

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



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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as It may be made public.

Information about Form 990 and its instructions is at www.rs.gov/form990

Open to Public

	AF	or the 2	2013 calendar year, or tax year beginning and	enaing						
Ī	B c	heck if oplicable.	C Name of organization		D Employer identifica	tion number				
	X	Address change	MOZILLA FOUNDATION							
]Name change	Doing Business As		20-00	97189				
]Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/su	ite E Telephone number	E Telephone number				
	Г	Termin-	331 E. EVELYN AVENUE		650-9	03-0800				
	₸	Amended	I		G Gross receipts \$	13,493,744.				
	\vdash	⊒return ∏Applica-	MOUNTAIN VIEW, CA 94041		H(a) Is this a group retu					
	_	Jtiòn pending								
			F Name and address of principal officer MARK SURMAN	n 0	for subordinates?					
			331 E. EVELYN AVENUE, MOUNTAIN VIEW, C		H(b) Are all subordinates inclu					
			npt status 🗓 501(c)(3) 🔲 501(c) () ◀ (insert no.) 🔲 4947(a)(1)	or :	ight of "No," attach a lis	st (see instructions)				
			▶ WWW.MOZILLA.ORG		H(c) Group exemption r					
_	K F	orm of o	ganization: X Corporation Trust Association Other	LY	ear of formation: 2003 M S	State of legal domicile: CA				
	Pa	rt I S	Summary							
٠		1 B	nefly describe the organization's mission or most significant activities: ${ t MOZI}$	LLA :	OUNDATION IMP	ROVES AND				
	Governance	P	ROTECTS THE INTERNET AS A PUBLIC RESOUR	CE						
1	Ĕ	2 C	neck this box F if the organization discontinued its operations or dispo	sed of m	ore than 25% of its net asse	ets.				
1	١١	3 N	umber of voting members of the governing body (Part VI, line 1a)			6				
-			umber of independent voting members of the governing body (Part VI, line 1b)		4	4				
	ay S		otal number of individuals employed in calendar year 2013 (Part V, line 2a)			39				
-	Activities		otal number of volunteers (estimate if necessary)		· · · · · · · · · · · · · · · · · · ·	30000				
	흦					0.				
_	۲				· · · · · · · · · · · · · · · · · · ·	0.				
	-	D N	et unrelated business taxable income from Form 990-T, line 34							
	- 1			}	Prior Year	Current Year 6,909,597.				
-	9		ontributions and grants (Part VIII, line 1h)	}	5,805,972.					
	ē		ogram service revenue (Part VIII, line 2g)	7	2,719,942.	6,129,936.				
	Revenue	10 In	vestment income (Part VIII, column (A), lines 3, 4, and 7d)		524,179.	446,218.				
	_	11 0	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-3,732.	7,993.				
		12 To	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		9,046,361.	13,493,744.				
		13 G	rants and similar amounts paid (Part IX, column (A), lines 1-3)		1,154,357.	1,193,730.				
		14 B	enefits paid to or for members (Part IX, column (A), line 4)	0.	0.					
	S	15 S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	[4,141,765.	6,198,977.				
	Expenses	16a Pi	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ofessional fundraising fees (Part IX, column (A), line 11e)		222,274.	120,053.				
	ē	b To	otal fundraising expenses (Part IX, column (D), line 25) 909, 4	54.						
	ŭ		ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,304,455.	6,215,263.				
			otal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		9,822,851.	13,728,023.				
			•	}	-776,490.	-234,279.				
	<u>- 8</u>	19 R	evenue less expenses Subtract line-18-from line 12		Beginning of Current Year	····				
	ssets or dalances		RECEIVED	}	25,377,730.	End of Year 25,144,149.				
	Ball		oral assets (Part X, line 16)	 						
		21 To	otal liabilities (Part X, line 26) et assets or fund balances. Subtract Mel 2/1 f@m/line/2014		1,373,997.	1,290,644.				
;	즻	22 N			24,003,733.	23,853,505.				
ı			Signature Block							
-	Unde	er penalti	es of perjury, I declare that I have examined this return, including accompanying schedul	es and sta	tements, and to the best of my	knowledge and belief, it is				
1	true,	correct,	and complete. Declaration of preparer (other than officer) is based on all information of v	which prep	arer has any knowledge.					
		1								
;	Sigr	, J	Signature of officer		Nate ALIV I	7,2014				
- 1	Here	• 1	MARK SURMAN, EXECUTIVE DIRECTOR		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7 1 001 1				
			Type or print name and title							
•		F	rintType preparer's name Preparer's signature Preparer's signatur	oh.	Date Check	PTIN				
1	Paid	ß	HARON L. ZORBACH		11/17/14 If self-employed	P00125475				
	Prep	arer F	irm's name DELOITTE TAX LLP			86-1065772				
	Use		irm's address 225 WEST SANTA CLARA STREET	-						
		- ·	SAN JOSE, CA 95113		Phone no. (40	8) 704-4000				
7	May	the IDS	discuss this return with the preparer shown above? (see instructions)		,	X Yes No				
		1 10-29-1		ions.	· · · <u>· · · · · · · · · · · · · · · · </u>	Form 990 (2013)				
•						()				

Form 990 (2013) MOZILLA FOUNDATION Part IV Checklist of Required Schedules

•			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	L
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	L
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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	114		
_	assets reported in Part X, line 16° If "Yes," complete Schedule D, Part VII	11b	х	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 257/ff "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	, , , , , , , , , , , , , , , , , , , ,	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	446	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	-		
	or for foreign individuals? 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	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?If "Yes,"			<u></u>
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
_ <u>D</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Form	990	(2013)
		. 00111	220	(CI U_)

Form 990 (2013) MOZILLA FOUNDATION
Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government 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 or other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
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	Х	
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 25a	24a		<u>X</u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	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		
	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			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
þ	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			37
	Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			v
	complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	07		x
	of any of these persons? If "Yes," complete Schedule L, Part III	27		
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). A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
a b	and the second of the second o	28b		X
	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			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		<u></u>	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1		
	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?		_v	
	Note. All Form 990 filers are required to complete Schedule O	38	X	(0045)
		⊦orm	33U	(2013)

Form 990 (2013) MOZILLA FOUNDATION

Part V Statements Regarding Other IRS Filings and Tax Compliance
Check if Schedule O contains a response or note to any line in this Part V

	Check if Schedule O contains a response or note to any line in this Part V			X
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 53			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	*	* ;	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		ř	
	(gambling) winnings to prize winners?	1c	X	
2 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 39		عيث	
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)		? ¥ / ″	- 47
	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," to line 3b, provide an explanation in Schedule O	3b		-
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a		.,	
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	
D	If "Yes," enter the name of the foreign country SEE SCHEDULE O		** .	
5 0	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			X
b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	<u> 50</u>		
-	any contributions that were not tax deductible as charitable contributions?	6a	İ	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		ā.šc.	
а	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?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		<u> </u>
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	NT /	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	
ь 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	<u> </u>
0	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		_	6.
а	Did the organization make any taxable distributions under section 4966? N/A			· ·
_	Did the organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter:		;	
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a		` `	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		٠ ا	
11	Section 501(c)(12) organizations. Enter:			l
а	Gross income from members or shareholders N/A 11a			1
b	Gross income from other sources (Do not net amounts due or paid to other sources against			•
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
h	Note. See the instructions for additional information the organization must report on Schedule O.		ł	
Ø	Enter the amount of reserves the organization is required to maintain by the states in which the			į
_	organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13b			,
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	\dashv	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a		
			990	(2013)

Form 990 (2013) MOZILLA FOUNDATION 20-0097189 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below. to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI					X				
<u>Sec</u>	tion A. Governing Body and Management									
					Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	6		1					
	If there are material differences in voting rights among members of the governing body, or if the governing					İ				
	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							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other							
	officer, director, trustee, or key employee?			2		X				
3	Did the organization delegate control over management duties customanly performed by or under the	ne dire	ct supervision			ļ				
	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 w	as filed?	4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		X				
6	6 Did the organization have members or stockholders?									
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or							
	more members of the governing body?			7a		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stockh	olders, or							
	persons other than the governing body?			7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by t	he following:		Ì					
а	The governing body?			8a	X					
b	Each committee with authority to act on behalf of the governing body?			8b		X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ached	at the							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X				
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code)							
					Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х				
b	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapteı	s, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy befo	ore filing the form?	11a	Х					
b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X					
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to co	nflicts?	12b	Х					
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," d	escribe							
	in Schedule O how this was done			12c		Х				
13	Did the organization have a written whistleblower policy?			13		Х				
14	Did the organization have a written document retention and destruction policy?			14	X					
15	Did the process for determining compensation of the following persons include a review and approve	al by 1	ndependent		,					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			`_	7					
а	The organization's CEO, Executive Director, or top management official			15a		X				
b	Other officers or key employees of the organization			15b	ļ	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 arrange	ment	with a							
	taxable entity during the year?			16a		X				
Ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		•	l						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nızatıc	on's							
	exempt status with respect to such arrangements?			16b						
	tion C. Disclosure	<u> </u>	T ('3 TT 12'	7577	1/7	3/5				
17	List the states with which a copy of this Form 990 is required to be filed AL, AK, AR, CA, C					, ML				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Sec	tion 501(c)(3)s only) a	avaılat	ole					
	for public inspection. Indicate how you made these available. Check all that apply.	_								
	Own website Another's website X Upon request Other (explain		•							
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, continuous and in so, how).	onflict	of interest policy, an	d fina	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 a ANGELA PLOHMAN - (650)903-0800	nd red	ords of the organiza	tion:	_					
	331 E. EVELYN AVENUE, MOUNTAIN VIEW, CA 94041									

<u>Page</u> **7**

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

Check if Schedule O contains a response or note to any line in this Part VII

X

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.

