

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990** 

Department of the Treasury Internal Revenue Service

### **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)

2012

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

Open to Public Inspection

OMB No 1545-0047

Α	For the	2012 calendar year, or tax year beginning and e	ending					
В	Check if applicable	C Name of organization		D Employer identi	fication number			
	Addres	MOZILLA FOUNDATION			0097189			
	Name change	Doing Business As	siness As					
Ę	Initial return Termin	, , , , , , , , , , , , , , , , , , , ,	Room/suite		er -903-0800			
F	lated Amend return			G Gross receipts \$	9,046,398.			
F	Applic							
_	pendir	F Name and address of principal officer:MARK SURMAN		H(a) Is this a group return for affiliates?				
		SAME AS C ABOVE		H(b) Are all affiliates in				
$\overline{}$	Tay-eye	empt status: X 501(c)(3)	r 527	<b>⊣</b> `′	a list. (see instructions)			
		e: ► WWW.MOZILLA.ORG		H(c) Group exempti	·			
		organization: X Corporation	1 Year		M State of legal domicile; CA			
	art I	Summary	2 .02.	0.10.11.2.0.1	iti oato or iogar comions.			
		Briefly describe the organization's mission or most significant activities: MOZIL	LA FO	DUNDATION II	MPROVES AND			
Activities & Governance		PROTECTS THE INTERNET AS A PUBLIC RESOURCE	E					
E.	1 '	Check this box   if the organization discontinued its operations or disposit	ed of mor	e than 25% of its net	assets.			
SVe.		Number of voting members of the governing body (Part VI, line 1a)		3	1			
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)		4	<u> </u>			
88	1	Total number of individuals employed in calendar year 2012 (Part V, line 2a)		5	22			
į		Total number of volunteers (estimate if necessary)		6	30000			
Ę	1	Total unrelated business revenue from Part VIII, column (C), line 12		78	768.			
⋖	1	Net unrelated business taxable income from Form 990-T, line 34		71	0.			
	1			Prior Year	Current Year			
Revenue	8	Contributions and grants (Part VIII, line 1h)		3,323,273	5,805,972.			
	9	Program service revenue (Part VIII, line 2g)		31,602	2,719,942.			
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		596,550	524,179.			
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,683				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,954,108				
_	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		392,332	1,154,357.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0	·			
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	,	1,643,198				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	```	180,086	. 222,274.			
Š	Ь.	Total fundraising expenses (Part IX, column (D), line 25)	<u> </u>					
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	` \ e \	3,175,503				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	, ,	5,391,119				
	19	Revenue less expenses. Subtract line 18 from line 12		<1,437,011				
Net Assets or				eginning of Current Year				
Sset	20	Total assets (Part X, line 16)	<u></u>	-26,187,098				
at A	21	Total liabilities (Part X, line 26)	` <b>'</b>	2,407,937				
		Net assets or fund balances. Subtract line 21 from line 20		23,779,161	24,003,723.			
	art II	Signature Block						
		lties of perjury, I declare that I have examined this return, including accompanying schedules t, and complete. Deplaration of preparer (other than officer) is based on all information of whi			ny knowleage and belief, it is			
trut	e, correc	t, and complete. Department of the main officer) is based on an information of win	cii prepare	r nas any knowledge.				
<b>C</b> :-		Signature of officer		Date	<del>/                                    </del>			
Sig		MARK SURMAN, EXECUTIVE DIRECTOR		1(/	14/13			
He	re	Type or print name and title	-					
_		Durt (True and a second	<b>√</b> ⊤	Date Check	PTIN			
Pai	id		h	11/13/13				
	parer	Firm's name DELOITTE TAX LLP		Firm's EIN	86-1065772			
	e Only	Firm's address 225 WEST SANTA CLARA STREET		1 II III S LIN				
SAN JOSE, CA 95113 Phone no. 408-704-4								
Ms	v the IF	RS discuss this return with the preparer shown above? (see instructions)		1 none no.	X Yes No			
	001 12-1		ns.		Form <b>990</b> (2012)			
	- •	,			(,-)			

916

209,174.)

) (Revenue \$

4d Other program services (Describe in Schedule O.)

Total program service expenses ▶

including grants of \$

7,843,010.

# Form 990 (2012) MOZILLA FOUN Part IV Checklist of Required Schedules

			T.,	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	$\Box$	Yes	No
•	If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		х
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	,		
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	•		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
Ď	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	4-	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15		<u> </u>
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	X	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	_		<sub>v</sub>
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
			000	

Form 990 (2012) MOZILLA FOUNDATION
Part IV Checklist of Required Schedules (continued)

	Doddle account to a constant of the CE 000 of supply and other accustomes to any accustoment as a constant in the		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
22	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
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			
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			77
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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	054		X
<b>~</b>	Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			х
	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		<del></del>
<u> </u>	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	$ldsymbol{ld}}}}}}$
þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O	38	x ·	
	14000.7% FORTH 0.00 files die fequilieu to complete ou fedule O			(2012)
				,- ~ · <b>-</b> /

Page 5

Par	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	21		1
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	_0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		۱	
	(gambling) winnings to prize winners?	1c	X	<u> </u>
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return  2a	22	l	1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	ı		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	—	X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	<del>  </del>	ļ
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a		۱	
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	↓
b	If "Yes," enter the name of the foreign country: ► SEE SCHEDULE O	_		1
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	<del> </del>	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	↓	X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	_	Ь—
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			ł
_	were not tax deductible?	6b		-
7	Organizations that may receive deductible contributions under section 170(c).		<b>x</b>	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor		X	├
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<u> </u>	-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			X
	to file Form 8282?	7c	╁──	<u>^</u>
	If "Yes," indicate the number of Forms 8282 filed during the year	<b>⊢</b>   ,ַ-		X
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f	+-	X
1	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C		N/	
8	Sponsoring organizations maintaining donor advised funds and section $509(a)(3)$ supporting organizations. Did the supporting $N/A$	" <del>  "</del>	1-17	f
•	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	1	
9	Sponsoring organizations maintaining donor advised funds.	<u>                                    </u>		
	Did the organization make any taxable distributions under section 4966?  N/A	9a	1 -	
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a	ł		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			į.
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		į	
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b	_	1	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		1	
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.			1
b	Enter the amount of reserves the organization is required to maintain by the states in which the			1
	organization is licensed to issue qualified health plans	_	1	
	Enter the amount of reserves on hand	$-\!$	<del> </del>	<del> </del>
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	L	l

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

	(C 11.10 04, 04, 102 05.001, 00001120 11.10 01.1			
	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management		1	
	1.1	$\overline{}$	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year  1a 6			
	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.		:	
b	Enter the number of voting members included in line 1a, above, who are independent  1b 4			- 1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		<b></b>	X
	officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_		х
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		_
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			x
	more members of the governing body?	7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	_		х
_	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		X	
	The governing body?	8a	Λ	X
b	Each committee with authority to act on behalf of the governing body?	8b		1
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		х
500	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		- 21
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code )		Yes	No
40-	Did the average have lead shorters by analysis or officiates?	10a	162	X
	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104		
Ь		10b		
44.	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	<b></b>
_	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	110		
122	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	<u></u>		
·	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			l
	taxable entity during the year?	16a		X
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CA, AK, AL, AR, CT, FL, GA, IL, KS	, KY	, MA	, MD
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	for public inspection. Indicate how you made these available. Check all that apply			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, are	d finai	ncial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	ition:		
	JAMES COOK - (650)903-0800			
	CEO CACEDO CEDERE CITUR 200 MOINTAIN VIEW CA 0/0/1			

Page 7

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization r	T					nsai	T		<b>(E)</b>	
<b>(A)</b> Name and Title	(B) Average			Pos				( <b>D</b> ) Reportable	<b>(E)</b> Reportable	(F) Estimated
Hame and The	hours per	box	, unle	ss pe	rson	than is bot	h an	compensation	compensation	amount of
	week	⊢	cer ar	d a d	recto	or/trus	tee)	from	from related	other
	(list any	ndividual trustee or director				1		the	organizations	compensation
	hours for related	p io	8			zated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	ruste	Itus		e e	mpen		(44-2/1099-141130)		and related
	below	duali	nstitutional trustee	<u> </u>	oldm	stco	   =			organizations
	line)	log M	Instit	Officer	Key employee	Highest compensated employee	<b>Former</b>			
(1) MITCHELL BAKER	1.00									
CHAIR		X	L					0.	661,811.	53,565.
(2) JOI ITO	1.00							١,		
DIRECTOR		X				╙	L_	0.	0.	0.
(3) BOB LISBONNE	1.00		l							
DIRECTOR	1	X	1_		<u> </u>	<u> </u>	<u> </u>	0.	0.	0.
(4) BRENDAN EICH	1.00	l	İ						650 404	25 400
СТО	40.00	X	_		_	_	_	0.	652,194.	37,420.
(5) BRIAN BEHLENDORF	1.00	ļ.,							_	_
DIRECTOR	1 00	X	<u> </u>	<u> </u>	<u> </u>	Ь.	├	0.	0.	0.
(6) CATHY DAVIDSON	1.00	x						0.	0.	_
DIRECTOR	40.00	<u> </u>	<u> </u>	<u> </u>	⊢	┢	┝	0.		0.
(7) RYAN MERKLEY CHIEF OPERATING OFFICER	40.00	ł		x				150,045.	0.	16,503.
(8) JAMES COOK	4.00	⊢	┝	^	┝	┝	-	130,043.	0.	10,505.
TREASURER	40.00	ł		х				0.	529,200.	37,204.
(9) MARK SURMAN	40.00	$\vdash$		<u>^</u>	$\vdash$	┢			323,200.	37,204.
EXECUTIVE DIRECTOR	40.00	ł		X				213,814.	0.	17,748.
DALLOCATIVE DIRECTOR	<del> </del>	-	-		┢╌	+-	┝╌	213,014.	<u> </u>	17,740.
		1								
	<del></del>	T		_	T	$\vdash$	一			<del></del>
		1								
			$\Box$							
		1	١							
			Г							
		1_	L					1		
		L	L	L	_					
<del>-</del> <del></del>						] _				
	ļ		L		$oxed{oxed}$	<u> </u>				
		1			l					
	ļ	<u> </u>	L	_	_	$oxed{oxed}$	<u> </u>			
		1			l					
	<u> </u>	<u>L</u>	<u>L</u> .	<u></u>		<u>L</u>		<u> </u>	L	5 000 (0040)

