
| | Other (Describe in Part XIV.) | <u>L.:</u> | *************************************** | 4c | | |
| | Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 | 7 } | | 5 | | |
| 5 | rt XIII Reconciliation of Expenses per Audited Financial S | tatements With | Expenses | per Reti | ırn | |
| Pa | Total expenses and losses per audited financial statements | | | 1 | | |
| 1 | Total expenses and losses per audited illialicial statements | | | | | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | 2a | | 1 | | |
| а | Donated services and use of facilities | | | | | |
| b | | | | | | |
| C | | | | | | |
| C | Other (Describe in Part XIV.) Add lines 2a through 2d | | | 2e | | |
| e | Add lines 2a through 2d Subtract line 2e from line 1 | | | 3 | | |
| 3 | Subtract line 2e from line 1 | | | | | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | | |
| 6 | | | | | | |
| | Other (Describe in Part XIV.) | | | 4c | | |
| | Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line | 18.) | | 5 | | <u></u> |
| 5 | VIVI Complemental Information | | | | | |
| _ | to the provide the descriptions required for Part II lines 3, 5, and | 9; Part III, lines 1a an | d 4; Part IV, | lines 1b and | d 2b; Part V | , line 4; Pa |
| Cor | nplete this part to provide the descriptions required to Fart II, lines 5, 5, and ne 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. A | also complete this part | to provide a | any additior | al informati | on. |
| X, li | ne 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b.7 MMARIZED FIN 48 DISCLOSURE: | | | | | |
| | MINIALITED LIN 40 DIDCEOCHTS. | | | | | |

MOZILLA FOLLOWS INCOME TAXES, WHEREBY THE IMPACT OF AN UNCERTAIN TAX POSITION THAT IS MORE 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

THROUGH 2007 AS FILED. AS A RESULT OF THE PROGRESS IN THE FOUNDATION

EXAMINATION, THE FOUNDATION RECOGNIZED \$9,989,000 OF INCOME TAX BENEFITS.

| THE FOUNDATION HAS RECEIVED AN OFFICIAL LETTER DATED MAY 13, 2011 |
|--|
| CONFIRMING THE IRS'S ACCEPTANCE OF ALL FORM 990 RETURNS AS FILED FOR ALL |
| TAX YEARS UNDER AUDIT (2004-2007). THIS IS COMMONLY REFERRED TO AS AN IRS |
| "NO CHANGE LETTER" AND SIGNIFIES NO CHANGES WERE MADE AS A RESULT OF THE |
| EXAMINATION FOR ANY OF THE YEARS UNDER AUDIT, INDICATING THAT THE IRS HAS |
| ACCEPTED THOSE FORMS' CLASSIFICATION OF THE FOUNDATION AS A PUBLIC CHARITY |
| DESCRIBED IN SECTIONS 501(C)(3) AND 170(B)(1)(A)(VI) OF THE INTERNAL |
| REVENUE CODE. |
| |
| ON APRIL 13, 2012, THE FOUNDATION RECEIVED AN OFFICIAL LETTER REPRESENTING |
| \$1.5 MILLION SETTLEMENT OF THE IRS CHALLENGE RELATED TO THE FOUNDATION'S |
| TAX TREATMENT OF ITS 2004 AND 2005 REVENUE REPORTED ON FORM 990-T FILINGS |
| AFTER 2005. AS A RESULT, UNRECOGNIZED INCOME TAX BENEFITS WERE REDUCED TO |
| \$2 MILLION, THE APPROXIMATE AMOUNT OF THE SETTLEMENT, INCLUDING INTEREST. |
| |
| ON JUNE 29, 2012, THE FOUNDATION CLOSED ALL ITEMS UNDER IRS AUDIT WITH A |
| SETTLEMENT PAYMENT OF \$1.5 MILLION WHICH REPRESENTS LESS THAN 10% OF THE |
| ORIGINAL \$16 MILLION LIABILITY ACCRUED FOR THIS MATTER. |
| |
| |
| |
| |
| |
| |
| |
| |

SCHEDULE F (Form 990)

Department of the Treasury

Statement of Activities Outside the United States

➤ Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.