(A)	(B)	r any related organization compensate (B) (C)						(D)	(E)	(F)	
Name and Title	Average	Position (do not check more than one				l than	one	Reportable	Reportable	Estimated	
	hours per	box	, unle:	ss pe	rson:	s boti	n an	compensation	compensation	amount of	
	week		ceran	dad	recto	or/trus	tee)	from	from related	other	
	(list any	director						the	organizations	compensation	
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the	
	organizations	Individual trustee or	Institutional trustee		yee	mpen		(44-27 1033-141130)		organization and related	
	below	gna	ution	١	Key employee	stco	ь ы			organizations	
	line)	lug	Instit	Officer	Key	Highest compensated employee	Former				
(1) MITCHELL BAKER	1.00										
CHAIR		X						0.	763,091.	38,689	
(2) JOI ITO	1.00										
DIRECTOR		Х		$ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{L}}}}$	L	L		0.	0.	0	
(3) BOB LISBONNE	1.00										
DIRECTOR		X						0.	0.	0	
(4) BRIAN BEHLENDORF	1.00							_			
DIRECTOR		X		L				0.	0.	0	
(5) CATHY DAVIDSON	1.00	l							_	_	
DIRECTOR		X				L		0.	0.	0	
(7) BRENDAN EICH	1.00	١			ŀ				540 600		
DIRECTOR	40.00	X		_				0.	740,690.	38,515	
(8) JAMES COOK	4.00	ļ		١,,	i				555 460	20 102	
CFO/TREASURER	40.00	_	<u> </u>	Х	_	-	_	0.	575,469.	39,193	
(9) RYAN MERKLEY	40.00	ł		ι,			l	175 400		15 200	
CHIEF OPERATING OFFICER	40.00			X	_	┝	_	175,423.	0.	15,382	
(10) MARK SURMAN EXECUTIVE DIRECTOR	40.00	ł		x				221 640	0.	20 000	
(11) CHRISTOPHER MCAVOY	40.00	┝		<u> </u>	┝	⊢		221,648.	0.	20,800	
TECHNICAL LEAD	40.00	ł				X		132,688.	0.	46,671	
(12) BRETT GAYLOR	40.00	H	\vdash	┢	├	A		132,000.	0.	40,071	
SR. DIRECTOR WEBMAKER	40.00	ł				x		116,759.	0.	12,786	
(13) ANGELA PLOHMAN	40.00			┢	┢		_	110,733.	<u> </u>	12,700	
SR. DIRECTOR OPERATIONS	10.00	ł				x	l	116,687.	0.	13,094	
(14) CHRISTOPHER LAWRENCE	40.00	Η.		┝	\vdash	 	\vdash	220,007.		13,031	
SR. DIRECTOR MENTOR COMMUNITY		ł		ŀ	[x		116,016.	0.	40,151	
(15) ERIN KNIGHT	40.00	 				H	\vdash			10,131	
SR. DIRECTOR BADGES		1				x		112,684.	l o.	30,248	
		 	\Box	T	一	Ť	╁				
		1									
		T			T	T					
		1									
		1		1	1	1					

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees(continued)													
-	(A)	(B)			((2)			(D)	(E)		(F)	
	Name and title	Average	(do	not c	Posi	ition	than	one	Reportable	Reportable	Estima		i d
		hours per	box.	unle	ss per	rson ı	s both	n an	compensation	compensation		nount	
		week (list any	\vdash						from the	from related organizations		other pensa	
		hours for	direct				p		organization	(W-2/1099-MISC)		om th	
		related	tee or	ıstee			nsate		(W-2/1099-MISC)	(11 21 1000 11110 0)		anızat	
		organizations	ıl trus	nal tri		oyee	omp(d relat	
		below line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			orga	anızatı	ons
		inte)	III	SU	110	Ke	Ŧ.E	Ē					
-													
				 									
			<u> </u>					<u> </u>					
						┡		-					
		<u>.</u>	l					Ļ	991 905	2,079,250.	20	5,5	20
_	Sub-total .								991,903.	2,079,230.	23	5,5	0.
	Total from continuation sheets to Part V	ii, Section A							991,905.	• •	29	5,5	
	Total (add lines 1b and 1c) Total number of individuals (including but r	ot limited to the	1000	lieta	e he	hov	e) w	ho r	·		2,	5,5	
_	compensation from the organization		1030	, iiSt	Julu	DOV	C) **	110 1	COCIVED MOTE THAN \$100	o,ooo or reportable			20
	component non-the enganization											Yes	No
3	Did the organization list any former officer,	director, or tru	uste	e, ke	y er	nplo	yee	, or	highest compensated e	mployee on			6. 4
line 1a? If "Yes," complete Schedule J for such individual											3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization									the organization				
	and related organizations greater than \$15	0,000? If "Yes,	" co	mpl	ete S	Sche	edule	e <i>J f</i>	for such individual		4	Х	
5	, p, , , , , , , , , , , , , ,										 5		
	rendered to the organization? If "Yes," complete Schedule J for such person											_	X

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
PAULA LE DIEU, 331 E. EVELYN AVENUE,	UK PROGRAM	
MOUNTAIN VIEW, CA 94104	DEVELOPMENT & CONSUL	134,671.
BLUE STATE DIGITAL	TECHNOLOGY LICENSING	
406 7TH STREET NW, WASHINGTON, DC 20004	SERVICES	118,002.
M+R STRATEGIC SERVICES, 100 BUSH STREET,		_
SUITE 850, SAN FANCISCO, CA 94104	FUNDRAISING SERVICES	113,728.
DIGITAL SHOREDITCH, 42-46 PRINCELET	EVENT ORGANIZING	
STREET, LONDON, UNITED KINGDOM E1 5LP	SERVICES	102,280.
MICHELLE THORNE, 331 E. EVELYN AVENUE,	EVENT STRATEGY &	
MOUNTAIN VIEW, CA 94104	CONSULTATION	100,153.
 Total number of independent contractors (including but not limited to those listers \$100,000 of compensation from the organization 	d above) who received more than	

		Check if Schedule O cont	tains a response	or note to any lir	ne in this Part VIII			X
	* .	* * *	^	,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
s, Grants Amounts	1	Federated campaigns Membership dues Fundraising events	1a 1b			•		
Contributions, Gifts, Grants and Other Similar Amounts	e f	Related organizations Government grants (contribut All other contributions, gifts, gran	nts, and	805,543.		, **		
Contribuand Oth	9	similar amounts not included about Noncash contributions included in lines Total. Add lines 1a-1f		6,104,054.	6,909,597.	÷		
		Total. Add lines 1a-11		Business Code		*		
ø	2 a	LICENSING ROYALTIES		900099	6,094,729.			6,094,729.
Z vic	t			900099	35,207.		·- ·-	35,207.
Ser								
E S		. 						
Program Service Revenue				-				
Pro	۰	All adds an area area area area.						
_	י	All other program service reve	enue		6 120 026	<u> </u>	* **	<u> </u>
		Total. Add lines 2a-2f	do de de de de de de de de de de de de de		6,129,936.	*	*	*;
	3	Investment income (including	dividends, intere	est, and	446 210			446 010
		other similar amounts)			446,218.			446,218.
	4	Income from investment of ta	x-exempt bond p	proceeds				
	5	Royalties		<u> </u>				
			(i) Real	(iı) Personal	. 3 3 < 2 . 3	,	*	35
	6 a	Gross rents						
	t	Less: rental expenses				*	4. 🦸 ·	· i
		: Rental income or (loss)			· (!	· * *	/ j) »
		Net rental income or (loss)		•		1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
		Gross amount from sales of	(i) Securities	(ii) Other		7 ×7 %		*
		assets other than inventory		(.,,) ,	» *	*	
	 -	Less: cost or other basis		-	·		*	, ,
	`				`		** *)	"∢
	_ ا	and sales expenses		-	1 1	ý	*	. {*
		Gain or (loss)				<u> </u>		
		Net gain or (loss)			<u> </u>			
enue	8 a	Gross income from fundraisin	•			* * *	*	*
/en		including \$	of					
Re		contributions reported on line	e 1c). See		·	*	* #	* ,
Other Rev		Part IV, line 18	а		1 1 1		* *	
듄	t	Less direct expenses	b				m	
•	٠	Net income or (loss) from fund	draising events					
	9 a	Gross income from gaming a	ctivities. See		,			
		Part IV, line 19	а					
	t	Less direct expenses	b]	_		
	٠	Net income or (loss) from gan	ning activities]			
	10 a	Gross sales of inventory, less	retums					
		and allowances	а					
	ĺk	Less: cost of goods sold	b		1			
		: Net income or (loss) from sale			İ			
	Ť	Miscellaneous Revenu		Business Code				
	44.6		16	900099	7,993.			7 993
	11 a	·			,,,,,,,			7,993.
	l t			1				
	9							
	(-					
	6	Total. Add lines 11a-11d	•	•	7,993.			
OAAA	12	Total revenue. See instructions.		<u> </u>	13,493,744.	0.	0.	6,584,147.
33200 10-29	-13							Form 990 (2013)