Part VII Section A. Officers, Directors,	Trustees, Key Em	ploy	ees,	, and	d Hi	ghe	st C	Compensated Employe	es (continued)				
(A)	(B)			(C	C)			(D) (E)			(F)		
Name and title	Average	Position (do not check more than one					one	Reportable Reportable			Estimated		
	hours per week	box	, unles	ss pe	rson	is bot or/trus	n an		compensation			nount	of
	(list any	5 1				from the	from related organization			other pensa	tion		
	hours for	Individual trustee or director				Ļ		organization	(W-2/1099-MIS			om the	
	related	ee or	stee			nsate		(W-2/1099-MISC)	(** 25 1000 11110	´´		anızat	
	organizations	trust	lal tru		)yee	ошре					_	d relat	
	below	vidua	Institutional trustee	Je:	Key emptoyee	Highest compensated employee	Former				orga	anızatı	ons
	line)	μ	ısı	Officer	Key	E H	ية						
					ŀ								
			Н		<del> </del>	-				$\dashv$			
					•								
		$\vdash$	Н		$\vdash$	$\vdash$				$\overline{}$			
			П										
			Щ			Ш							
			Н			$\vdash$							
			H				_			$\dashv$			
									_				
		<u> </u>				L		262.050	4 042 0		1 0	^ 4	40
1b Sub-total								363,859.	1,843,20	05.	ТР	2,4	
c Total from continuation sheets to Pa	art VII, Section A							363,859.	1,843,20	_	16	2,4	<u>0.</u>
d Total (add lines 1b and 1c)  2 Total number of individuals (including	but not limited to th		licto	od al	bov	2) wt		<del></del>			10	<u>4,4</u>	<del>10.</del>
compensation from the organization		1036	iiste	u ai	DOV	c, wi	10 1	eceived more trian wroc	,,000 or reportab	ic			5
componential with the organization												Yes	No
3 Did the organization list any former of	ficer, director, or tru	ıste	e, ke	y en	nplo	yee,	or	highest compensated e	mployee on	ſ			
line 1a? If "Yes," complete Schedule J	for such individual										3		X
4 For any individual listed on line 1a, is t	he sum of reportab	le co	mpe	ensa	atior	n and	ot	her compensation from	the organization	1			
and related organizations greater than	\$150,000? If "Yes,	" co	mple	ete S	Sche	edule	J	for such individual			4	X	
5 Did any person listed on line 1a receiv	•				•		elat	ted organization or indiv	idual for services	,			77
rendered to the organization? If "Yes,"  Section B. Independent Contractors	complete Schedul	e J f	or su	ıch	pers	son	_				5		Х
	at componented in	1000	ndo	nt o	000	racto	· 1	that recovered more than	\$100,000 of cor		otion !		
<ol> <li>Complete this table for your five highe the organization. Report compensation</li> </ol>	•								•	ipens	auon	IOIII	
(A		ou. v		9 *	*1611	01 11	Ī	(B)	your.		((	2)	
Name and busi	•							Description of s	ervices	С		nsatio	n
THE WATERSHED CO (M+R	STRATEGIC	SI	ERV	/IC	CE	S)							
1901 L STREET, NW SUIT								FUNDRAISING	SERVICES		13	<u>3,5</u>	<u> 28.</u>
OUTSET CONSULTING, 115		STE	REE	ST	E	AS?							
								11	8,3	<u> 28.</u>			
MICHELLE THORNE								1 1	<b>E</b> 1				
MANTEUFFELSTRASSE 81, BERLIN, GERMANY 10999 CONSULTING SERVICES 101,451.								<u> </u>					
							$\dashv$						
2 Total number of independent contract	ors (including but n	ot lii	mite	d to		_	stec	d above) who received n	nore than	<del></del>			
\$100,000 of compensation from the of	rganization					3							

Form 990 (20	, <u>-,</u>		FOUNDATION
Part VIII	Statement of Rev	venue	

		Check if Schedule O conta	ains a response	to any question i	n this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts nts	1 a	Federated campaigns	1a					
ra n	t		1b			,		-
اغ ي	c	Fundraising events	1c				;	
# i	c	Related organizations	1d					
S,E	e	Government grants (contributi	ons) 1e	387,684.			:	
rigin		All other contributions, gifts, grant				,		
F		similar amounts not included above	/e <b>1f</b>	5,418,288.	·	·		,
탈임	ç	Noncash contributions included in lines	1a-1f \$		, **			
Contributions, Gifts, Grants and Other Similar Amounts	ŀ	Total. Add lines 1a-1f		<b></b>	5,805,972.			
				Business Code			*	
9	2 a			900099	2,500,000.		<u> </u>	2,500,000.
e Z	b	SUPPORTER T-SHIRTS		900099	209,174.	209,174.		
en S	c			900099	10,000.			10,000.
Program Service Revenue	c	MOZILLA STORE REVENUE		454110	768.		768.	
5	€	·			<u>.</u>			
-	f	All other program service reve	nue	L	11121111			
-		Total. Add lines 2a-2f		<u> </u>	2,719,942.	*	/	
l	3	Investment income (including	dividends, intere	est, and	E24 216			504 016
1		other similar amounts)			524,216.			524,216.
	4	Income from investment of tax	exempt bond p	proceeds				
	5	Royalties	(3 D1	(3 D		υ,		· · · · · · · · · · · · · · · · · · ·
		Gross rents	(i) Real	(ii) Personal				•
	6 a						, ,	3
		Less: rental expenses Rental income or (loss)						
	0	Net rental income or (loss)		<b></b>				
		Gross amount from sales of	(i) Securities	(ii) Other				<del></del>
		assets other than inventory	(y Coodinios	(1) (11)				
	b	Less: cost or other basis						
		and sales expenses		37.			·	í
	c	Gain or (loss)		<37.	•			i c
		Net gain or (loss)		<b></b>	<37.	> <37.	>	
enne		Gross income from fundraising including \$	g events (not of					
e e		contributions reported on line		1				'
Other Rev		Part IV, line 18	а					
먍	b	Less direct expenses	ь					,
0		Net income or (loss) from fund	raising events	<b>•</b>				
		Gross income from gaming ac	_					
		Part IV, line 19	а					
	t	Less direct expenses	_ <b>b</b>					
	c	Net income or (loss) from gam	ing activities					
	10 a	Gross sales of inventory, less	returns					!
		and allowances	а	<u></u>				1
		Less: cost of goods sold	b					
		Net income or (loss) from sale		<b>•</b>				
		Miscellaneous Revenu	e	Business Code		<u>-</u>		
	11 a	<del></del>		900099	<3,732.	> <3,732.	<u> </u>	
i	t t			<del> </del>	<del></del>			
- 1								
		Total. Add lines 11a-11d		<del></del>	<3,732.	<b></b>		<del>-</del>
	12	Total revenue. See instructions.			9,046,361.	205,405.	768.	3,034,216.
20022					, ,	= , •		, , ,