➤ Attach to Form 990. ➤ See separate instructions.

2011
Open to Public Inspection

Name of the organization

Employer identification number

MOZILLA FOUNDATION 20-0097189

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990. Part IV. line 14b.

| | to Form 550, Fart IV, Into 146. | |
|---|--|--------|
| | For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, | |
| 1 | the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes | └── No |

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

| 3 Activities per Region. (T | he following Par | t I line 3 table o | an be duplicated if additional space is | needed.) | |
|----------------------------------|-------------------------------------|--|---|--|--|
| (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) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for and investments in region |
| | | in region | | | |
| | | | | | |
| | | | GRANTS TO RECIPIENTS | | į |
| NORTH AMERICA | | | LOCATED IN REGION | | 128,832 |
| | | | | WEB DEVELOPMENT AND | |
| | | | | DESIGN, CONSULTING | ļ |
| | | | | SERVICES, MGMT AND ADMIN | 1 353 400 |
| NORTH AMERICA | | | PROGRAM SERVICES | TEAM, PROGRAM | 1,353,480 |
| | | | | | |
| CENTRAL AMERICA & | | | | | |
| CARIBBEAN | | | INVESTMENTS | | 2,713,971 |
| | | | | | |
| | | | | | |
| | | | | | 507 601 |
| EUROPE | | | INVESTMENTS | | 507,691 |
| | | | | WEBSITE DEVELOPMENT, | |
| | | | | MOZILLA FESTIVAL-EVENT MANAGEMENT, | |
| | | | PROGRAM SERVICES | ORGANIZATIONAL | 378,152 |
| EUROPE | | <u> </u> | PROGRAM SERVICES | OKGANIZATIONAL | 3,0,232 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 3 a Sub-total | | 0 0 | | | 5,082,126 |
| b Total from continuation | l . | | | | |
| sheets to Part I | | 0 0 | | | |
| c Totals (add lines 3a | | | | * | F 000 40 |
| and 3b) | | 0 0 | | | 5,082,126 |

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

SEE PART V FOR COLUMN (E) DESCRIPTIONS

Schedule F (Form 990) 2011

MOZILLA FOUNDATION

Page 2

20-0097189

Schedule F (Form 990) 2011

Part II

(i) Method of valuation (book, FMV, appraisal, other) CASH VALUE CASH VALUE CASH VALUE 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 (h) Description of non-cash assistance 0 o 0 (g) Amount of non-cash assistance Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by cash disbursement 96,950, WIRE TRANSFER (f) Manner of 11,000 MIRE TRANSFER 10,882.WIRE TRANSFER of cash grant (e) Amount recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter SENECA COLLEGE OPEN SUPPORTING BIG BLUE SUTTON OPEN SOURCE INTERACTIVE MEDIA (d) Purpose of SOURCE EDUCATION grant SOCIAL AND RESEARCH PROGRAM Part II can be duplicated if additional space is needed. (c) Region **JORTH AMERICA** NORTH AMERICA NORTH AMERICA Enter total number of other organizations or entities (b) IRS code section and EIN (if applicable) (a) Name of organization က

Schedule F (Form 990) 2011

Page 3

Schedule F (Form 990) 2011 MOZILLA FOUNDATION 20-0097189

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.