Form 990 (2013) MOZILLA FOUNDATION 20 Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete 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	(D) Fundraising expenses				
1	Grants and other assistance to governments and								
	organizations in the United States. See Part IV, line 21	319,409.	319,409.	* *					
2	Grants and other assistance to individuals in				I				
	the United States. See Part IV, line 22	322,792.	322,792.						
3	Grants and other assistance to governments,				₹				
	organizations, and individuals outside the	FF4 F00	554 500		ì				
	United States. See Part IV, lines 15 and 16	551,529.	551,529.						
4	Benefits paid to or for members	. <u>. </u>	 -						
5	Compensation of current officers, directors,	401 505	100 606	160 610	60.000				
	trustees, and key employees	421,525.	189,686.	168,610.	63,229.				
6	Compensation not included above, to disqualified								
	persons (as defined under section 4958(f)(1)) and			İ					
_	persons described in section 4958(c)(3)(B)	4 501 344	2 767 657	E 22 200	010 250				
7	Other salaries and wages	4,501,344.	3,767,657.	523,308.	210,379.				
8	Pension plan accruals and contributions (include	269,803.	262,640.	_11 200	10 461				
^	section 401(k) and 403(b) employer contributions)	535,919.	472,755.	-11,298. 35,269.	18,461. 27,895.				
9	Other employee benefits	470,386.	390,555.						
10	Payroll taxes	± / U , 300 •	330,333.	55,750.	24,081.				
11	Fees for services (non-employees)	184,793.	149,682.	25,871.	9,240.				
a	Management	63,716.	51,610.	8,920.	3,186.				
	Legal	142,352.	115,306.	19,929.	7,117.				
	Accounting Lobbying	142,332.	113,300.	10,020.					
	Professional fundraising services. See Part IV, line 17	120,053.			120,053.				
f	Investment management fees	179,310.		179,310.	120,033.				
a	Other. (If line 11g amount exceeds 10% of line 25,			1/3/3201					
9	column (A) amount, list line 11g expenses on Sch O.)	1,847,617.	1,759,636.	77,422.	10,559.				
12	Advertising and promotion	3,632.	2,580.	1,038.	14.				
13	Office expenses	95,044.	47,494.	46,708.	842.				
14	Information technology	189,860.	137,097.	52,679.	84.				
15	Royalties		<u> </u>		· · · · · · · · · · · · · · · · · · ·				
16	Occupancy	167,234.	145,420.	15,602.	6,212.				
17	Travel	1,229,065.	993,228.	227,337.	8,500.				
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials								
19	Conferences, conventions, and meetings								
20	Interest								
21	Payments to affiliates								
22	Depreciation, depletion, and amortization	45,183.	22,874.	22,309.					
23	Insurance	29,661.	15,239.	11,346.	3,076.				
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 O.)								
а	EVENTS- PROGRAMS	784,207.	782,743.	1,464.					
b	MERCHANDISE STOCK	416,950.	229,817.	=,	187,133.				
c	PRIZES	405,060.	405,060.						
d	FUNDRAISING EXPENSES	209,393.	· · · · · · · · · · · · · · · · · · ·		209,393.				
	All other expenses	222,186.	180,124.	42,062.					
25	Total functional expenses. Add lines 1 through 24e	13,728,023.	11,314,933.	1,503,636.	909,454.				
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 fif following SOP 98-2 (ASC 958-720)								
					- 000				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 Cash - non-interest-bearing 1 1,596,119. 1,895,259. 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 2,277,562. 2,013,199. Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 Assets Notes and loans receivable, net 7 8 Inventories for sale or use 8 149,364. 18,835. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 128,313. basis. Complete Part VI of Schedule D 10a 102,645. 3,574. 25,668. 10b b Less accumulated depreciation 15,347,456. 14,907,231. Investments - publicly traded securities 11 4,843,722. 5,443,870. 12 Investments - other securities. See Part IV, line 11 12 1,000,010. 1,000,010. 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 15 Other assets See Part IV, line 11 15 25,144,149. 25,377,730. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 1,368,164. 1,290,644. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 5,833. 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, ě ź ... key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 1,373,997. 1,290,644. 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 20,983,643. 20,969,476. 27 Unrestricted net assets 3,020,090. 2,884,029. 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds 24,003,733. 23,853,505. 33 33 Total net assets or fund balances 25,144,149. 25,377,730. Total liabilities and net assets/fund balances

	990 (2013) MOZILLA FOUNDATION	20-	0097189	Page 12
Pa	t XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,493	
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,728	
3	Revenue less expenses. Subtract line 2 from line 1	3		1,279.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	24,003	
5	Net unrealized gains (losses) on investments	5	82	2,003.
6	Donated services and use of facilities .	6		
7	Investment expenses	7		
8	Pnor period adjustments .	8		2,048.
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	23,853	<u>3,505.</u>
Pa	t XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			X
				Yes No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		"	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.	ا الله الله الله الله الله الله الله ال	. l j
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:		* *	* 1
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs,		`
	consolidated basis, or both		1 }	
	Separate basis X Consolidated basis Both consolidated and separate basis			į
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,	_ 1_1	
	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.		·
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aud	lit	
	Act and OMB Circular A-133?		3a	Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired aud	ıt 🗔	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	Х
			Form	990 (2013)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www irs qov/form990.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

_			FOUNDATION						2	0-00973	189
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st comple	te this par	t.) See ins	tructions.			
The organ	ization is not a	a private foundation	because it is: (For lines	1 through	11, check	only one b	oox.)				
1 🖳	A church, co	nvention of churche	s, or association of chur	ches desc	nbed in se	ction 170	(b)(1)(A)(i)).			
2 🖳	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)							
з 🗀	A hospital or	a cooperative hospi	tal service organization	described	ın section	170(b)(1)	(A)(iii).				
4 🗀	A medical res	search organization	operated in conjunction	with a hos	spital desc	nbed in se	ction 170	(b)(1)(A)(ii	i). Enter	the hospital's	s name,
	city, and stat	e:									
5 📖		on operated for the (b)(1)(A)(iv). (Comple	benefit of a college or u	niversity o	wned or o	perated by	a govern	mental un	t describ	oed in	
6 🗀			ent or governmental uni	t describe	d in sectio	n 170/h\/:	ΙΥΔΥυ				
7 X											
		b)(1)(A)(vi). (Comple				9			gonora	. papilo acco	.503
8 🗔			ection 170(b)(1)(A)(vi).	(Complete	Part II.)						
9 🗌	=		eives' (1) more than 33		•	rom contri	butions, n	nembershi	n fees, a	and gross reci	eints from
			nctions - subject to certa							_	-
			axable income (less sect	-	,	•				-	
		509(a)(2). (Complete			.,			, 5-			,,
10			perated exclusively to te	st for publ	ic safety. S	See sectio	n 509(a)(4	4).			
11 🔲			perated exclusively for the						v out the	e purposes of	one or
			ations described in secti						-		
			organization and compl				•	,	~ .		
	a Type I Ту	/pe II c T	ype III - Fu	nctionally	ntegrated		тур	e III - No	n-functionally	integrated
е 🗀	By checking	this box, I certify tha	it the organization is not	controlled	d directly o	r indirectly	by one o			-	-
			han one or more publicly				-		-	•	
f	If the organiz	ation received a writ	ten determination from	the IRS tha	at it is a Ty	pe I, Type	II, or Typ	e III		,	
	supporting o	rganization, check th	nis box								
g	Since August	t 17, 2006, has the o	organization accepted ar	ny gift or c	ontribution	from any	of the foll	owing per	sons?		
	(i) A perso	n who directly or ind	lirectly controls, either al	lone or tog	ether with	persons o	described	ın (iı) and (iii) belov	<i>γ</i> ,Γ	Yes No
	the gove	eming body of the si	upported organization?							11g(i)	
	(ii) A family	member of a persor	n described in (i) above?							11g(ii)	
	(iii) A 35% c	controlled entity of a	person described in (i) o	or (II) above	€?					11g(iii)	
h	Provide the f	ollowing information	about the supported or	ganızatıon	(s).						
(i) Name	of supported	(ii) EIN	(iii) Type of organization		organization		ı notify the	(vi) ls organizatio	the	(vii) Amount d	of monetary
orga	anization		(described on lines 1-9 above or IRC section		sted in your document?	organızat (i) of your		l (i) organız	ed in the	supp	ort
			(see instructions))			,,,,		U.S			
				Yes	No	Yes	No	Yes	No		
				ļ							
			<u> </u>	<u> </u>				<u> </u>			
										-	
		<u> </u>									
Total							· · · · · · · · · · · · · · · · · · ·				