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

Secti	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns All oth	er organizations must co	mplete column (A).	
	Check if Schedule O contains a respon				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	635,935.	635,935.		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	141,611.	141,611.		
3	Grants and other assistance to governments,	-			
-	organizations, and individuals outside the United States See Part IV, lines 15 and 16	376,811.	376,811.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above, to disqualified				
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	3,282,287.	2,579,290.	702,997.	
8	Pension plan accruals and contributions (include		· · · · · · · · · · · · · · · · · · ·		<u>-</u>
•	section 401(k) and 403(b) employer contributions)	231,055.	168,758.	62,297.	
9	Other employee benefits	332,425.	304,530.	27,895.	
10	Payroll taxes	295,998.	249,589.	46,409.	
11	Fees for services (non-employees):		= = = , = = = =	,	
'' a	Management	101,286.		101,286.	
b	Legal	103,491.	8,802.	94,689.	
	Accounting	114,373.		114,373.	
d	Lobbying	29,582.		29,582.	
<u> </u>	Professional fundraising services. See Part IV, line 17	222,274.	· · · ·		222,274.
f	Investment management fees	81,886.		81,886.	
g	Other. (If line 11g amount exceeds 10% of line 25,	<b>V</b> _ <b>/ V</b>			
9	column (A) amount, list line 11g expenses on Sch 0.)	1,199,981.	1,101,608.	98,373.	
12	Advertising and promotion	300,578.	299,997.	581.	
13	Office expenses	185,535.	75,718.	109,817.	
14	Information technology	, , , , ,	,		······································
15	Royalties				
16	Occupancy				
17	Travel	877,091.	648,159.	228,932.	<del></del>
18	Payments of travel or entertainment expenses		,		
.0	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	8,920.	<del> </del>	8,920.	
23	Insurance	25,143.	14,123.	11,020.	
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.)				
а	EVENTS- PROGRAMS	722,848.	709,870.	12,978.	
b	MERCHANDISE STOCK	300,824.	300,824.		
С	PRIZES	96,636.	96,636.		
d	SPONSORSHIP	84,341.	84,341.		
е	All other expenses	71,940.	46,408.	25,532.	
25	Total functional expenses. Add lines 1 through 24e	9,822,851.	7,843,010.	1,757,567.	222,274.
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)				
23201	0 12-10-12				Form <b>990</b> (2012)

Form 990 (2012)
Part X | Balance Sheet

Pal	πX	Balance Sneet				
		Check if Schedule O contains a response to any	question in this Part X			
				(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	_	1	10.	
	2	Savings and temporary cash investments	1,486,115.	2	1,596,119.	
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net	318,840.	4	2,277,562.	
	5	Loans and other receivables from current and fo	rmer officers, directors,	•		
		trustees, key employees, and highest compensa	ted employees. Complete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualif				
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	on 501(c)(9) voluntary	room a second substitution of	-	non de kan e nome de kaj dide den ja den janggaj
Assets		employees' beneficiary organizations (see instr).	Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		· ·	7	
Asi	8	Inventories for sale or use	-		8	
	9	Prepaid expenses and deferred charges		300,440.	9	149,364.
	10a	Land, buildings, and equipment: cost or other	[		,	
	l	basis Complete Part VI of Schedule D	10a 61,036.		-	
	ь	Less: accumulated depreciation	10b 57,462.	12,494.		3,574.
	11	Investments - publicly traded securities		24,069,199.	11	21,350,091.
	12	Investments - other securities. See Part IV, line 1	1.0	12	1 000	
	13	Investments - program-related. See Part IV, line	10.	13	1,000.	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		16 107 A00	15	25 277 720
	16	Total assets. Add lines 1 through 15 (must equa	Il line 34)	26,187,098. 402,104.	16	25,377,720. 1,368,164.
	17	Accounts payable and accrued expenses		402,104.	17	1,300,104.
	18	Grants payable	5,833.	18	5,833.	
	19	Deferred revenue		3,033.	19	3,033.
	20	Tax-exempt bond liabilities	South IV of Cobodisto D		20	
Liabilities	21	Escrow or custodial account liability. Complete F	9		21	
≣	22	Loans and other payables to current and former key employees, highest compensated employee				
Ë		Complete Part II of Schedule L	s, and disqualined persons.		22	
	23	Secured mortgages and notes payable to unrela	ted third parties		22	
	24	Unsecured notes and loans payable to unrelated	•		24	
	25	Other liabilities (including federal income tax, pay	'			
		parties, and other liabilities not included on lines				
		Schedule D	,, <u> </u>	2,000,000.	25	0.
	26	Total liabilities. Add lines 17 through 25	-	2,407,937.	26	1,373,997.
		Organizations that follow SFAS 117 (ASC 958	, check here X and			
S		complete lines 27 through 29, and lines 33 an				
Š	27	Unrestricted net assets		20,759,071.	27	20,983,633.
ala	28	Temporanly restricted net assets		3,020,090.	28	3,020,090.
P P	29	Permanently restricted net assets			29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (A	SC 958), check here 🕨 🗔			
6		and complete lines 30 through 34.				
ets	30	Capital stock or trust principal, or current funds			30	
ASS	31	Paid in or capital surplus, or land, building, or eq	uipment fund		31	
et /	32	Retained earnings, endowment, accumulated in	come, or other funds		32	
Z	33	Total net assets or fund balances		23,779,161.	33	24,003,723.
	34	Total liabilities and net assets/fund balances		26,187,098.	34	25,377,720.
			·	= ·		Form <b>990</b> (2012)

om	990 (2012) MOZILLA FOUNDATION	20-0	097189	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,04	6,3	61.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,82		
3	Revenue less expenses Subtract line 2 from line 1	3	<77		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	23,77		
5	Net unrealized gains (losses) on investments	5	50	3,0	52.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			00.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	50	0,0	00.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	24,00	3,7	23.
Pa	rt XII Financial Statements and Reporting	-			
	Check if Schedule O contains a response to any question in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.	_		:
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				1
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	ĺ
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs,	\$		-
	consolidated basis, or both:		,		,
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			1
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audıt			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990 (	(2012)

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

OMB No 1545-0047

2012

Open to Public Inspection

Employer identification number Name of the organization MOZILLA FOUNDATION 20-0097189 Part Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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.) R A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. b \_\_\_ Type II c Type III - Functionally integrated d \_\_\_\_ Type III - Non-functionally integrated a Type I e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). h (v) Did you notify the (vi) Is the (iv) is the organization (i) Name of supported (ii) EIN (iii) Type of organization (vii) Amount of monetary organizátion in col in col. (i) listed in your organization in col. (described on lines 1-9 organization support (i) organized in the governing document? (i) of your support? above or IRC section (see instructions)) Yes Yes No

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

Sec	ection A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total			
1	Gifts, grants, contributions, and		·	_						
	membership fees received (Do not									
	include any "unusual grants.")	97,362.	222,687.	1,354,085.	3,342,088.	5,805,972.	10,822,194.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3	97,362.	222,687.	1,354,085.	3,342,088.	5,805,972.	10,822,194.			
5	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)	,					5,536,503.			
6	Public support. Subtract line 5 from line 4	۲		,			5,285,691.			
Sec	ection B. Total Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009 222,687.	(c) 2010	(d) 2011	(e) 2012	(f) Total			
7	Amounts from line 4	97,362.	222,687.	1,354,085.	3,342,088.	5,805,972.	10,822,194.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties									
	and income from similar sources	1,204,746.	644,054.	558,292.	596,550.	524,216.	3,527,858.			
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on	66,086.	28,547.	10,346.		768.	105,747.			
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part IV.)				2,683.		2,683.			
11	Total support. Add lines 7 through 10						14,458,482.			
	Gross receipts from related activities,						,759,174.			
13	First five years. If the Form 990 is for	<del>-</del>	s first, second, thir	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	. —			
<u> </u>	organization, check this box and stop ction C. Computation of Publ	here	rcontago	-		<del></del>				
		-		1 (0)			36.56 %			
	Public support percentage for 2012 (I			column (f))		14	36.56 % 25.97 %			
	Public support percentage from 2011			- line 40 and line :	14 in 22 1/20/ arm	15				
16a	33 1/3% support test - 2012. If the c				14 IS 33 1/3% OF 11	nore, check this bo	<b>►</b> X			
	stop here. The organization qualifies		=		lino 15 io 22 1/29/	or more shock th				
D	33 1/3% support test - 2011. If the c				IIIIe 13 IS 33 1/370	or more, check ti				
47-	and stop here. The organization qual				12 160 0-166	and line 14 is 100/	or more			
1/8	10% -facts-and-circumstances tes	•								
	and if the organization meets the "fac		•	•	•	it iv now the organ	nzation _			
	meets the "facts-and-circumstances"					 17a and line 15 :-	<b>▶</b> □ □			
	<ul> <li>10% -facts-and-circumstances tes</li> <li>more, and if the organization meets the</li> </ul>	-								
	,		•		•		·			
10	organization meets the "facts-and-circ Private foundation. If the organization		=							
10	rivate loundation. It the organization	ar dio not check a	DUX OFFIRE 13, 10	a, 100, 17a, 01 1/L			or 990-EZ) 2012			

## Schedule A (Form 990 or 990-EZ) 2012 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support	produce comp			-	<del></del>	
Calendar year (or fiscal year beginning in) ▶	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")	_ <del></del>			<u></u>		<del> </del>
2 Gross receipts from admissions,						
merchandise sold or services per- formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose						_
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
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				1		
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						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)		I	I	[		
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🖊	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(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>b</b> Unrelated business taxable income					Ī	
(less section 511 taxes) from businesses						
acquired after June 30, 1975				ļ		
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b, whether or not the business is						
regularly carned on			<u></u>	<u> </u>	<u> </u>	
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 12)			I			
14 First five years. If the Form 990 is for	the organization'	s first, second, the	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	ation,
check this box and stop here						▶□
Section C. Computation of Publi	c Support Pe	rcentage				
15 Public support percentage for 2012 (li	ne 8, column (f) d	livided by line 13,	column (f))		15	9
16 Public support percentage from 2011					16	9
Section D. Computation of Inves	tment Incom	e Percentage	<u> </u>			
17 Investment income percentage for 20	<b>12</b> (line 10c, colur	mn (f) divided by li	ne 13, column (f))		17	9
18 Investment income percentage from 2	:011 Schedule A,	Part III, line 17	-		18	9
19a 33 1/3% support tests - 2012. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	e organization qua	lifies as a publicly	supported organi	zation	▶□
b 33 1/3% support tests - 2011. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
line 18 is not more than 33 1/3%, che	ck this box and s	top here. The org	anızatıon qualifies	as a publicly sup	ported organization	. ▶□
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a. or 19b. check t	his box and see ir	nstructions	

### 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

➤ See separate instructions.