Part III can be duplicated if additional space is needed.

| _ | | | | | 1 | 3 |
|---|----------------------|--|--|--|---|--|
| (h) Method of valuation (book, FMV, appraisal, other) | CASH VALUE | | | | | Cabadada E /Earm 000) 2044 |
| (g) Description of non-cash assistance | | | | | | 7 - 1 - 0 |
| (f) Amount of non-cash assistance | .0 | | | | | |
| (e) Manner of cash disbursement | 10,000 WIRE TRANSFER | | | | | CHARLES THE PARTY OF THE PARTY |
| (d) Amount of cash grant | 10,000. | | | | | Loadon Company of the |
|) Number of recipients | 0 | | | | | |
| dontonal space is needed | EUROPE | | | | | |
| (a) Type of grant or assistance (b) Region | HTMI, AUDIO PUZZIE | | | | | |

for Form 5713)

Schedule F (Form 990) 2011

Yes X No

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, INCLUDING GRANT AMOUNTS, THE NAME, COUNTRY, AND TYPE OF

GRANTEE (E.G.UK-BASED NONPROFIT, ETC.) AND SUPPORTING DOCUMENTATION SUCH

AS GRANT PROPOSALS, SIGNED AGREEMENTS, REPORTS FROM GRANTEES, ETC. IN

SOME CASES WE HAVE AN EXPLICIT ASSESSMENT SECTION ON THE GRANT PAGE THAT

CONTAINS OUR EVALUATION OF THE PROPOSAL AND THE GRANTEE; IN OTHER CASES

THAT INFORMATION IS IN OUR EMAIL ARCHIVES.

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.

PAYMENTS ARE TYPICALLY TIED TO ACHIEVEMENT OF SPECIFIC MILESTONES; THE

INDIVIDUALS OR CORPORATIONS INVOICE THE MOZILLA FOUNDATION, AND WE MAKE

OUR GRANT PAYMENT AFTER CONFIRMING THAT THE GRANTEE HAS COMPLETED THE

AGREED-UPON 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

PRIOR TO MAKING A GRANT TO A FOREIGN NONPROFIT, WE REVIEW SUPPORTING

DOCUMENTATION PROVIDED BY THE GRANTEE OR PUBLICLY AVAILABLE ONLINE TO

DETERMINE THAT IT IS EQUIVALENT TO A U.S. PUBLIC CHARITY.

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.

ALTHOUGH MOST OF OUR FOREIGN GRANTS (AND ALL OF OUR FOREIGN GRANTS IN 2011) 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. 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. PAYMENTS ARE TYPICALLY TIED TO ACHIEVEMENT OF SPECIFIC MILESTONES; THE GRANTEE INVOICES THE MOZILLA FOUNDATION, AND WE MAKE OUR GRANT PAYMENT AFTER CONFIRMING THAT THE GRANTEE HAS COMPLETED THE AGREED-UPON WORK.

THE GRANT AGREEMENTS WE USE INCLUDE REQUIREMENTS FOR THE GRANTEE TO REPORT ON USE OF THE FUNDS. WE KEEP THE REPORTS (OR LINKS TO THEM) ON THE INTRANET WITH THE OTHER GRANT INFORMATION.

FOR BOTH US AND NON-US INDIVIDUALS AND FOR-PROFIT CORPORATIONS THE MONITORING IS PART OF THE INVOICE APPROVAL PROCESS AS NOTED ABOVE.

PART I, LINE 3, COLUMN (E):

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

| Part | V | Supplemer | ntal l | nformation | | | | | (a (time mothod) |
|------|----|----------------|--------|---------------------------|-----------------|-------------------------------|-----------|----------------------------|------------------------------|
| | | | | the state of the state of | mation require | ed by Part I, line 2 (monitor | ing of fu | nds); Part I, line 3, colu | umn (f) (accounting method; |
| | | amazinto of in | voctm | ente ve evnenditu | res per region |) Part II. line 1 (accounting | a metnoc | j); Part III (accounting | metriod), and rare m, column |
| | | (c) (estimated | numb | er of recipients), a | s applicable. A | Also complete this part to p | provide a | any additional informat | ion. |
| | | | | | | | | | |
| FOR | CH | ALLENGE | ON | WEBSITE, | COURSE | ORGANIZATION | AMD | COMMICOHOM | |
| | | | | | | | | | |
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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. Employer identification number