(Form 990 or 990-EZ) 2013 MOZILLA FOUNDATION 20-0097189 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and		-				
	membership fees received. (Do not						
	include any "unusual grants ")	222,687.	1,354,085.	3,342,088.	5,805,972.	6,909,597.	17,634,429.
2	Tax revenues levied for the organ-						<u> </u>
	ızatıon'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	222,687.	1,354,085.	3,342,088.	5,805,972.	6,909,597.	17,634,429.
5	The portion of total contributions						
	by each person (other than a				,		
	governmental unit or publicly	ş	^				
	supported organization) included	* . 1		,)	***	*	
	on line 1 that exceeds 2% of the	, v			*	· ·	
	amount shown on line 11,	. 1	* ,	(). aa	*	, · , »	
	column (f)						7,094,371.
	Public support. Subtract line 5 from line 4	4 X	. 1 * ***	,		. * . *	10,540,058.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	222,687.	1,354,085.	3,342,088.	5,805,972.	6,909,597.	17,634,429.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	644,054.	558,292.	596,550.	524,216.	446,218.	2,769,330.
9	Net income from unrelated business						_
	activities, whether or not the						
	business is regularly carried on	28,547.	10,346.		768.		39,661.
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	*	×**} < > \$ 1	*	· 》	* * * * * * * * * * * * * * * * * * * *	20,446,103.
12		•	•				,879,111.
13	First five years. If the Form 990 is for		s first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3)	
<u>e</u>	organization, check this box and stor						
	ction C. Computation of Publ	• • • • • • • • • • • • • • • • • • • •	<u>~</u>			T	
	Public support percentage for 2013 (• • • • • • • • • • • • • • • • • • • •	-	column (f))		14	51.55 %
	Public support percentage from 2012		•			15	36.56 %
16a	33 1/3% support test - 2013. If the c				14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies		•	•			▶ X
0	33 1/3% support test - 2012. If the c				line 15 is 33 1/3%	6 or more, check th	is box
44-	and stop here. The organization qual		• •		10.10		▶□
1/a	10% -facts-and-circumstances test						
	and if the organization meets the "fact			•	•	π IV how the organ	ization
	meets the "facts-and-circumstances"	_	•		_	47	100(
0	10% -facts-and-circumstances test						
	more, and if the organization meets the						,
40	organization meets the "facts-and-circ		-	•			
18	Private foundation. If the organization	ni dia not check a	DOX OF HITE 13, 16	a, 100, 1/a, 0/ 1/1			
					ocne	edule A (Form 990	or 330-E∠) 2013

Schedule A (Form 990 or 990-EZ) 2013 MOZILLA FOUNDATION 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						
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and		_/		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	15,720.0	(.) . Otal
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that	····			<u> </u>		
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						
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.)	:	* 4	** ***			
Section B. Total Support	- > A 4 " A 5 38 564 > 2 [<u> </u>	s/m ## # 6/		· 1	 .
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	(-, -000	12,2010	(-)	(9) 2012	(6) 2010	W Total
10a Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income			<u> </u>	 	 	
(less section 511 taxes) from businesses]	
acquired after June 30, 1975]	
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 carried on						
12 Other income. Do not include gain			· · · · · · · · · · · · · · · · · · ·		 	
or loss from the sale of capital						
assets (Explain in Part IV.) 13 Total support. (Add lines 9, 10c, 11, and 12)					 	
14 First five years. If the Form 990 is for	the organization's	first second this	d fourth or fifth	tax vear as a section	n 501/c)/3) organia	ration
check this box and stop here	and organization s	mar, accord, thir	a, rourar, or muri	ian year as a secur	on so reganiz	.auon,
Section C. Computation of Publi	c Support Per	centage			·	
15 Public support percentage for 2013 (li			column (f))		15	9/
16 Public support percentage from 2012		-			16	9
Section D. Computation of Inves			·-	-		
17 Investment income percentage for 20		<u>-</u>	ne 13, column (f))		17	9
18 Investment income percentage from 2	•	•	.5 10, 55141111 (1))		18	
19a 33 1/3% support tests - 2013. If the	•	•	on line 14 and lin	e 15 is more than		
more than 33 1/3%, check this box ar	-				•	, 19 110r
b 33 1/3% support tests - 2012. If the		•		•		end .
line 18 is not more than 33 1/3%, che	_				-	215Q
20 Private foundation If the organization					-	
es covare unionation if the ornanization	о опотоки слежка І	.a.z.1811818 14 19	a or can check t		SOURCHOUSE	

Schedule A	(Form 990 or 990-EZ) 2013 MOZILLA FOUNDATION Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or	20-0097189 Page 4
Part	· · · · · · · · · · · · · · · · · · ·	17b; and Part III, line 12.
	Also complete this part for any additional information. (See instructions).	
		· · · · · · · · · · · · · · · · · · ·
		_
·		
	•	
		
	<u> </u>	

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. ➤ See separate instructions. ➤ Information about Schedule C (Form 990 or 990-EZ) and its

instructions is at www.irs.gov/form990.

Open to Public

OMB No 1545-0047

-Inspection 📕

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	n 501(c)(4), (5), or (6) organiza	tions Complete Part III.		, ,	
Name of o	rganization MOZTI.I.A	FOUNDATION		Emp	loyer identification number 20-0097189
Part I-A		ganization is exempt under	r section 501(c)	or is a section 527 or	
1 411 ; 37	. Complete il tilo org	garii Zatiori io oxorript ariao	00000011001(0)	0.10 0 00000000000000000000000000000000	94.11244.011.
1 Provid	de a description of the organia	zation's direct and indirect political	l campaign activities	in Part IV.	
2 Politic	cal expenditures	·		▶ \$	
3 Volun	teer hours				
Part I-E	Complete if the ord	ganization is exempt under	r section 501/c)	(3)	
		incurred by the organization unde		<u>(5).</u> ► \$	
	•	incurred by organization manager			
		on 4955 tax, did it file Form 4720 fo		- · •	Yes No
	a correction made?				Yes No
b If "Ye	s," describe in Part IV.				
Part I-C	Complete if the org	ganization is exempt under	r section 501(c)	, except section 501(c)(3).
1 Enter	the amount directly expende	d by the filing organization for sect	ion 527 exempt fund	ction activities > \$	
2 Enter	the amount of the filing organ	nization's funds contributed to other	er organizations for s	section 527	
exem	pt function activities		•	▶ \$	
3 Total	exempt function expenditures	s. Add lines 1 and 2. Enter here an	d on Form 1120-POI	L,	
line 1	7b			▶ \$	
4 Did th	e filing organization file Form	1120-POL for this year?			Yes No
5 Enter	the names, addresses and er	nployer identification number (EIN)	of all section 527 p	olitical organizations to whi	ch the filing organization
made	payments. For each organiza	ation listed, enter the amount paid	from the filing organ	ization's funds. Also enter t	he amount of political
		omptly and directly delivered to a			ate segregated fund or a
politic	al action committee (PAC). If	additional space is needed, provide	de information in Par	t IV.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's	contributions received and
				funds. If none, enter -0	promptly and directly delivered to a separate
			political organization.		
					If none, enter -0
					_
					<u> </u>
				-	

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

Schedule C (Form 990 or 990-EZ) 2013

Schedule G (Form 990 or 990-EZ) 2013 MG				20-0	0097189 Page 2
Part II-A Complete if the organ		npt under section	n 501(c)(3) and fil	ed Form 5768	
(election under section				<u> </u>	<u> </u>
		lliated group (and list ii	n Part IV each affiliated	d group member's nar	ne, address, EIN,
expenses, and share of					
B Check ► ☐ If the filing organization	n checked box A a	nd "limited control" pr	ovisions apply.	, 	
	on Lobbying Expe			(a) Filing organization's	(b) Affiliated group totals
(The term "expendit	ures" means amou	ınts paid or incurred.)	totals	
1a Total lobbying expenditures to influer	nce public opinion (grass roots lobbying)			
b Total lobbying expenditures to influer	nce a legislative boo	dy (direct lobbying)			
c Total lobbying expenditures (add line	s 1a and 1b)				, and the second
d Other exempt purpose expenditures					
e Total exempt purpose expenditures (add lines 1c and 1c	i)			
f Lobbying nontaxable amount. Enter t	the amount from the	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:	- š	1 %
Not over \$500,000	20% of	the amount on line 1e.		"	
Over \$500,000 but not over \$1,000,0	00 \$100,00	0 plus 15% of the exc	ess over \$500,000.	*	
Over \$1,000,000 but not over \$1,500	,000 \$175,00	0 plus 10% of the exc	ess over \$1,000,000.	* ,	
Over \$1,500,000 but not over \$17,00	0,000 \$225,00	0 plus 5% of the exce	ss over \$1,500,000.	_	, ,
Over \$17,000,000	\$1,000,0	000.		11.5	
				* * * * * * * * * * * * * * * * * * * *	\$ 3.3
g Grassroots nontaxable amount (enter	25% of line 1f)	·			
h Subtract line 1g from line 1a. If zero of	or less, enter -0-				
i Subtract line 1f from line 1c. If zero o	r less, enter -0-				
j If there is an amount other than zero	on either line 1h or	line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this ye	ar?			[Yes No
	4-Year Ave	eraging Period Under	Section 501(h)	.	
		ection 501(h) election			
colui		e instructions for line		age 4.)	
	Lobbying Exper	nditures During 4-Yea	ar Averaging Period		
Calendar year	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
(or fiscal year beginning in)	(4) 2010	(3)2011	(0, 2012	(0) 2010	(c) rotal
			,		
2a Lobbying nontaxable amount					
b Lobbying ceiling amount	2 1 Y 1	,	· .	*	
(150% of line 2a, column(e))		` , ji		· ()	
	n 204 407, 20 40		*		
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount	, , ,	¥\$. }\$%	* * * ;	* • *	
(150% of line 2d, column (e))	·				1
f Grassroots lobbying expenditures					