2012

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.

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) organiza	tions: Complete Part III.			
Nan	ne of organization			Emple	oyer identification number
	MOZILLA	FOUNDATION			20-0097189
Pa	art I-A Complete if the org	janization is exempt und	ler section 501(c	or is a section 527 o	rganization.
2	Provide a description of the organiz Political expenditures Volunteer hours	ation's direct and indirect politic	al campaign activities	ın Part IV. ▶\$	
Pa	art I-B Complete if the org	anization is exempt und	ler section 501(c	)(3).	
1	Enter the amount of any excise tax	incurred by the organization und	der section 4955	▶\$	
2	Enter the amount of any excise tax	incurred by organization manag	ers under section 495	5 ▶\$	
3	If the organization incurred a section	n 4955 tax, did it file Form 4720	for this year?		Yes No
4a	a Was a correction made?				Yes No
b	o If "Yes," describe in Part IV.				
Pa	art I-C Complete if the org	janization is exempt und	ler section 501(c	, except section 501(	c)(3).
1	Enter the amount directly expended	by the filing organization for se	ction 527 exempt fund	ction activities > \$	
2	Enter the amount of the filing organ	ization's funds contributed to ot	her organizations for s	section 527	
	exempt function activities			▶\$	
3	Total exempt function expenditures				
	line 17b			▶\$	
4	Did the filing organization file Form	1120-POL for this year?			L Yes L No
5	•	• •	•	<u>-</u>	
	made payments. For each organization contributions received that were pr	omptly and directly delivered to	a separate political or	ganization, such as a separa	•
	political action committee (PAC). If	additional space is needed, prov	vide information in Par	t IV.	т
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2012

Schedule C (Form 990 or 990-EZ) 2012 M	OZILLA FOU	NDATION		20-	0097189 Page 2
Part II-A Complete if the orga (election under section		mpt under section	on 501(c)(3) and file	ed Form 5768	
A Check If the filing organization expenses, and share	on belongs to an aff of excess lobbying		n Part IV each affiliated	group member's nai	me, address, EIN,
Limits	on Lobbying Expe			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influe	nce public opinion	(grass roots lobbying)			
<b>b</b> Total lobbying expenditures to influe	•				
c Total lobbying expenditures (add line	-	, , , , , , , , , , , , , , , , , , ,		-	
d Other exempt purpose expenditures	· · · · · · · · · · · · · · · · · · ·				
e Total exempt purpose expenditures	(add lines 1c and 1	d)			
f Lobbying nontaxable amount. Enter	the amount from th	e following table in bot	th columns.		
If the amount on line 1e, column (a) or	(b) is: The lob	bying nontaxable am	ount is:		
Not over \$500,000	20% of	the amount on line 1e			
Over \$500,000 but not over \$1,000,	000 \$100,0	00 plus 15% of the exc	cess over \$500,000.		
Over \$1,000,000 but not over \$1,50	0,000 \$175,0	00 plus 10% of the exc	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,0	00,000 \$225,0	00 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000	\$1,000	,000			
		<del></del>	· ··· · · · · · · · · · · · · · · · ·		ļ
g Grassroots nontaxable amount (ente	er 25% of line 1f)				+
h Subtract line 1g from line 1a. If zero					
i Subtract line 1f from line 1c. If zero of	or less, enter -0-		l		
j If there is an amount other than zero		line 1i, did the organiz	ation file Form 4720		<b>—</b> —
reporting section 4911 tax for this ye			0 1' 504'		Yes L No
, ,	tions that made a s	• •	· Section 501(h) n do not have to comp es 2a through 2f on pa		
	Lobbying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	( <b>d</b> ) 2012	(e) Total
2a Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					

Schedule C (Form 990 or 990-EZ) 2012

Schedule C (Form 990 or 990-EZ) 2012 MOZILLA FOUNDATION 20-009718

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(a	)	(b)
of the lobbying activity	Yes	No	Amount
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:			
a Volunteers?	X		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		Х	
d Mailings to members, legislators, or the public?		Х	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	х	Х	20 502
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	<u> </u>	х	29,582.
i Other activities?	,		29,582.
j Total. Add lines 1c through 1	-	X	29,362.
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?  Part III-A   Complete if the organization is exempt under section 501(c)(4), s	ection 501(c)	(5) or sec	tion
501(c)(6).		(5), 01 300	, (1011
			Yes No
1 Were substantially all (90% or more) dues received nondeductible by members?		1	-
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year	?	3	
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answ answered "Yes."	ered "No," OF	· ·	III-A, line 3, is
<ul> <li>Dues, assessments and similar amounts from members</li> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of</li> </ul>	nolitical	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of expenses for which the section 527(f) tax was paid).	pontical		
a Current year		2a	
b Carryover from last year		2b	
c Total		2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du	ies	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the			
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying			
expenditure next year?	•	4	
5 Taxable amount of lobbying and political expenditures (see instructions)		5	<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	e 5; Part II-A (affilia	ated group la	st); Part II-A, line 2;
and Part II-B, line 1. Also, complete this part for any additional information.  PART II-B, LINE 1, LOBBYING ACTIVITIES:			
EMAIL AND BLOGGING ACTIVITY			
		<del>.</del>	

### **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. 2012
Open to Public Inspection

Name of the organization

MOZILLA FOUNDATION

Employer identification number 20-0097189

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
Ь.	organization answered "Yes" to Form 990, Part IV, line		•
			(b) Funds and other accounts
1	Total number at end of year		<u></u> -
2	Aggregate contributions to (during year)		
3	Aggregate contributions to (during year)  Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fu	unde
•	are the organization's property, subject to the organization's		Yes No
_	Did the organization inform all grantees, donors, and donor a	<del>-</del>	
6		-	
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose confe	Yes No
Pai	mpermissible private benefit?  † II Conservation Easements. Complete if the org	gapyzation answered "Ves" to Form 990. Part IV	
			7, III e 7.
1	Purpose(s) of conservation easements held by the organization		ally important land area
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an historical Preservation of a certified h	
	Protection of natural habitat	Freservation of a certified r	riistoric structure
_	Preservation of open space	f	
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of a c	conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
	Total acceptance of a constant and a constant		<del>   </del>
a	Total number of conservation easements	•	2a
D	Total acreage restricted by conservation easements	·	2b
С.	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure	1
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the orga	anization during the tax
	year -		
4	Number of states where property subject to conservation ea	<u> </u>	
5	Does the organization have a written policy regarding the per		Yes No
_	violations, and enforcement of the conservation easements r		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(n)(4)	
_	and section 170(h)(4)(B)(ii)?		•
9	In Part XIII, describe how the organization reports conservati	•	
	ınclude, if applicable, the text of the footnote to the organization.	tion's financial statements that describes the o	organization's accounting for
Ба	conservation easements.  † III   Organizations Maintaining Collections o	f Art Historical Treasures or Other	Similar Accete
T al	Complete if the organization answered "Yes" to Form		Ollilla Assets.
		<del></del>	
18	If the organization elected, as permitted under SFAS 116 (AS	•	
	historical treasures, or other similar assets held for public ext		or public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		Fig. 1
D	If the organization elected, as permitted under SFAS 116 (AS	•	
	treasures, or other similar assets held for public exhibition, en	ducation, or research in furtherance of public s	service, provide the following amounts
	relating to these items:		<b>.</b> .
	(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 tre	•	n, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		<b>\$</b>
ь	Assets included in Form 990, Part X		<b>▶</b> \$