Open To Public Inspection

| Name of the organization | FOUNDATION | | | | 20-0097 | 189 |
|---|--|--|-------------------------------------|--|--|---|
| Part I Fundraising Activities required to complete this par | · Complete if the organization answer | ered "Y | es" to | Form 990, Part IV, li | ne 17. Form 990-EZ | filers are not |
| 1 Indicate whether the organization rais a | sed funds through any of the following and solicitate and solicita | tion of tion of tion of tion of tindra fundra I (include orofess | non-go goverrising of ling of | overnment grants nment grants events fficers, directors, trus undraising services? | stees or Yes | X No |
| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) fundr have c or cor contrib | trol 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 |
| PARTNERS IN TRANSFORMATION - | | Yes | No | | _ | |
| WATERPARK PLACE, 20 BAY | CONSULTANT | | Х | 0. | 113,996. | <113,996.> |
| THE WATERSHED COMPANY - 1901 | | | | | | 40.244 |
| L STREET, N.W., SUITE 800, | CONSULTANT | | Х | 0. | 48,244. | <48,244.> |
| OUTSET CONSULTING - 1159 | | | х | 0. | 17,846. | <17,846.> |
| DUNDAS ST. E #149, TORONTO, | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | 180,086 | . <180,086. |
| Total 3 List all states in which the organizat or licensing. AL, AK, AR, AZ, CA, CO, CT OH, OK, OR, PA, RI, SC, TN | ,DC,FL,GA,IL,KS,KY | | | | | |
| | | | | | | |
| | | | | | | |

| | | of fundraising event contributions and gro | 1 1 1 5 | (L) Frank (O) | (c) Other events | 1 |
|---|------|---|--------------------------|--|------------------|---|
| | | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through |
| | | | (event type) | (event type) | (total number) | col. (c)) |
| | | | | | | |
| | 1 | Gross receipts | | | | |
| | 2 | Less: Charitable contributions | | | | |
| - | 3 | Gross income (line 1 minus line 2) | | | | |
| | 4 | Cash prizes | | | : | |
| | 5 | Noncash prizes | | | | |
| | 6 | Rent/facility costs | | | | |
| | 7 | Food and beverages | | | | |
| | 8 | Entertainment | | | | |
| | 9 | Other direct expenses | | | | 1 |
| | 10 | Direct expense summary. Add lines 4 throug Net income summary. Combine line 3, column | h 9 in column (d) | | | |
| | | \$15,000 on Form 990-EZ, line 6a. | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (accol. (a) through col. |
| 4 | 1 | Gross revenue | | | | |
| | 2 | Cash prizes | | | | |
| | 3 | Noncash prizes | | | | |
| | 4 | Rent/facility costs | | | | |
| - | 5 | Other direct expenses | Yes | % Yes % | Yes% | ó |
| | 6 | Volunteer labor | No | □ No | No No | |
| | 7 | Direct expense summary. Add lines 2 through | gh 5 in column (d) | | > | (|
| | 8 | Net gaming income summary. Combine line | 1, column d, and line | 7 | <u> </u> | |
|) | ls | nter the state(s) in which the organization oper the organization licensed to operate gaming a "No," explain: | ctivities in each of the | se states? | | Yes Yes |
| | ' '' | | | | | |