Schedule G (Form 990 or 990-EZ) 2013 MOZILLA FOUNDATION 20-0097189 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(6	a)	(b)
of the lobbying activity	Yes	No	Amo	unt
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?		Х	3	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X			
c Media advertisements?		X		
d Mailings to members, legislators, or the public?		Х		
e Publications, or published or broadcast statements?	X		32	971.
f Grants to other organizations for lobbying purposes?		X		
g Direct contact with legislators, their staffs, government officials, or a legislative body?	ļ	X		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
i Other activities?		Х	2.0	071
j Total. Add lines 1c through 1i	<i>**</i>	-	32	,971.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	*	Х		
b If "Yes," enter the amount of any tax incurred under section 4912	*	-		
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912	-			3,
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), se	ction 501(c)	(5) or sec	tion	
501(c)(6).		(S), Or Sec	uon	
			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		
Part III-B Complete if the organization is exempt under section 501(c)(4), se				
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answer answered "Yes."	ed "No," OF	R (b) Part	III-A, lin	e 3, is
Dues, assessments and similar amounts from members				
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of p	olitical			
expenses for which the section 527(f) tax was paid).				
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) due	s	3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the	excess			
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying a	ind political			
expenditure next year?		4		
5 Taxable amount of lobbying and political expenditures (see instructions)		5		
Part IV Supplemental Information				
Provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated	roup list); Part	II-A, line 2, ai	nd Part II-E	3, line 1.
Also, complete this part for any additional information. PART II-B, LINE 1, LOBBYING ACTIVITIES:				
GRASSROOTS EFFORTS ON THE WEB TO ENCOURAGE THE PUBL	IC TO			
CONTACT CONGRESS ABOUT NSA SURVEILLANCE.				
			-	

SCHEDULE D

(Form 990)

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.

Information about Schedule D (Form 990) and its instructions is at www.us.gov/form990.

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

MOZILLA FOUNDATION

Employer identification number 20-0097189

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin		a sa sa sa sa sa sa sa sa sa sa sa sa sa
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fi	unds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a	•	
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?	or deriver advices, or for any earlier parposes com	Yes No
Pai		ganization answered "Yes" to Form 990. Part I	
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or		ally important land area
	Protection of natural habitat	Preservation of a certified	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form of a	conservation easement on the last
	day of the tax year.		oshoci vation casement on the last
	•		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
	Number of conservation easements included in (c) acquired		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the organic	
	year >	, 3 .,	
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i	- · · · · · · · · · · · · · · · · · · ·	Yes No
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		
	and section 170(h)(4)(B)(ii)?	, , ,	Yes No
9	In Part XIII, describe how the organization reports conservati	ion easements in its revenue and expense state	ement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza		
	conservation easements.		3
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statement	and balance sheet works of art,
	historical treasures, or other similar assets held for public exi		
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e		
	relating to these items	•	, <u> </u>
	(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	easures, or other similar assets for financial dair	n. provide
	the following amounts required to be reported under SFAS 1		,,,
а	Revenues included in Form 990, Part VIII, line 1	, ,	▶ \$
	Assets included in Form 990. Part X		\$

		FOUNDATIO							<u>97189</u>		је 2
Par	telli Organizations Maintaining C	collections of Ar	t, Hist	orical Tre	easures, o	r Othe	r Simila	ar Asset	S (continu	ed)	
3	Using the organization's acquisition, access	ion, and other record	ds, chec	k any of the	following that	at are a s	significant	use of its	collection	items	;
	(check all that apply):										
а	Public exhibition	d	╵╠╣	Loan or exc	hange progra	ams					
b	Scholarly research	е	· L	Other							
С	Preservation for future generations										
4	Provide a description of the organization's c				•			ose in Pai	t XIII.		
5	During the year, did the organization solicit of					ier simila	r assets		_		
Des	to be sold to raise funds rather than to be m								Yes	<u></u>	No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	e organizatio	n answered	"Yes" to	Form 990), Part IV,	line 9, or		
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	ns or other as	ssets not	included		_		
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table							
									Amount		
C	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f			1 1	
	Did the organization include an amount on F							L_	Yes	X	No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete				_						
	Danis and a second selection	(a) Current year	(b) F	nor year	(c) Two year	rs dack	(d) Three	ears back	(e) Four y	ears b	аск
1a	Beginning of year balance										—
b	Contributions	<u> </u>									
	Net investment earnings, gains, and losses										—
d	Grants or scholarships										
е	Other expenditures for facilities					ľ					
	and programs				 						
' -	Administrative expenses				<u> </u>		_				—
g 2	End of year balance Provide the estimated percentage of the cur	ront year and halans	l na /lina 1	a column (c)) hold on	<u> </u>					—
a	Board designated or quasi-endowment	rent year end balanc	%	y, coluitii (a	i)) riciu as						
	Permanent endowment	 %	— ′°								
	Temporarily restricted endowment	—— [/] /									
	The percentages in lines 2a, 2b, and 2c show										
3a	Are there endowment funds not in the posse		ation tha	at are held a	nd administe	ered for t	he organi	zation			
	by						0.94		Γy	'es	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(ii), are the related organization	s listed as required of	on Sche	dule R?					3b		_
4	Describe in Part XIII the intended uses of the	•									
Par	t VI Land, Buildings, and Equipm	nent.									
	Complete if the organization answere	ed "Yes" to Form 990), Part I\	/, line 11a. S	See Form 990), Part X	, line 10.				
	Description of property	(a) Cost or o basis (investr		1	or other (other)		ccumulate preciation		(d) Book	value	
1a	Land					8 8 2					
b	Buildings										
	Leasehold improvements										
d	Equipment			12	8,313.		102,6	45.	25	,66	8.
e	Other										
Total	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colur	nn (B), line 1	10(c).)			•	25	,66	8.

Complete if the organization answered "Yes"	to Form 990, Part IV, lin			
(a) Description of security or category (including name of security)	(b) Book value			nd-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				<u> </u>
(A) OTHER SERCURITIES AND				
(B) HEDGE FUNDS	4,843,722	COST		
(C)				
(D)				
(E)				
(F)	<u> </u>			
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	4,843,722	•	····	
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	to Form 990, Part IV, lin			
(a) Description of investment	(b) Book value			nd-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			. :	
Part IX Other Assets.				
Complete if the organization answered "Yes"		e 11d. See Form 990,	Part X, line 15.	T (b) Deed water
	Description	 	-	(b) Book value
(1)		 		
(2)	<u> </u>			
(3)				
<u>(4)</u>				
(5)				
(6)				
(7)	·			
(8)	.			
(9)		<u> </u>		
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities.	e 15.)			·
<u> </u>	4. E 000 B 1844	44 444 0 =		_
Complete if the organization answered "Yes" 1. (a) Description of liability	to Form 990, Part IV, lin	e 11e or 11f. See Form (b) Book value	1990, Part X, line 2	
		(b) book value		
(1) Federal income taxes			.	. \$.
(2)			? * ′	∜ ∳ *
(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line				
Liability for uncertain tax positions. In Part XIII, provide organization's liability for uncertain tax positions under				
	FINE 40 (400 740) OF -			

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

AMOUNT OF DEFERRED BENEFITS FOR UNCERTAIN TAX POSITIONS.

SUSTAINED. ALSO, INTEREST EXPENSE, IF ANY, IS RECOGNIZED ON THE FULL

Schedule D (Form 990) 2013	MOZILLA FOUNDATION	20-0097189 Page 5
Part XIII Supplemental Ir	nformation (continued)	
•		
	<u></u>	
-		
	· · · · · · · · · · · · · · · · · · ·	
	· · · · · · · · · · · · · · · · · · ·	
		<u> </u>
		
<u> </u>		
		
•		
		/
· · · · · · · · · · · · · · · · · · ·		
		· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·	

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service Statement of Activities Outside the United States

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

► Attach to Form 990. ► See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2013

Open to Public Inspection

Name of the organization

Employer identification number

MOZILLA FOUNDAT				20-009718	
		ctivities Out	side the United States. Compl	ete if the organization answered "	Yes" on
Form 990, Part IV					
	-		ds to substantiate the amount of its gr the selection criteria used to award the		Yes No
2 For grantmakers. Description	nbe in Part V the	organization's	procedures for monitoring the use of it	ts grants and other assistance out	side the
	ne following Part	I. line 3 table c	an be duplicated if additional space is	needed.)	
(a) Region	(b) Number of offices in the 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 AND STIPENDS TO RECIPIENTS LOCATED IN REGION	PROGRAM AND WEB DEVELOPMENT, DESIGN, CONSULTING SERVICES, EVENT PRODUCTION AND	284,882.
NORTH AMERICA	2	30	MANAGEMENT AND PROGRAM SERVICES	MANAGEMENT, OPERATIONS, WEB DEVELOPMENT, DESIGN, CONSULTING SERVICES	2,320,023.
CENTRAL AMERICA &					
CARIBBEAN			INVESTMENTS		4,791,375.
SOUTH AMERICA			GRANTS AND STIPENDS TO RECIPIENTS LOCATED IN REGION		71,066.
EUROPE	1	14	PROGRAM SERVICES	PROGRAM AND WEB DEVELOPMENT, DESIGN, CONSULTING SERVICES, EVENT PRODUCTION AND	907,829.
NORTH AMERICA			GRANTS AND STIPENDS TO ORGANIZATIONS IN THE REGION		195,582.
3 a Sub-total	3	44	-		8,570,757.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	3	44		-	8,570,757.