		FOUNDATIO				011		20-00		Page 2
Par										
3	Using the organization's acquisition, accessi	on, and other record	ds, check	any of the	following tha	ıt are a sı	gnıfıcant	use of its	collection i	tems
	(check all that apply):									
а	Public exhibition	d	ا لِيا ا	Loan or excl	hange progra	ams				
b	Scholarly research	e	, 🗀	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ey further th	he organizati	on's exer	npt purp	ose in Par	t XIII.	
5	During the year, did the organization solicit o									
•	to be sold to raise funds rather than to be ma				_				Yes	☐ No
Par	t IV   Escrow and Custodial Arran					"Yes" to	Form 990	. Part IV. I	ıne 9. or	
<u> </u>	reported an amount on Form 990, Par	-						, , .	, .	
	Is the organization an agent, trustee, custodi		diary for	contribution	s or other as	sets not	ıncluded			
	on Form 990, Part X?		,						Yes	☐ No
	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	ahle.				<u> </u>		
b	it res, explain the arrangement in rant Air	and complete the ic	mowning i	ubic.					Amount	
_	Danisa halana						1c		741104111	
	Beginning balance						1d			<del></del>
	Additions during the year									<del></del>
е	e Distributions during the year  f Ending balance									
f	- Ending Salation									T 1
	•					_			」 Yes	-  No
	b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.  Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.									
Par	t v   Endowment Funds. Complete i		T					baali		bask
		(a) Current year	(b) P	nor year	(c) Two yea	rs dack	(d) Inree	years back	(e) Four y	ears dack
1a	Beginning of year balance		<u> </u>							
þ	Contributions		ļ							
C	Net investment earnings, gains, and losses		ļ							
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs							_		
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (a	a)) held as.					
а	Board designated or quasi-endowment	•	%							
	Permanent endowment ▶	%	_							
	Temporarily restricted endowment ▶	<del></del> %								
_	The percentages in lines 2a, 2b, and 2c shou									
3a	Are there endowment funds not in the posse		ation tha	at are held a	ind administe	ered for the	he organi	zation		
	by:	<b>3</b>					•		Γ¥	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations				•				3a(ii)	
h	If "Yes" to 3a(ii), are the related organization:	e lietad as raquirad i	on Sche	dule R2					3b	
4	Describe in Part XIII the intended uses of the								<u> </u>	
Pai	rt VI Land, Buildings, and Equipm									
<u> </u>		(a) Cost or o		·	or other	(c) A	ccumulat	ed	(d) Book	value
	Description of property	basis (invest			(other)		preciation		( <del>2</del> ) DOOK	- 4140
4-	Land	220.0 (	,		, - ·-·/				-	
	Land .				-					
	Buildings	<del></del>		L						
	Leasehold improvements				1,036.		57,4	62.	3	,574.
d	· ·	<u> </u>	_	<del>                                     </del>	-,050.		J., 1			<del>,</del>
	Other  1. Add lines 1a through 1e. (Column (d) must e	equal Form 990 Per	t X colu	nn (R) line	10(c) )				3	,574.
rota	i. Aud lines, ra urrough re, (Column (d) must e	guai i onn 330, Pan	. A, COIUI	יייין, וניון, וווופ	· ~(~ <i>)-)</i>					<del> : - '</del>

(3) (4) (5) (6)(7)(8) (9) (10)Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

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

Sche	dule D (Form 990) 2012 MOZILLA FOUNDATION		20-	0097189 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statem	ents With Revenue per	Retur	n
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments	2a	_	
b	Donated services and use of facilities		_	
С	Recovenes of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
C	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		_ 5	
Pa	t XII Reconciliation of Expenses per Audited Financial Staten	nents With Expenses pe	er Retu	ırn
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities	2a	_	
þ	Prior year adjustments	2b	-↓	
С	Other losses	2c	4	
đ	Other (Describe in Part XIII.)	_2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	- S-	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	_ ` ։	
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	
Pai	t XIII Supplemental Information			

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SUMMARIZED FIN 48 DISCLOSURE:

MOZILLA FOLLOWS THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN 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 SUSTAINED.

Schedule D (Form 990) 2012

### SCHEDULE F (Form 990)

### **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.

OMB No 1545-0047

2012

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Inspection
Employer identification number

MOZILL	አ ፑር	רוואדור	አጥፕ	ON
MUZILL	A PL	עמטנ	$\mathbf{A}\mathbf{T}\mathbf{T}$	UN

20-0097189

to Form 990, Part		ctivities Ou	tside the United States. Comple	ete if the organization answered "Y	'es-
	<u>'</u>	maintain recor	ds to substantiate the amount of its gr	ants and other assistance,	
=	•		the selection criteria used to award the		Yes No
2 For grantmakers. Desc United States.	ribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and other assistance outs	side the
	ne following Part	I, line 3 table ca	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
EUROPE			GRANTS TO RECIPIENTS LOCATED IN REGION		202,033.
				WEB DEVELOPMENT AND DESIGN, CONSULTING SERVICES, MGMT AND ADMIN	
NORTH AMERICA	2	14	PROGRAM SERVICES	TEAM, PROGRAM	2,055,712.
CENTRAL AMERICA &					
CARIBBEAN			INVESTMENTS		2,842,660.
EUROPE			INVESTMENTS		469,851.
				WEBSITE DEVELOPMENT, MOZILLA FESTIVAL-EVENT MANAGEMENT,	
EUROPE	1	4	PROGRAM SERVICES	ORGANIZATIONAL	590,679.
			GRANTS TO ORGANIZATIONS IN		4.5
NORTH AMERICA			REGION		165,678.
<b>3 a</b> Sub-total <b>b</b> Total from continuation	3	18			6,326,613.
sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	3	18			6,326,613.

Schedule F (Form 990) 2012 MOZILLA FOUNDATION

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	SENECA COLLEGE OPEN SOURCE EDUCATION PROGRAM	100,460.	100,460 WIRE TRANSFER	0.		CASH VALUE
		NORTH AMERICA	SIM CENTER RESEARCH/EBOOK PROJECT	65,218.	WIRE TRANSFER	0.		CASH VALUE
				:				
2 Enter total number of the IRS, or for which the	f recipient organization the grantee or couns	ins listed above that are el has provided a sectic	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	foreign country,	recognized as tax-e)	empt by		2
3 Enter total number of other organizations or entities	other organizations	or entities						

20-0097189

Page 3

MOZILLA FOUNDATION

Schedule F (Form 990) 2012 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	I	l	ı	1	ı	l	I	i	l۵
(h) Method of valuation (book, FMV, appraisal, other)										Schedule F (Form 990) 2012
(g) Description of non-cash assistance										Schedu
(f) Amount of non-cash assistance	o									
(e) Manner of cash disbursement	202,033.WIRE TRANSFER									
(d) Amount of cash grant	202,033.									
(c) Number of recipients	æ									
(b) Region	EUROPE									
(a) Type of grant or assistance	STIPENDS									

Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions

Schedule F (Form 990) 2012

Yes X No

for Form 5713)

Page 5

#### 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 III. line 1 (accounting method); Part III (accounting method); and Part III. column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

SCHEDULE F, PART I, LINE 2: WE MAINTAIN ONLINE INFORMATION ON GRANTS ON OUR INTRANET AND SUPPORTING DOCUMENTATION SUCH AS GRANT PROPOSALS, SIGNED AGREEMENTS, REPORTS FROM GRANTEES, ETC.

WE ENTER INTO APPROPRIATE CONTRACTUAL AGREEMENTS WITH INDIVIDUAL OR CORPORATE GRANTEES REQUIRING THEM TO ACCOMPLISH CHARITABLE WORK OF DIRECT BENEFIT TO THE PUBLIC AND SPECIFICALLY DESCRIBED IN A STATEMENT OF WORK.

FOR GRANTS TO NON-US NON-PROFIT ORGANIZATIONS WE USE A GRANT AGREEMENT BASED ON ONE RECOMMENDED IN THE COUNCIL ON FOUNDATIONS PUBLICATION "UNUSUAL GRANTS: AN ONLINE LEGAL GUIDE FOR PUBLIC CHARITIES", SECTION "INTERNATIONAL GRANTMAKING" FOR PRIVATE FOUNDATIONS:

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

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

THE GRANT AGREEMENTS WE USE INCLUDE REQUIREMENTS FOR THE GRANTEE TO REPORT ON USE OF THE FUNDS.

PART I, LINE 3, COLUMN (E):

232075 12-10-12

Schedule F (Form 990) 2012

#### **SCHEDULE G**

(Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

**ZU** 

2012

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.

Open To Public Inspection

Employer identification number Name of the organization MOZILLA FOUNDATION 20-0097189 Fundraising Activities. Complete if the organization answered "Yes" to Form 990. Part IV, line 17, Form 990-EZ filers are not Part I required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply. e X Solicitation of non-government grants X Internet and email solicitations f X Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or X No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid (iii) Did (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) fundraiser have custody or control of contributions: (ii) Activity to (or retained by) or entity (fundraiser) from activity fundraiser organization listed in col (i) THE WATERSHED COMPANY - 1901 Yes No L STREET, N.W. SUITE 800 CONSULTANT X 0 133,528 <133,528.> OUTSET CONSULTING - 1159 DUNDAS ST E #149, TORONTO CONSULTANT 0 x 88,746 <88,746.> <222,274.> Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration AL, AK, AR, AZ, CA, CO, CT, DC, FL, GA, IL, KS, KY, MA, MD, ME, MI, MI, MN, MO, NC, ND, NH, NJ, NY OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WI, WV