| Schedule G (Form 990 or 990-EZ) 2011 MOZILLA FOUNDATION | 20-0097189 Page 3 |
|--|------------------------------------|
| 11 Does the organization operate gaming activities with nonmembers? | Yes No |
| 12 Is the organization operate gaming activities with homeometrs. 12 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 |
| 13 Indicate the percentage of gaming activity operated in: | |
| a The organization's facility | 13a % |
| b An outside facility | |
| 14 Enter the name and address of the person who prepares the organization's gaming/special events books and recor | us. |
| Name | |
| Address > | |
| 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? | Yes No |
| b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amo | ount |
| of gaming revenue retained by the third party \$ | |
| 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 | |
| 17 Mandatory distributions: | |
| a Is the organization required under state law to make charitable distributions from the gaming proceeds to | Yes No |
| retain the state gaming license? | |
| b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent | i in the |
| organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, col | lumns (iii) and (v), and Part III, |
| lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional in | formation (see instructions). |
| | |
| SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDED | AISERS: |
| | |
| (I) NAME OF FUNDRAISER: PARTNERS IN TRANSFORMATION | |
| | |
| (I) ADDRESS OF FUNDRAISER: | |
| WATERPARK PLACE, 20 BAY ST, 12TH FL, TORONTO, ONTARIO, CANA | DA M5J 2N8 |
| | |
| | |
| (I) NAME OF FUNDRAISER: THE WATERSHED COMPANY | |
| (I) ADDRESS OF FUNDRAISER: | |
| 1901 L STREET, N.W., SUITE 800, WASHINGTON, DC 20036 | |

| Schedule G (Form 990 or 990-EZ) 2011 MOZILLA FOUNDATION Part IV Supplemental Information (continued) | 20-0097189 _{Pag} |
|---|---------------------------|
| Part IV Supplemental Information (continued) | |
| | |
| (I) NAME OF FUNDRAISER: OUTSET CONSULTING | |
| (I) ADDRESS OF FUNDRAISER: | |
| 1159 DUNDAS ST. E #149, TORONTO, ONTARIO, CANADA | M4M 3N9 |
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SCHEDULE 1 (Form 990) Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Open to Public OMB No. 1545-0047 Inspection

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

٠, Schedule I (Form 990) (2011) IGITAL MEDIA PROJECT FOR SUPPORT DIGITAL MEDIA AND 2 _ Employer identification number EARNING EXPERIENCES FOR ADOLESCENT YOUTH IN NEW ADOLESCENT YOUTH IN SAN HOST TRAINING WORKSHOPS 20-0097189 TETWORK MENTORS AND TO COORDINATE AND DEVELOP FEACH YOUTH WEB SKILLS UPPORT DIGITAL YOUTH WEBMAKING 101 ONLINE (h) Purpose of grant or assistance SUBTITLES SUPPORT UBLIC UNIVERSAL X Yes FRANCISCO AREA 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 EARNING YORK recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed.

(c) RC section or government or government if applicable cash grant assistance or government. 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 0.CASH VALUE 0.CASH VALUE CASH VALUE O.CASH VALUE CASH VALUE 0.CASH VALUE Ö Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 23,000. 25,000 55,500 25,000. 25,000, 100,000 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 27-5006096 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) Enter total number of other organizations listed in the line 1 table MOZILLA FOUNDATION 26-1884072 94-2403876 36-2167048 13-3062214 20-2630593 General Information on Grants and Assistance criteria used to award the grants or assistance? 1 (a) Name and address of organization PARTICIPATORY CULTURE FOUNDATION NEW YOUTH CITY LEARNING NETWORK 1 PIERREPONT PLAZA, 15TH FLOOR 1370 MISSION ST. 4TH FLOOR BAY AREA VIDEO COALITION SAN FRANCISCO, CA 94103 CA 94110 PEER 2 PEER UNIVERSITY 2727 MARIPOSA STREET BOSTON, MA 02205-5071 , NY 10022 PO BOX 55071, #20335 1 EAST JACKSON BLVD. COMMUNITY FUNDS INC. CHICAGO , IL 60604 Name of the organization BROOKLYN, NY 11021 DEPAUL UNIVERSITY SAN FRANCISCO, 909 THIRD AVE NEW YORK Parti Part II

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

20-0097189

Page 2

Schedule I (Form 990) (2011) 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) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|------------------------------------|--|--|---------------------------------------|---|--|
| | | | | | |
| | | | | | |
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| | | and the state of t | | | |
| | | | | | |
| | ide the informatic | on required in Part I. | line 2, and any other | r additional information. | |
| SCHEDULE I, PART I, LINE 2: WE MAI | MAINTAIN ONLINE | LINE INFO | INFORMATION ON | GRANTS ON OUR | |
| INCLUD | , THE NAME, | E, COUNTRY | AND TYPE | OF GRANTEE | |
| PC | AS | GRANT PROPOSALS, | | SIGNED AGREEMENTS, | |
| REPORTS FROM GRANTEES, ETC. | | | | | |
| | AND THE PARTY OF T | | | | |
| | - And Andrews | | | | |
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Schedule I (Form 990) (2011)

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Compensated Employees

Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.