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

Schedule F (Form 990) 2013

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on 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. Schedule F (Form 990) 2013

Part II Grants and Other

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	91,320.	91,320,WIRE TRANSFER	0		CASH VALUE
		EUROPE	DIGITAL MAKERS FUND	38,570.	38,570. WIRE TRANSFER	0.		CASH VALUE
		NORTH AMERICA	CONTRIBUTIONS TO RESEARCH ON COLLUSION PROJECT	30,041.	WIRE TRANSFER	.0		CASH VALUE
			OPEN SOURCE SOFTWARE RESEARCH AND					
		EUROPE	DEVELOPMENT	25,000.	25,000, WIRE TRANSFER	0.		CASH VALUE
			HIVE TORONTO					
-			COLLABORATIVE					
			COMMUNITY PROJECT:					
		NORTH AMERICA	REMIX THE CITY	17,577.	17,577, WIRE TRANSFER	0.		CASH VALUE
			HIVE TORONTO					
			COLLABORATIVE					
			COMMUNITY PROJECT:					
	***	■ NORTH AMERICA	DIGI STORY MAKING	14,798.	14,798.WIRE TRANSFER	0.		CASH VALUE
	*		HIVE TORONTO					
			COLLABORATIVE					
			COMMUNITY PROJECT:					
		NORTH AMERICA	WIDE OPEN WEDNESDAYS	14,647.	14,647.WIRE TRANSFER	0.		CASH VALUE
			HIVE TORONTO					
			COLLABORATIVE					
			COMMUNITY PROJECT:					
		NORTH AMERICA	MAKING MAKERS	14,535.	14,535, WIRE TRANSFER	.0		CASH VALUE
						:		

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 N

Enter total number of other organizations or entities က

Schedule F (Form 990) 2013

Page 2	(i) Method of valuation (book, FMV,	appraisai, otner)		CASH VALUE	9111411	ASH VALUE													
	(h) Description of non-cash			S		2													
97189	(g) Amount of non-cash	assistance	•	0.	C	>													
20-0097189	(Schedule F (Form 9) (f) Manner of			11,000.WIRE TRANSFER	danowkam acti	VIKE TRANSFER				-									
	(e) Amount			11,000.		7,050.W													:
:: :: :: :: :: :: :: :	Continuation of Grants and Other Assistance to Organizations or Entitles Outside the United States. (Schedule F (Form 99U), Fart II, line 1) (b) IRS code section of organization and FIN (if amplicable) (c) Region of organization of organization and FIN (if amplicable) (c) Region of organization of organization and FIN (if amplicable) (c) Region of organization of organization and FIN (if amplicable) (c) Region of organization of organization of organization and FIN (if amplicable) (c) Region of organization of organization or	91.00	YOUNG REWIRED STATE	FESTIVAL OF CODE 2013	SUSTAINABLE	COMMUNITIES TECH CAMP													
MOZILLA FOUNDATION	Assistance to Organiza			EUROPE		NOKTH AMERICA													
MOZIL	(b) IRS code section	and the dependency	4				Who was a second of the second	Ž,	ž.	**		***	Age		* * * /			,	 , de semble ,
<u>ц</u>																			
Sche	1 (a) Nan								<u></u>		 		l. <u>.</u> .	 		 	 	 	

20-0097189

MOZILLA FOUNDATION

Schedule F (Form 990) 2013 MOZILLA FOUNDATION 20-0097189

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

Part III can be duplicated if additional space is needed.

اءَ ا							013
(h) Method of valuation (book, FMV, appraisal, other)							Schedule F (Form 990) 2013
(g) Description of non-cash assistance							Schedu
(f) Amount of non-cash assistance	0	.0	.0		_		
(e) Manner of cash disbursement	210,312,WIRE TRANSFER	2,974,WIRE TRANSFER	71,065.WIRE TRANSFER				
(d) Amount of cash grant	210,312.	2,974.	71,065.				
c) Number of recipients	60	m	1				
(b) Region	EUROPE	NORTH AMERICA	SOUTH AMERICA			,	
(a) Type of grant or assistance (b) Region	OPEN NEWS FELLOWSHIP STIPENDS	OPEN NEWS FELLOWSHIP STIPENDS NORTH AMERICA	OPEN NEWS FELLOWSHIP STIPENDS SOUTH AMERICA				

Sched <u>ı</u>	ule F (Form 990) 2013 MOZILLA FOUNDATION	20-0097189	Page 4
Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	☐ Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	X Yes	□ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	X Yes	□ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)	Yes	X No

Schedule F (Form 990) 2013

Part V | Supplemental Information

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

PART I, LINE 2:

WE MAINTAIN ONLINE INFORMATION ON GRANTS ON OUR INTRANET AND
SUPPORTING DOCUMENTATION SUCH AS GRANT PROPOSALS, SIGNED AGREEMENTS,
REPORTS FROM GRANTEES, ETC.

WE ENTER INTO APPROPRIATE CONTRACTUAL AGREEMENTS WITH INDIVIDUAL OR

CORPORATE GRANTEES REQUIRING THEM TO ACCOMPLISH CHARITABLE WORK OF DIRECT

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

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

BASED ON ONE RECOMMENDED IN THE COUNCIL ON FOUNDATIONS PUBLICATION

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

D, "INTERNATIONAL GRANTMAKING" FOR PRIVATE FOUNDATIONS:

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

ALTHOUGH MOST OF OUR FOREIGN GRANTS ARE GRANTS 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.

Schedule F (Form 990) 2013 MOZILLA Part V* Supplemental Information Provide the information required by investments vs. expenditures per re

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

IN ADDITION TO THE ACTIVITIES REPORTED IN PART I, AGENTS OF THE
FOUNDATION ATTEND AND SPEAK AT A VARIETY OF CONFERENCES AND EVENTS, SOME
OF WHICH TAKE PLACE OUTSIDE THE UNITED STATES. THE FOUNDATION'S
ACCOUNTING SYSTEMS DO NOT SEPARATELY TRACK EXPENSES FOR THESE OCCASIONAL
ACTIVITIES BY REGION.
PART I, LINE 3, COLUMN (E):
REGION: EUROPE
(E) SPECIFIC TYPES OF SERVICES IN REGION: PROGRAM AND WEB DEVELOPMENT,
DESIGN, CONSULTING SERVICES, EVENT PRODUCTION AND ORGANIZATION
REGION: EUROPE
(E) SPECIFIC TYPES OF SERVICES IN REGION: PROGRAM AND WEB DEVELOPMENT,
DESIGN, CONSULTING SERVICES, EVENT PRODUCTION AND ORGANIZATION

Page 5

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2013

Open To Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at years in confidence of the confidence of

Name of the organization Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form.990.

Employer identification number

MOZILLA	FOUNDATION				20-0097	189
Fundraising Activities required to complete this part	Complete if the organization answrt.	ered "Y	'es" to	Form 990, Part IV,	line 17. Form 990-E2	I filers are not
Indicate whether the organization rai A Mail solicitations Mail solicitations Internet and email solicitation Phone solicitations In-person solicitations Indicate whether the organizations	e X Solicita s f X Solicita g Specia	ition of ition of I fundra al (inclu	non-g gover using ding c	overnment grants nment grants events officers, directors, tru	stees or	. □ No
b If "Yes," list the ten highest paid ind compensated at least \$5,000 by the	lividuals or entities (fundraisers) purs					
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	ustody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
M+R STRATEGIC SERVICES - 100		Yes	No			
BUSH STREET, SUITE 850, SAN	CONSULTANT	100	х	0.	113,728.	-113,728.
		_				
		<u> </u>				. <u>. </u>
Total 3 List all states in which the organization	on is registered or licensed to solicit	contrib	▶	s or has been notifie	113,728. d it is exempt from r	-113,728. egistration
or licensing. AL, AK, AR, CA, CO, CT, DC,		, MD ,	ME,	MI,MN,MO,N	C, ND, NH, NJ	,NY,OH,OK
OR, PA, RI, SC, TN, UT, VA,	WA, WI, WV, MS, NV					
		-				