Sch	edu	le G (Form 990 or 990-EZ) 2012 MOZILLA	FOUNDATION		20-	-0097189 Page 2
Pa	irt l	Fundraising Events. Complete if the of fundraising event contributions and gr				
		or randaling event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events	
	l		(-,	(,,====================================	<b>(.,</b>	(d) Total events
	l					(add col. (a) through
Ð			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue			_			
Rev	1	Gross receipts				
	١_					
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	Ť					
	4	Cash prizes				
"	5	Noncash prizes				
nse	_	Dest/facility and				
xpe	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Die						
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through				()
Pa		Net income summary. Combine line 3, column Gaming. Complete if the organization	answered "Yes" to Form	990. Part IV. line 19. or r	eported more than	l
		\$15,000 on Form 990-EZ, line 6a.		, ,	• • • • • • • • • • • • • • • • • • • •	
-a			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(2, 2g	bingo/progressive bingo	(-,	col. (a) through col. (c))
æ						
	1	Gross revenue	<del> </del>			
'n	2	Cash prizes				
Expenses						
xpe	3	Noncash prizes			<u></u>	
ect E						
Dire	4	Rent/facility costs				
	ء ا	Other direct expenses				
	5	Other direct expenses	☐ Yes %	☐ Yes %	☐ Yes %	
	6	Volunteer labor	No No	No /	No No	}
				•	<u> </u>	
	7	Direct expense summary. Add lines 2 through	h 5 ın column (d)		<b>&gt;</b>	(
		NA	4			
_	8	Net gaming income summary. Combine line	i, column a, and line /	<del></del>	<b>P</b> _	
9	En	ter the state(s) in which the organization opera	ites gaming activities:			
a		the organization licensed to operate gaming a		states?		Yes No
t	If •	No," explain:				
	_					
10-		ore any of the organization's gaming light	avokod puppandad	aminated diverse the tarre		Yes No
		ere any of the organization's gaming licenses ri Yes," explain:	•	•	y <del>c</del> aı :	LJ TES LJ NO
•	•••	res, explain:				

Sch	nedule G (Form 990 or 990-EZ) 2012 MOZILLA FOUNDATION 2	<u>0-0097189</u>	Page 3
	Does the organization operate gaming activities with nonmembers?	Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity operated in:		
	a The organization's facility	13a	%
	<b>b</b> An outside facility	13b	
	Enter the name and address of the person who prepares the organization's gaming/special events books and records	:	
	Name ▶		
	Address		
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	L Yes	└── No
١	b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amoun	t	
	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		,
	Employee Employee Contractor		
	Mandatory distributions:		
	a is the organization required under state law to make charitable distributions from the gaming proceeds to	<del></del>	<u> </u>
	retain the state gaming license?	└── Yes	∟ No
ı	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the	
_	organization's own exempt activities during the tax year ▶ \$		
<u> </u>	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, column lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information.		
SC	CHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAI	SERS:	
<u>~`</u>			<del></del>
()	I) NAME OF FUNDRAISER: THE WATERSHED COMPANY	<del></del>	
<u>()</u>	I) ADDRESS OF FUNDRAISER:		
19	901 L STREET, N.W, SUITE 800, WASHINGTON, DC 20036		
()	I) NAME OF FUNDRAISER: OUTSET CONSULTING		
_			
<u> </u>	I) ADDRESS OF FUNDRAISER: 159 DUNDAS ST E #149, TORONTO, ONTARIO, CANADA M4M3N9		
	LOS POLIPIES DE LE REEST FONOMIOS OMINMIOS COMODO MEMBRIS		

Schedule G (Form 990 or 990-EZ) 2012

232083 01-07-13

SCHEDULE (Form 990)

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

OMB No 1545-0047

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

► Attach to Form 990.

|--|

**2** 

**Employer identification number** 20-0097189 X Yes 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 MOZILLA FOUNDATION General Information on Grants and Assistance Name of the organization Department of the Treasury Internal Revenue Service Part

z nes	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	
Part II	Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	
	recipient that received more than \$5 000. Part II can be duplicated if additional space is needed	

criteria used to award the grants or assistance?

Fart II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	Governments an	d Organizations in the the duplicated if addition	e United States. C onal space is need	Complete if the organic	anization answered "Y	es" to Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	( <b>p</b> ) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARTICIPATORY CULTURE FOUNDATION PO BOX 55071, #20335 BOSTON, MA 02205-5071	20-2630593	501(C)(3)	202,563.	0.	CASH VALUE		PBS NEWSHOUR ELECTION 2012 - PARTICIPATORY JOURNALISM WITH DIGITAL CITIZENS
INSTITUTE OF PLAY 134 WEST 26TH STREET SUITE 780 NEW YORK, NY 10001	20-8220833	501(C)(3)	12,604.	0.	CASH VALUE		HIVE ACTIVITY DELIVERY MECHANISM
GLOBAL KIDS INC 137 EAST 25TH STREET, 2ND FLOOR NEW YORK, NY 10010	13-3629485	501(C)(3)	7,500.		0. CASH VALUE		PENPAL NEWS SOFTWARE DEVELOPMENT
BAY AREA VIDEO COALITION 2727 MARIPOSA STREET SAN FRANCISCO, CA 94110	94-2403876	501(C)(3)	18,000.	0	0. CASH VALUE		DIGITAL MEDIA PROJECT FOR ADOLESCENT YOUTH IN SAN FRANCISCO AREA
DEPAUL UNIVERSITY 1 EAST JACKSON BLVD CHICAGO, IL 60604	36-2167048	501(C)(3)	27,600.	0.	CASH VALUE		SUPPORT DIGITAL YOUTH NETWORK MENTORS AND TO HOST TRAINING WORKSHOPS
PERSONAL DEMOCRACY MEDIA 220 LAFAYETTE STREET, 2ND FLOOR NEW YORK, NY 10012	13-3981027	501(C)(3)	15,000.	0	0. CASH VALUE		PANEL SPONSORSHIP AT PERSONAL DEMOCRACY FORUM 2012

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2012)

Page 1

흰
---

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Politi 394), Part II)	Assistance to G	overnments and Organ	nzations in the Ur	illed States (Schi	edule I (Form 990), Par		
(a) Name and address of organization or government	( <b>b</b> ) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REV 666 BROADWAY, SUITE 500 NEW YORK NY 10012	94-3379913	501(C)(3)	7,250	• 0	0. CASH VALUE		WORLD'S FAIR YOUTH INTENSIVE
SOFTWARE FREEDOM CONSERVANCY 137 MONTAGUE STREET, SUITE 380 BROOKLYN, NY 11201-3548	41-2203632	501(C)(3)	10,000.	• 0	CASH VALUE		EXPANSION OF NUMBER OF FREE, LIBRE AND OPEN SOURCE SOFTWARE (FLOSS) PROJECTS
WNYC RADIO 160 VARICK STREET, 9TH FLOOR NEW YORK, NY 10013	13-3015230	501(C)(3)	7,000.	0	САЅН VALUE		CODE SPRINT
COOPER HEWITT NATIONAL DESIGN MUSEUM - 2 EAST 91ST STREET - NEW YORK, NY 10128	53-0206027	501(C)(3)	.000,09	0	0. CASH VALUE		SUPPORT OF HIVE FASHION WORKSHOPS AND PROFESSIONAL DEVELOPMENT PROGRAMMING
EYEBEAM 540 W 21ST STREET NEW YORK, NY 11001	13-3952075	501(C)(3)	25,562,	•0	CASH VALUE		FASHIONABLE GAMING: A WEARABLE TECHNOLOGY PROGRAM FOR TEENS; OPEN ARTS
YMCA NYC 32-23 QUEENS BLVD NEW YORK, NY 11101	13-1624230	501(C)(3)	17,620.	.0	0. CASH VALUE		HIVE FASHION
NEW YORK HALL OF SCIENCE 47-01 1111TH STREET NEW YORK, NY 11368	11-2104059	501(0)(3)	19,483.	0.	CASH VALUE		HIVE FASHION
THE NEW YORK PUBLIC LIBRARY 455 5TH AVENUE, NEW YORK NEW YORK, NY 10016	13-1887440	501(C)(3)	17,100.	0	CASH VALUE		HIVE FASHION
BROOKLYN PUBLIC LIBRARY 10 GRAND ARMY PLAZA BROOKLYN, NY 11238	11-1904261	501(C)(3)	20,000.	0	CASH VALUE		HIVE PASHION
							Schedule I (Form 990)

9
$\infty$
ᅼ
97
8
ō
- 1
0
N

Schedule I (Form 990) MOZILLA FOUNDATION Part II Continuation of Grants and Other Assistance to Governments	FOUNDATION er Assistance to Go	l vernments and Organ	nizations in the U	nited States (Sch	and Organizations in the United States (Schedule I (Form 990), Part II.)		20-0097189 Page 1
1	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL MUSEUM OF MEXICAN ART 1852 W 19TH STREET CHICAGO, IL 60608	36-3225519	501(C)(3)	14,875.	0	CASH VALUE		HIVE FASHION
DREAM YARD PROJECT 1085 WASHINGTON AVENUE BRONX, NY 10456	13-3759661	501(C)(3)	20,000.	0.	CASH VALUE		HIVE FASHION
STREET LEVEL YOUTH MEDIA 1537 N ASHLAND CHICAGO, IL 60622	36-4039558	501(C)(3)	20,000.	0.	CASH VALUE		HIVE FASHION
THE NEW YORK COMMUNITY TRUST 909 THIRD AVENUE NEW YORK, NY 10022	13-3062214	50 <u>1</u> (C)(3)	50,000.	.0	CASH VALUE		TO SUPPORT DIGITAL MEDIA AND LEARNING EXPERIENCES FOR ADOLESCENT YOUTH IN NEW YORK CITY
CHICAGO PUBLIC LIBRARY 20 N. MICHIGAN AVE, SUITE 520 CHICAGO, IL 60602	36-3480353	501(C)(3)	20,000.		CASH VALUE		HIVE FASHION
NORTHWESTERN UNIVERSITY SCHOOL OF EDUCATION AND SOCIAL POLICY - 2120 CAMPUS DRIVE, OFFICE 245 - EVANSTON, IL 60208	36-2167817	501(C)(3)	20,000.	0.	CASH VALUE		HIVE PASHION
YMCA CONTRIBUTIONS 36227 TREASURY CENTRE CHICAGO, IL 60694-6200	36-2179782	501(C)(3)	5,250.	0	CASH VALUE		HIVE FASHION
BIG & LIL MARSH PRODUCTIONS 666 BROADWAY, SUITE 500 NEW YORK, NY 10029	94-3379913	501(C)(3)	7,250.	0	CASH VALUE		WORLD'S FAIR YOUTH
							Schedule I (Form 990)