Attach to Form 990.
See separate instructions.

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

MOZILLA FOUNDATION

Employer identification number 20-0097189

| Par | t I Questions Regarding Compensation | | Yes | No |
|------|--|-------------|----------|------------|
| | | | 1 53 | |
| 1a (| Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, | | | |
| j | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Housing allowance or residence for personal use | | | |
| Ĺ | The fact that th | | | |
| L | The state of the s | | | |
| Į | The state of the s | | | |
| Į | 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 | | <u> </u> |
| 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 | 1 | | |
| | establish compensation of the CEO/Executive Director. Explain in Part III. | | | |
| | Compensation committee X Written employment contract | 1 | 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: | | | |
| | Receive a severance payment or change-of-control payment? | 4a | ļ | 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 | <u> </u> | Х |
| | If "Yes" to any of lines 4a-c, list 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. | | | |
| 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: | | | |
| а | The organization? | . 5a | | X |
| h | Any related organization? | . <u>5b</u> | | 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 | | 1 | |
| | contingent on the net earnings of: | | | 177 |
| а | The organization? | 6a | - | X |
| | Any related organization? | 6b | - | ┼ ^ |
| | 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 | | 1 | 1,, |
| - | 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 | 1 | | ,, |
| - | 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 | | |

MOZILLA FOUNDATION

Schedule J (Form 990) 2011

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 \ | (B) Breakdown of W-2 and/or 1099-MISC compensation | 3C compensation | (C) | (D) | (E) | (F) Compensation |
|--|----------|--------------------------|--|---|----------------|--|------------|--|
| (A) Name | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | other deferred | benefits | (B)(l)-(D) | reported as deferred in prior Form 990 |
| | | C | C | U | | 0 | 0 | 0 |
| MITCHELL BAKER | € € | 325,50 | 219,472. | 0. | 17,150. | 18,714. | 580,836. | |
| | 3 | | 0 | 0 | 0 | 0 | 0 | |
| 2 BRENDAN EICH | € | 325, | 224,472. | | 17,150. | 18,930. | | 0 |
| - Control of the Cont | : ≘ | 129, | 0 | | 9,085. | 15,778. | 154,645. | |
| 3 RYAN MERKLEY | Ξ | | 0. | | 0. | 0 | 0. | |
| | € | | | | 1 | | - 1 | |
| 4 JAMES COOK | (ii) | 300, | 205,782. | | - 1 | -1 | -1 | |
| | (i) | 183,998. | 0. | 0. | 12,880. | 18,997. | 215,875. | |
| 5 MARK SURMAN | (ii) | 0. | 0 | 0 | 0 | 0 | • 0 | 0 |
| | (i) | | | | | | | |
| 9 | Ξ | | | | | | | |
| | Ξ | | | | | | | |
| 7 | € | | | | | | | |
| | € | | | | | | | - Average of the second |
| 80 | <u> </u> | | | | | | | |
| | (i) | | | | | | | |
| 6 | Ξ | | | | | ALTERNATION OF THE PARTY OF THE | | |
| | (i) | | | | | | | |
| 10 | (ii) | | | | | | | |
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| 11 | ≘ | | | | | | | |
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| 12 | Ξ | 1.111 | | | | | | |
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| 13 | Ξ | | | | | | | |
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| 14 | ▣ | | | | | | | |
| | Ξ | | | | | | | - |
| 15 | Ξ | | | | | | | |
| | Ξ | | | | | | | |
| 16 | ⊞ | | | | | | | |
| 199119 01.92.19 | | | | | | | Sched | Schedule J (Form 990) 2011 |
| 21 -02 - 12 - 20 - 12 | | | | | | | | |

SCHEDULE O (Form 990 or 990-EZ)

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.