Sch	edu	le G (Form 990 or 990-EZ) 2013 MOZILLA	FOUNDATION		20	-0097189 Page 2
٢		Fundraising Events. Complete if the of fundraising event contributions and gr	ie organization answered oss income on Form 990	d "Yes" to Form 99	30, Part IV, line 18, or reported	ed more than \$15,000
		gg	(a) Event #1	(b) Event #2	_ · · · · ·	
	`					(d) Total events (add col. (a) through
						col. (c))
ne			(event type)	(event type)	(total number)	
Revenue		Grace receipts				
æ	1	Gross receipts				
	2	Less: Contributions				
_	3	Gross income (line 1 minus line 2)	-			
	4	Cash prizes				
	'	545.1 p.1.255				
	5	Noncash prizes				
ses						
xper	6	Rent/facility costs				-
Direct Expenses	7	Food and beverages				
Dire	•	1 ood and beverages				
	8	Entertainment				
	9	Other direct expenses				
	l	Direct expense summary. Add lines 4 through	, ,		.	•
Pa	irt	Net income summary. Subtract line 10 from I Gaming. Complete if the organization		990. Part IV. line	19. or reported more than	<u> </u>
		\$15,000 on Form 990-EZ, line 6a.			ro, or reported more than	
			(a) Bingo	(b) Pull tabs/inst		(d) Total gaming (add
Revenue			(=, =g-	bingo/progressive	bingo (5) Strict garring	col. (a) through col. (c))
æ		Grace royanua				
	1	Gross revenue				
ş	2	Cash prizes				
ense						
Α̈́	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
ے						
	5	Other direct expenses				
			Yes %	Yes	% Yes9	6 * *** ,
	6	Volunteer labor	∟ No	L No	No No	*
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
		Direct expense summary. And lines 2 timough	To at column (a)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	<u> </u>
	_					-
		ter the state(s) in which the organization opera	-	-4-40	· · · · · · · · · · · · · · · · · · ·	
		the organization licensed to operate gaming action," explain:		states?		Yes No
_					······································	
	_					
		ere any of the organization's gaming licenses re	· ·	_	ne tax year?	Yes No
b	it "	Yes," explain:				
	_	· · · · · · · · · · · · · · · · · · ·				
	=					

Schedule G (Form 990 or 990-EZ) 2013 MOZILLA FOUNDATION	20-009/189 Page 3
11 Does the organization operate gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity operated in:	
a The organization's facility	13a %
b An outside facility	13b %
Enter the name and address of the person who prepares the organization's gaming/special events books and reco	rds:
Name ▶	
Address ▶	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount	ount
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party.	
Name 🏲	
Name ▶	
Address	
16 Gaming manager information	
Name	
Gaming manager compensation ▶ \$	
Ganing manager compensation \$\square\$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
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 ▶ \$	
Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)	
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRA	
20112022 07 11212 17 2212 02 1211 11201222 11120 1 011212	
(I) NAME OF FUNDRAISER: M+R STRATEGIC SERVICES	
(I) ADDRESS OF FUNDRAISER:	
100 BUSH STREET, SUITE 850, SAN FRANCISCO, CA 94104	

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

MOZILLA FOUNDATION

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

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

		•
OMB No. 1545-0047	2013	Open to Public Inspection
	i	રે ગામ

▶ Attach to Form 990.

Information about Schedule I (Form 990) and its instructions is at www us nov/form990.

Employer identification number 20-0097189

Part I	Part I General Information on Grants and Assistance	
1 Doe	1 Does the organization maintain records to substantiate the amount of the grants or assistance, and the selection	
crite	riteria used to award the grants or assistance? $old X$ Yes	S S
2 Des	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	

t, for any	
/, line 2	
0, Part I	
rm 990	
to Fo	
sa "Yes	
answer	
zation	
he organi	
te if the	
Comple	ded
states.	e Is ne
Inited S	al spac
n the L	addition
ations	ated if
Jrganiz a	be duplicated
s and Or	Š
nments	Part
to Gover	lan \$5,000 Part II
ė	d more than
Assistan	om pay
Other A	recipient that received r
Grants and	th their
Gra	recipient that received n
Part II	

recipient that received more than \$5,000. Part II can be duplicated it additional space is needed	\$5,000. Part II car	be duplicated if addit	ional space is need	ed.	7 - 7 - 77 - 47		
1 (a) Name and address of organization or government	(p)	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EYEBEAM ATELIER INCORPORATION 540 W 21ST STREET NEW YORK, NY 10011	13-3952075	501(C)(3)	82,968.	0	0. CASH VALUE		OPENART; MOVING STORYTELLING WORKSHOP
PARTICIPATORY CULTURE FOUNDATION PO BOX 55071 #20335 BOSTON, MA 02205	20-2630593	501(C)(3)	31,984.	0.	0. CASH VALUE		PARTICIPATORY JOURNALISM WITH DIGITAL CITIZENS
GLOBAL KIDS INCORPORATION 137 EAST 25TH STREET NEW YORK, NY 10010	13-3629485	501(C)(3)	.000,21	•0	0. CASH VALUE		HIVE NYC YOUTH COUNCIL
REV 666 BROADWAY, SUITE 500 NEW YORK, NY 10029	94-3379913	501(C)(3)	18,670.	0.0	0.CASH VALUE		POPSQUAD SPRING 2013 WORKSHOPS
NEW YORK PUBLIC RADIO 160 VARICK STREET NEW YORK, NY 10013	13-3015230	501(C)(3)	21,900.	0	CASH VALUE		RADIO ROOKIES DIY VIDEO TEMPLATE PACKAGE
SOFTWARE FREEDOM CONSERVANCY 137 MONTAGUE STREET, SUITE 380 BROOKLYN, NY 11201	41-2203632	501(C)(3)	10,000	0	0. CASH VALUE		SOFTWARE FREEDOM CONSERVANCY
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	ind government or	ganizations listed in th	e line 1 table				6

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) (2013)

332101 10-29-13

σ
ø
\vdash
7
σ
0
0
- 1
0
$^{\circ}$

Schedule I (Form 990) MOZILLA FOUNDATION Part II Continuation of Grants and Other Assistance to Governments	FOUNDATION er Assistance to Go		nizations in the Ur	nited States (Sche	and Organizations in the United States (Schedule I (Form 990), Part II.)		20-0097189 Page 1
(a) Name and address of organization or government	(b) 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
DATAMADE LLC 2621 N EMMETT #3 CHICAGO, IL 60647	46-0596439	N/A	10,000.	0	CASH VALUE		OPENNEWS CODE SPRINT GRANT
CASH MUSIC PO BOX 11937 PORTLAND, OR 97211	45-5617731	N/A	25,000.	0	CASH VALUE		CASH MUSIC SUMMIT 2013
BANK STREET COLLEGE OF EDUCATION 610 WEST 112TH STREET NEW YORK, NY 10025	13-5562167	501(C)(3)	13,540.	0	0. CASH VALUE		PROFESSIONAL DEVELOPMENT OPPORTUNITIES FOR HIVE NETWORK MEMBERS
THE NEW YORK COMMUNITY TRUST 909 THIRD AVENUE NEW YORK, NY 10022	13-6089923	501(C)(3)	50,000.	0	CASH VALUE		SUPPORT FOR DIGITAL MEDIA AND LEARNING EXPERIENCES FOR YOUTH IN NYC
MOUSE INCORPORATION 50 WEST 23RD STREET, SUITE 702 NEW YORK, NY 10010	13-3973196	501(C)(3)	25,000.	o	CASH VALUE		DEVELOP CROSS-ROLE MENTORSHIP THROUGH MOUSE NETWORK AND WEBMAKER RESOURCES
***************************************							Schedule I (Form 990)

Page 2

20-0097189

Schedule I (Form 990) (2013) 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 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
OPEN NEWS PELLOWSHIP STIPENDS	50	302,792.	0	0. CASH VALUE	
OPEN NEWS CODE SPRINT GRANTS	77	20,000.	•0	0.CASH VALUE	
-					
·					
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	luired in Part I, lir	e 2, Part III, column	(b), and any other a	dditional information.	
PART I, LINE 2:				:	
WE MAINTAIN ONLINE INFORMATION ON GRANTS		ON OUR INTR	INTRANET AND		
SUPPORTING DOCUMENTATION SUCH AS GRANT		PROPOSALS, SI	SIGNED AGREEMENTS,	MENTS,	
REPORTS FROM GRANTEES, ETC.	:				

332102 10-29-13

SCHEDULE J (Form 990)

Compensation Information

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

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

➤ Attach to Form 990. ➤ See separate instructions.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

2013

Open to Public

Name of the organization

Department of the Treasury

Internal Revenue Service

MOZILLA FOUNDATION

Employer identification number 20-0097189

Pa	rt 📗 Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Travel for companions Payments for business use of personal residence			
h	Tax indemnification and gross-up payments Health or social club dues or initiation fees Personal services (e.g., maid, chauffeur, chef) If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
D	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	M	*
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	*!!	2.1:	~
_	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	Mila J. I	
	trustees, and onicers, including the OLO/Executive Director, regarding the items checked in line 14?	-	1 - 11	4
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Tompensation survey or study 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:		v	
a	Receive a severance payment or change-of-control payment?	4a	X	37
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	****	X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 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	2 : ,	*	3
	contingent on the revenues of	1112	å	
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:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.		132.	
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	-m.omedidens	X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	*	22.1	ý ·
	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			
-	Paralletions section 53 4058-6(n)?	ه ا	• •	**