20-0097189

Page 2

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. Schedule I (Form 990) (2012)

(f) Description of non-cash assistance Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information (e) Method of valuation (book, FMV, appraisal, other) LINE 2: WE MAINTAIN ONLINE INFORMATION ON GRANTS ON OUR INTRANET AND SUPPORTING DOCUMENTATION SUCH AS GRANT PROPOSALS, SIGNED 0.CASH VALUE (d) Amount of non-cash assistance 141,611. (c) Amount of cash grant (b) Number of recipients ETC. REPORTS FROM GRANTEES, (a) Type of grant or assistance PART I, SCHEDULE I, AGREEMENTS, STIPENDS

Schedule I (Form 990) (2012)

## **SCHEDULE J** (Form 990)

**Compensation Information** 

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

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury Internal Revenue Service

MOZILLA FOUNDATION

**Employer identification number** 20-0097189

تنا				
10	Check the appropriate boy(ee) if the organization provided any of the following to as for a name listed in Earm 900		Yes	No
101	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,		,	
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions  Payments for business use of personal residence			į
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)		:	o grande
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
_				ĺ ,
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, but explain in Part III			'
	Compensation committee Written employment contract		1/10	
	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:			
а	Receive a severance payment or change-of-control payment?	4a		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		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
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			:
	contingent on the net earnings of:		74	•
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	~		
	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	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		

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

MOZILLA FOUNDATION

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

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

		(B) Breakdown of W.	N-2 and/or 1099-MI	2 and/or 1099-MISC compensation	(C) Retirement and	aple	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(Q)-(j)(g)	reported as deferred in prior Form 990
(1) MITCHELL BAKER	(8	0	0	0	0	0	0	0
	<u> </u>	369,050.	247,098.	45,663.	17,50	36,065.	715,376.	0.
(2) BRENDAN EICH	Ξ				i	ı		0
СТО	<u> </u>	١ -	251,475.	719.	17,500.	,920	•	0.
(3) RYAN MERKLEY	Ξ	150,045.	0	0	10,503.	000'9	166,548.	0
CHIEF OPERATING OFFICER	€	0	0	0	0	0		
(4) JAMES COOK	ε	0		0.		ı		
TREASURER	ੰ⊞	0,	228,750.	450.	17,500.	,70	266,	0.
	ε	213,814.	0	0	14,967.	2,781.	231,562.	0.
EXECUTIVE DIRECTOR	€	0	0	0.	0 •	0	0	0.
	Ξ							
	(11)							
	Θ							
	(11)							
	€							
	(II)							
	(I)							
	(II)							
	€							
	⊞							
	ε							
	₿							
	ε							
	⊞							
	ε							
1	<u> </u>							
	ε							
	▣							
	Ξ							
	<b>(E)</b>							
	ε							
	€							

Schedule J (Form 990) 2012

### **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012
Open to Public Inspection

Name of the organization

MOZILLA FOUNDATION

Employer identification number 20-0097189

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
THE \$209,174 IN REVENUES REPRESENTS THE NON-DEDUCTIBLE PORTION OF
CONTRIBUTIONS IN RETURN FOR WHICH MOZILLA FOUNDATION SUPPORTERS
RECEIVED A T-SHIRT OR SIMILAR ITEM.
EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ 209,174.
FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:
JAPAN, CHINA, TAIWAN, AUSTRALIA,
CANADA, FRANCE, UNITED KINGDOM, DENMARK,
SPAIN
FORM 990, PART VI, SECTION A, LINE 8B: THE AUDIT COMMITTEE PERIODICALLY
MEETS IN EXECUTIVE SESSION. ALTHOUGH, SEPARATE MEETING MINUTES ARE NOT
KEPT, IT REPORTS BACK TO THE EXECUTIVE BOARD WHERE MEETING MINUTES ARE
KEPT.
FORM 990, PART VI, SECTION B, LINE 11: SEVERAL INDIVIDUALS ASSOCIATED WITH
THE ORGANIZATION DILIGENTLY GATHER AND PREPARE ALL DATA AND NARRATIVE
EXPLANATIONS TO ACCURATELY COMPLETE IRS FORM 990. SEVERAL DRAFTS OF THE
FORM 990 ARE REVIEWED AND EDITED BY MANAGEMENT, OFFICERS, AND DIRECTORS.
ALL DIRECTORS RECEIVE A FINAL COPY OF THE 990 PRIOR TO FILING. UPON FINAL
DRAFT, THE AUDIT COMMITTEE OF THE MOZILLA FOUNDATION BOARD OF DIRECTORS
REVIEWS AND APPROVES THE FINAL FILING OF THE FORM 990 TO THE IRS.

Schedule O (Form 990 or 990-EZ) (2012)  Name of the organization  MOZILLA FOUNDAMION	Employer identification number 20-0097189
MOZILLA FOUNDATION	20-009/189
INTEREST.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY	OF FORM 990:
CA, AK, AL, AR, CT, FL, GA, IL, KS, KY, MA, MD, MI, MN, MS, NC, NH, NJ, NY,	OK,OR,PA,RI,SC,TN
UT, VA, WI, WV	
FORM 990, PART VI, SECTION C, LINE 19: THE 1023, 990, 990	)-T, GOVERNING
DOCUMENTS AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO	THE PUBLIC ON THE
MOZILLA FOUNDATION'S WEBSITE.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
FEES FOR SERVICES:	
PROGRAM SERVICE EXPENSES	1,101,608.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,101,608.
SEE DESCRIPTION BELOW:	2.222
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	98,373.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	98,373.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,199,981.
LINE 11 G DESCRIPTION :	
THESE EXPENSES RELATE PRIMARILY TO CONSULTANTS WORKING ON	N PROGRAM
SERVICE ACTIVITIES DESCRIBED IN PART III, INCLUDING WEBMA	AKER, OPEN
BADGES, OPEN NEWS, ETC.	
389310	dule O (Form 990 or 990-EZ) (2012)

Schedule O (Form 990 or 990-EZ) (2012)		Page 2
Name of the organization	Employer identifica	ation number
MOZILLA FOUNDATION	20-00971	.89
	<del></del>	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:		
INCOME TAX BENEFIT	5	00,000.
INCOME TIME BUNDLETT		00,000
		_
		<u>.</u>
FORM 990, PART XI, LINE 2C: THE PROCESS TO SELECT AN I	NDEPENDENT	
AUDITOR DID NOT CHANGE FROM THE PRIOR YEAR.		
AUDITOR DID NOT CHANGE FROM THE FRIOR TEAR.		
	<del> </del>	
	<del> </del>	

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

232212 01-04-13

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

# Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990.

► See separate instructions.

2012 Open to Public Inspection

OMB No 1545-0047

Employer identification number 20-0097189

**e** 

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

Direct controlling 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.) End-of-year assets Total income Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part II

Section 512(b)(13) controlled ŝ entity? Yes Direct controlling status (if section Public charity 501(c)(3)) Exempt Code section 3 Legal domicile (state or foreign country) Primary activity Name, address, and EIN of related organization

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

Schedule R (Form 990) 2012

232181 12-10-12 LHA

20-0097189

Page 2

Schedule R (Form 990) 2012 MOZILLA FOUNDATION

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

(a)	(q)	(2)	(p)	(e)	(4)	(6)	ε	Θ	8	æ
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year	Disproportion- ate aflocations?	Code V-UBI amount in box		General or Percentage managing ownership
		country)		sections 512-514)		455615	Yes No	K-1 (Form 1065)	Yes No	
						-				
					•					
		-								
						•				
								-		
Part IV Identification of Related Organizations Taxable as a Corporat	ganizations Taxable	as a Corpo	ration or Trust (Co	ion or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related	on answered "Yes	" to Form 990, Pa	art IV, line 34	because it had or	le or mol	re related

Part IV organizations treated as a corporation or trust during the tax year.)