2011
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

MOZILLA FOUNDATION

Employer identification number 20-0097189

| FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: |
|---|
| INCLUDING \$155,832 IN GRANTS. EDUCATION PROGRAMS GENERATED \$1,763,138 |
| IN PUBLIC SUPPORT REVENUE. |
| |
| FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: |
| 3EVENTS |
| |
| IN 2010, MOZILLA ESTABLISHED AN EVENTS PROGRAM TO GROW GLOBAL |
| INVOLVEMENT IN ITS COMMUNITY AND INNOVATION PROGRAMS. THE FLAGSHIP |
| EVENT WAS THE SECOND ANNUAL MOZILLA FESTIVAL: A 600 PERSON HANDS-ON |
| WORKSHOP ON MEDIA, LEARNING AND THE WEB HELD IN LONDON, UK. THE |
| FOUNDATION ALSO SUPPORTED SMALLER, SELF-ORGANIZED LOCAL WORKSHOPS IN |
| NEW YORK, BOSTON, LONDON, TORONTO, BERLIN, BUENOS AIRES, NAIROBI AND 15 |
| OTHER CITIES AROUND THE WORLD. IN 2011, MOZILLA SPENT \$619,911 ON ITS |
| EVENTS PROGRAM. |
| EXPENSES \$ 619,911. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. |
| |
| FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES: |
| JAPAN, CHINA, TAIWAN, AUSTRALIA, |
| CANADA, FRANCE, UNITED KINGDOM, DENMARK |
| |
| 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. |
| |

MOZILLA FOUNDATION

Employer identification number 20-0097189

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

TO RESPOND TO AN ANNUAL QUESTIONNAIRE THAT DETAILS POTENTIAL CONFLICTS OF

INTEREST.

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.

PART VII, SECTION A, COLUMN B

MITCHELL BAKER AND BRENDAN EICH PROVIDE AN ESTIMATED 40 HOURS PER WEEK

TO MOZILLA CORPORATION, A RELATED ORGANIZATION. JAMES COOK PROVIDES AN

ESTIMATED 40 HOURS PER WEEK TO MOZILLA CORPORATION AND MOZILLA

MESSAGING, BOTH RELATED ORGANIZATIONS.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED LOSSES ON INVESTMENTS:

INCOME TAX SETTLEMENTS

9,989,166.

TOTAL TO FORM 990, PART XI, LINE 5

9,900,531.

SCHEDULE R

2011 Open to Public Inspection OMB No. 1545-0047

Employer identification number $20-0\,0\,9\,71\,8\,9$

Schedule R (Form 990) 2011 (g) Section 512(b)(13) õ Direct controlling Yes 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.) Direct controlling entity End-of-year assets status (if section 501(c)(3)) <u>e</u> Public charity 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. Total income Exempt Code ਉ section Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or Legal domicile (state or foreign country) foreign country) <u>ပ</u> Primary activity Primary activity 9 For Paperwork Reduction Act Notice, see the Instructions for Form 990. MOZILLA FOUNDATION Name, address, and EIN Name, address, and EIN of related organization of disregarded entity Name of the organization Department of the Treasury Internal Revenue Service (Form 990) Part II Part

20-0097189

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Schedule R (Form 990) 2011 MOZILLA FOUNDATION