	ما الله والمراجعة الله								
(a)	(q)	(၁)	(p)	(e)	(J)	(6)	(u)	<b>E</b>	
Name, address, and EIN of related organization	Primary activity	Legal domicite (state or foreign	(state or foreign controlling foreign controlling controlling foreign controlling controll	Type of entity (C corp, S corp,	Share of total income	Share of end-of-year	Percentage ownership	Section 512(b)(13) controlled entity?	(13) /> led />
		country)		Of tidest)		doodio		Yes No	ę
MOZILLA CORPORATION - 20-3226186									
650 CASTRO ST SUITE 300			MOZILLA						
MOUNTAIN VIEW, CA 94041	INTERNET SERVICES	CA	FOUNDATION	C CORP	302,180,157.	232,073,674.	100.00%	×	
								$\vdash$	
			-						

Schedule R (Form 990) 2012

Page 3

## Schedule R (Form 990) 2012 MOZILLA FOUNDATION

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

All the shape models at March 111 Hand Carlot at 11 to 12 to	:			ŕ	Vac	2
Note. Complete line 1 if any entity is listed in Paris II, iii, of IV of this schedule	with one or more re	lated organizations listed	D Parts II:IV?		-	2//
Doorsist of (1) interest (ii) sometime (iii) revelles or (iv) rent from a controlled entity				19	×	
				÷		×
D GILL, grafit, of capital contribution to related organization(s)				;	İ	<b> </b> >
<ul> <li>Gift, grant, or capital contribution from related organization(s)</li> </ul>				ဍ	1	( ا
d Loans or loan quarantees to or for related organization(s)				1d		×
				16	_	×
				2	T	<b>[</b>
				2 3	.>	•
<ul> <li>Dividends from related organization(s)</li> </ul>				=	4	
g Sale of assets to related organization(s)				19		×
h Purchase of assets from related organization(s)				두		×
i Exchange of assets with related organization(s)				=		×
i Lease of facilities equipment or other assets to related organization(s)				į		×
					Ì.	<u> </u>
k Lease of facilities, equipment, or other assets from related organization(s)				¥	1	×
I Performance of services or membership or fundraising solicitations for related organization(s)	nization(s)			=	1	×
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			Ę		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			1n	×	1
				10	×	
					,	Ĭ
b Reimbursement paid to related organization(s) for expenses				đ		×
				19		×
				3	-	, artin
r Other transfer of cash or property to related organization(s)				1 +	,	×
				13		×
	tho must complete the	is line, including covered	relationships and transaction thresholds.			]
Т		B				
(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	plved		
(1) MOZILLA CORPORATION	A	10,000.	10,000. TRADEMARK LICENSE AGREEMENT	ENT		
(2) MOZILLA CORPORATION	F	2,500,000.CASH	CASH			
(3)						
(4)						
(5)						
232163 12-10-12			Schedule R (Form 990) 2012	(Form	(066	2012

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

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

(a) (b) (c) (d)	(q)	(c)	(b)	(e) Are all	(i)		ε	(1)	3	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	redominant incom (related, unrelated, excluded from tax under section 512-51	501(c)(3) orgs?	Share of total income	Share of end-of-year assets	tonale allocations?	amount in box 20 managing ownership of Schedule K-1 pariner. (Form 1065)	managing partner?	Percentage ownership
								,	3	
								Schedule	R (For	Schedule R (Form 990) 2012

## Form **8868**

(Rev. January 2013) Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

OMB No. 1545-1709

•	ou are filing for an Automatic 3-Month Extension, complet ou are filing for an Additional (Not Automatic) 3-Month Ex	-	· · · · · · · · · · · · · · · · · · ·	this form)		X		
	complete Part II unless you have already been granted a							
Do no	onic filing (e-file). You can electronically file Form 8868 if y	ou pood s	3.month automatic extension of tin	ne to file (f	iiii 0000. Smonthe for a corr	ocration		
	ed to file Form 990-T), or an additional (not automatic) 3-moi							
	to file any of the forms listed in Part I or Part II with the exc							
	hal Benefit Contracts, which must be sent to the IRS in pap	•						
	ww.irs.gov/efile and click on e-file for Charities & Nonprofits		(see insudctions). For more details (	AT UTE EIEC	a orac many or ans	ioiii,		
Pari			ubmit original (no copies nes	hehe				
	oration required to file Form 990-T and requesting an autor				•			
Part I		nauc onic	CHECK THIS DOX AND	zompiere	_			
	er corporations (including 1120-C filers), partnerships, REM	 ICs and t		t an evten	sion of time			
to file i	ncome tax returns.		2010 11201 200 7 01117 7 00 7 10 7 0 0 20 0	_	·			
Type of print	Name of exempt organization or other filer, see instru	ctions.		Employer	ridentification num	ber (EIN) or		
File by t	MOZILLA FOUNDATION				20-00971	89		
due date filing you	for Number, street, and room or suite no. If a P.O. box, sor 650 CASTRO ST. SUITE 300	ee instruc	tions.	Social se	curity number (SSI	N)		
return S instructa	86	oreign add	ress, see instructions					
Enter	he Return code for the return that this application is for (file	e a separa	te application for each return)			01		
Applic	Application Return Application Return							
	Form 990 or Form 990-EZ         01         Form 990-T (corporation)         07           Form 990-BL         02         Form 1041-A         08							
	1720 (individual)	03	Form 4720			09		
	990-PF	04	Form 5227	<del></del>		10		
	990-T (sec 401(a) or 408(a) trust)	05	Form 6069			11		
	990-T (trust other than above)	06	Form 8870	-		12		
1 0,1111	JAMES COOK		101110070			1'-		
	books are in the care of $\triangleright$ 650 CASTRO ST. ephone No. $\triangleright$ (650) 903-0800	SUITI	E 300 - MOUNTAIN V	IEW,	CA 94041	<del></del>		
	ne organization does not have an office or place of business	r in the Lie		-				
	is is for a Group Return, enter the organization's four digit (			-	r the whole amus	chack this		
box D		1	ch a list with the names and EINs of					
	request an automatic 3-month (6 months for a corporation	required	to file Form 990-T) extension of time	until		3 101.		
	s for the organization's return for:	i viyanıza	tion return for the organization name	zu aucove.	THE EXTENSION			
	➤ X calendar year 2012 or							
			d anding					
	tax year beginning	, an	d ending		<u> </u>			
2	if the tax year entered in line 1 is for less than 12 months, c  Change in accounting period	heck reas	on: Initial return	Final retur	n			
3a	ff this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any					
	nonrefundable credits. See instructions.			3a	\$	<u> </u>		
	If this application is for Form 990-PF, 990-T, 4720, or 6069,	-				_		
	estimated tax payments made. Include any prior year overp			3b	\$	0.		
	Balance due. Subtract line 3b from line 3a. Include your pa by using EFTPS (Electronic Federal Tax Payment System)	•	• •	3c	s	0.		
	on. If you are going to make an electronic fund withdrawal v				EO for payment in			

Form 886	68 (Rev. 1·2013)	_				Page 2
	are filing for an Additional (Not Automatic) 3-Month Ex	tension,	complete only Part II and check the	s box		► X
•	aly complete Part II if you have already been granted an a				8868.	-
• If you	are filing for an Automatic 3-Month Extension, complete	te only Pa	art I (on page 1).			
Part II	Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	al (no co	pies need	ed).
			Enter filer's	identifyir	ng number, s	ee instructions
Type or	Name of exempt organization or other filer, see instru	ctions		Employe	identification	number (EIN) or
print						, ,
File by the	MOZILLA FOUNDATION				20-009	7189
due date for filing your return See	Number, street, and room or suite no. If a P.O. box, so 650 CASTRO ST. SUITE 300	ee instruc	tions.	Social se	curity numbe	r (SSN)
instructions	City, town or post office, state, and ZIP code. For a form MOUNTAIN VIEW, CA 94041	oreign add	dress, see instructions.			
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)	-		01
Applicat	ion	Return	Application			Return
ls For		Code	Is For			Code
	O or Form 990-EZ	01				1
Form 990	D-BL	02	Form 1041-A			08
Form 472	20 (individual)	03	Form 4720			09
Form 990	)-PF	04	Form 5227			10
Form 990	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990	0-T (trust other than above)	06_	Form 8870			12
• The b	o not complete Part II if you were not already granted  JAMES COOK  ooks are in the care of  650 CASTRO ST.  hone No. (650) 903-0800				·	
<ul><li>If the</li></ul>	organization does not have an office or place of business	s in the Ur	nited States, check this box			<b>▶</b> □
<ul><li>If this</li></ul>	is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN)	f this is fo	r the whole gr	roup, check this
box 🕨	igsqcup . If it is for part of the group, check this box $lackbrack$		ach a list with the names and EINs o	f all memb	ers the exten	sion is for.
	_	NOVEM	BER 15, 2013			
	r calendar year $2012$ , or other tax year beginning $\_$		, and endin			·
6 If t	he tax year entered in line 5 is for less than 12 months, c	heck reas	on: L Initial return L	— Final r	eturn	
AI	<del></del>	SATHE	R THE INFORMATION	NECES	SARY TO	FILE A
<u>C(</u>	OMPLETE AND ACCURATE RETURN	<u>.</u>				
8a If t	his application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069 e	enter the tentative tax less any		<del></del> -	
	nrefundable credits. See instructions.	oi 0003, e	inter the terrative tax, less any	8a	\$	0.
	his application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and estimated	- 02	Ψ	
	payments made. Include any prior year overpayment all	•				
	eviously with Form 8868.	oncu as a	a oroun and any amount paid	8b	\$	0.
	lance due. Subtract line 8b from line 8a. Include your pa	vment wr	th this form if required by using	<del>  "</del>		
	TPS (Electronic Federal Tax Payment System). See instru	•	are and form, it required, by doing	8c	\$	0.
			st be completed for Part II			
	nalties of perjury, I declare that I have examined this form, includ correct, and complete, and that I am authorized to prepare this fo	ing accomp	•	•	f my knowledge	e and belief,

Title ▶ A MEMBER OF THE STAFF OF

Date 🕨

Signature >