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) Name, address, and EIN | (b) Primary activity | (c) Legal domicile | (d) Direct controlling | (e) Predominant income | | (f) Share of total | (g) Share of end-of-vear | (h) Disproportion- | (i) Code V-UBI amount in bo | (j) UBI General or I n box managing | (j) (k) General or Percentage managing ownership |
|--|---|----------------------------------|--|--|--|------------------------------|--|-----------------------|-------------------------------------|---|--|
| of related organization | | (state or foreign country) | | excluded from tax under sections 512-514) | x un'der 514) | | | Yes No | . 20 of Schedule K-1 (Form 1065) | edule parities 1065) Yes No | |
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| To the party of the state of th | | | | | | | | | | | |
| Part IV Identification of Related Organizations Taxable as a Corporatio or trust during the tax year.) | rganizations Taxable a orporation or trust during | as a Corp | poration or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related IX year.) | nplete if the o | rganizatio | ו answered "Yes" | to Form 990, Pa | rt IV, line 34 | because | t had one or n | ore related |
| (a) | | | (q) | | (0) | (p) | (e) | | _ | (b) | <u>ڊ</u> |
| Name, address, and EIN of related organization | On On | | Primary activity | | Legal domicile (state or foreign country) | Direct controlling entity | Type of entity (C corp, S corp, or trust) | Share of total income | of total me | Share of end-of-year assets | Percentage ownership |
| MOZILLA CORPORATION - 20-3226186 | 186 | | | | | | - Control Cont | | | | |
| 650 CASTRO ST. SUITE 300 | A. A. A. A. A. A. A. A. A. A. A. A. A. A | | | <u> </u> | | TOZILLA | | | 0 | 7 | 900 |
| MOUNTAIN VIEW, CA 94041 | | | INTERNET SERVICES | | CA F(| FOUNDATION | C CORP | 161,272, | 2,399. | 102,110,21 | |
| MOZILLA MESSAGING - 26-1947919 | 6 | | MANAGE AND DEVELOP | LOP | | | | | | | |
| 650 CASTRO ST. SUITE 300 | | | OPEN SOURCE EMAIL | IL | | 40ZILLA | | | | | 10000 |
| MOUNTAIN VIEW, CA 94041 | | | (THUNDERBIRD) | | CA | FOUNDATION | C CORP | 8 | 821,241. | | |
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Part V

Schedule R (Form 990) 2011 \bowtie \bowtie $\bowtie \bowtie$ × × $\bowtie \bowtie$ Yes No × 10,000. TRADEMARK LICENSE AGREEMENT 를 루 4 4 卢 ÷ 5 19 9 9 <u>1</u>e 무 ¥ 유 (d)
Method of determining
amount involved 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.) Amount involved (b) Transaction type (a-r) K k Performance of services or membership or fundraising solicitations for related organization(s) Performance of services or membership or fundraising solicitations by related organization(s) a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity j Lease of facilities, equipment, or other assets from related organization(s) Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. i Lease of facilities, equipment, or other assets to related organization(s) Other transfer of cash or property from related organization(s) c Gift, grant, or capital contribution from related organization(s) Reimbursement paid by related organization(s) for expenses Reimbursement paid to related organization(s) for expenses q Other transfer of cash or property to related organization(s) b Gift, grant, or capital contribution to related organization(s) d Loans or loan guarantees to or for related organization(s) Sharing of paid employees with related organization(s) (a)
Name of other organization e Loans or loan guarantees by related organization(s) g Purchase of assets from related organization(s)
 h Exchange of assets with related organization(s) Sale of assets to related organization(s) (1) MOZILLA CORPORATION ම ව 4 3 2

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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.

| (h) (i) (k) | Dispropore Code V-UBI General or Percentage literate amount in box 20 managing ownership of Schedule K-1 partner? ownership Yes No (Form 1065) Yes No | | | | | |
|-----------------|---|--|---|---|--|--|
| | Share of Di end-of-year all assets | | · | | | |
| (μ) | Share of total income | | | | | |
| (e) | partners sec. 501(c)(3) orgs.? | | | | | |
| (p) | Predominant income pa (related, unrelated, excluded from tax under section 512-514) | | | | | |
| (c) | Legal domicile (state or foreign country) | | | | | |
| (q) | Primary activity | | | · | | |
| (a) (b) (c) (d) | Name, address, and EIN of entity | | | | | |