MOZILLA FOUNDATION

Schedule J (Form 990) 2013 MOZILLA FOUNDATION 20-0097189

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

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

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Superior	(a)-(i)(a)	n prior Form 990
(1) MITCHELL BAKER	€	0	0	0	0	0	0	0
CHAIR	<u> </u>	400,000	334,164.	28,927.	17,850.	20,839.	801,780.	0
(2) BRENDAN EICH	ε			0.	0			0
DIRECTOR	(ii)	400,00	340,000.	690.	17,850.	20,665.	779,20	0
(3) JAMES COOK	Ξ		1	0	t .			
CFO/TREASURER	€	320,000.	255,000.	469.	17,850.	21,343.	614,662.	
(4) RYAN MERKLEY	Ξ	145,590.	0	29,833.	10,19	5,186.	190	0
CHIEF OPERATING OFFICER	€		0			0.		0
(5) MARK SURMAN	€	218,385.	0	3,263.	15,292.	5,508.	. 242, 448.	0.
EXECUTIVE DIRECTOR	<u> </u>		0 .					0
(6) CHRISTOPHER MCAVOY	€	129,97	• 0	2,716.	9,273	37,398.	179,35	0.
TECHNICAL LEAD	Ξ		0	0	0	0.	ı	0
(7) CHRISTOPHER LAWRENCE	Ξ	115,000.	0	1,016.	8,107.	32,044.	156,167.	0
SR, DIRECTOR MENTOR COMMUNITY	€	0	0.	0	0	0	• 0	0
	(ι)							
	≘							
	Ξ							
	≘							
	Ξ							
	▣							
	Ξ							
	▣							
	Ξ							
	≘							
	Ξ							
	▣							
	Ξ							
	▣							
	Ξ							
	≘							
	Ξ							
	릨				-			
332112							Schedu	Schedule J (Form 990) 2013

Page 3

Schedule J (Form 990) 2013 MOZILLA FOUNDATION 20-0097189

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 4A:	
SEVERANCE PAYMENTS WERE MADE IN THE AMOUNT OF \$118,698 TO	
RYAN MERKLEY BASED ON THE TERMS OF THE SEPARATION AGREEMENT.	
PART II:	
COMPENSATION OF EMPLOYEES PAID IN CANADIAN DOLLARS HAVE	
BEEN CONVERTED AT AN AVERAGE EXCHANGE RATE OF .9706 CAD/USD.	
	1
	1
Schedule J (Form 990) 2013	013

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.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.us.gov/form990

OMB No 1545-0047 Open to Public Inspection

Name of the organization Employer identification number MOZILLA FOUNDATION 20-0097189 FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES: AUSTRALIA, BELGIUM, CANADA, CHINA, DENMARK, FINLAND, FRANCE, GERMANY, JAPAN, SPAIN, TAIWAN, UNITED KINGDOM 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. FORM 990, PART VI, LINES 12B-C: THE FOUNDATION PERIODICALLY ASKS BOARD MEMBERS, BUT NOT STAFF, TO RESPOND TO A QUESTIONNAIRE DETAILING POTENTIAL CONFLICTS OF INTEREST. INDIVIDUALS ARE TO REPORT ANY POTENTIAL CONFLICTS WITH RESPECT TO PARTICULAR DECISIONS AS THEY ARISE, AND IF THE BOARD

FOUNDATION MAY NOT PURSUE THE TRANSACTION AT ALL). WHILE THE FOUNDATION

DETERMINES THAT A CONFLICT EXISTS, THE CONFLICTED INDIVIDUAL DOES NOT

PARTICIPATE IN VOTING ON THAT DECISION (AND IN SOME CASES THE

SUCH AS T-SHIRTS TO DONORS OR OTHER SUPPORTERS OF MOZILLA'S WORK.

MOZILLA HAD ACQUIRED THE T-SHIRTS IN A PREVIOUS YEAR AND DISPOSED OF

ITS EXCESS STOCK IN 2014. THE COSTS OF THE T-SHIRTS AND OTHER ITEMS ARE REPORTED IN PART IX, LINE 24B, BUT MOZILLA HAS NOT ATTEMPTED TO

DETERMINE WHAT PORTION OF THE DONORS' CONTRIBUTIONS REPRESENTED THE

332212 09-04-13

FORM 990, PART XII, LINE 2C:

THE PROCESS TO SELECT AN INDEPENDENT AUDITOR DID NOT

CHANGE FROM THE PRIOR YEAR.

Schedule O (Form 990 or 9	220-EZ] (ZU13)				Page 2
Name of the organization	MOZILLA	FOUNDATION			Employer identification number 20-0097189
			<u></u>		
		-			
					· · · · · · · · · · · · · · · · · · ·
		•			
		·			
			-		<u> </u>
			•	***	
					-
					

Schedule O (Form 990 or 990-EZ) (2013)

332212 09-04-13

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Part

MOZILLA FOUNDATION

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

► See separate instructions.

2013	Open to Public
	_

OMB No 1545-0047

▶Information about Schedule R (Form 990) and its instructions is at www irs gov/form990.

Inspection Employer identification number 20-0097189Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

£	Direc	entity							more related tax-exempt
(e)	End-of-year assets								se it had one or
9	Total income								art IV, line 34 becau
(၁)	Legal domicile (state or	foreign country)							inswered "Yes" on Form 990, P
(q)	Primary activity								tions Complete If the organization a
(a)	Name, address, and EIN (if applicable)	of disregarded entity							Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

		ξ δ	ļ	N _o							
	(6)	Section 512(b)(13)	entity?	Yes			-				
	(3)	Direct controlling	entity								
	(e)	Public charity	section status (if section	501(c)(3))							
	(D)	Exempt Code	section								
	(၁)	Legal domicile (state or	foreign country)								
	(q)	Primary activity							•		
the man and organizations during the tax year.	(a)	Name, address, and EIN	of related organization								

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

Schedule R (Form 990) 2013

332161 09-12-13 LHA

20-0097189

Schedule R (Form 990) 2013 MOZILLA FOUNDATION

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

Name, address, and EIN Pi		-		2		(a)	:	\$)	<u>}</u>
שווילמיוסוו	Primary activity	Legal domicite (state or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year	Oisproportionate allocations?	Code V-UBI amount in box	General or managing partner?	General or Percentage managing ownership partner?
	_	foreign country)		sections 512-514)		433613	Yes No		YesNo	
		_								
;										
		-			•					

Identification of Helated Organizations Taxable as a Corporation organizations treated as a corporation or trust during the tax year. Part IV

(a)	(q)	(0)	(p)	(e)	(J)	(6)	3		8
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp,	Share of total income	Share of end-of-year	Percentage ownership	512(b)(13) controlled entity?	2 19 2 19 2 19 2 19 2 19 2 19 2 19 2 19
		country)		Or truet)		descris		Yes	ę
MOZILLA CORPORATION - 20-3226186									
331 EAST EVELYN AVENUE	I		MOZILLA						
MOUNTAIN VIEW, CA 94041	INTERNET SERVICES	C A	FOUNDATION	CORP	305,480,064.	257,678,513.	100.00% X	×	
								_	
								-	
	T · · ·							_	
									1
	<u></u>								
332162 09-12-13						Sche	Schedule R (Form 990) 2013	(066	2013

Page 3

Schedule R (Form 990) 2013 MOZILLA FOUNDATION

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

				ļ	•
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Yes	ĝ
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? a Receipt of (i) interest (ii) annuties (iii) rovalties or (iv) rent from a controlled entity	s with one or more r	elated organizations listec	I in Parts II-IV?	×	
			#		×
			5 2		×
d Loans or loan quarantees to or for related organization(s)			19		×
			9-		×
				1	>
				\downarrow	4
g Sale of assets to related organization(s)			19	_	×
h Purchase of assets from related organization(s)			1h		×
i Exchange of assets with related organization(s)			11		×
j Lease of facilities, equipment, or other assets to related organization(s)			1,		×
k Lease of facilities, equipment, or other assets from related organization(s)			*		×
Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)		=		×
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)		1m	×	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)		1h	×	
o Sharing of paid employees with related organization(s)			01		×
			1		- ,
p Reimbursement paid to related organization(s) for expenses			1p		×
q Reimbursement paid by related organization(s) for expenses?			19		×
r Other transfer of cash or property to related organization(s)					×
s Other transfer of cash or property from related organization(s)			SI	Ц	×
2 If the answer to any of the above is "Yes," see the instructions for information on v	who must complete t	his line, including covered	ormation on who must complete this line, including covered relationships and transaction thresholds.		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved		
(1) MOZILLA CORPORATION	Ą	6,094,729.	6,094,729.TRADEMARK LICENSE AGREEMENT	.	
(2) MOZILLA CORPORATION	×	184,800.SERVICE	SERVICE AGREEMENT		
(3) MOZILLA CORPORATION	Z	115,200.	115,200.SERVICE AGREEMENT		
(4)					
(9)					
(6)					

Schedule R (Form 990) 2013

(**6**) 332163 09-12-13

20-0097189

Page 4

Schedule R (Form 990) 2013 MOZILLA FOUNDATION

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on 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)

(e) (t) (a)	Predominant income pariesse. Share of related, unrelated, one tax of society of the section 512-514) Yes No.													
(e)	Are all partners sec 501(c)(3) orgs 7	 	-									 	_	_
estment partnership (d)	Predominant income (related, unrelated, excluded from tax under section 512-514			-										
usion for certain inve	micile preign y)													_
tructions regarding exclu	Primary activity													
that was not a related organization. See instructions regarding exclusion for certain investment partnerships. (a) (b) (c) (d)	Name, address, and EIN of entity													

Schedule R (Form 990) 2013

Form 88	68 (Rev. 1-2014)					Page 2			
	are filing for an Additional (Not Automatic) 3-Month Ex	tension.	complete only Part II and check the	s box		► X			
	nly complete Part II if you have already been granted an a				8868				
	are filing for an Automatic 3-Month Extension, comple								
Part I				al (no c	opies neede	d).			
					ng number, see				
Type or	Name of exempt organization or other filer, see instru	ictions.				number (EIN) or			
print	1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	,,.							
File by the	MOZILLA FOUNDATION				20-0097189				
due date fo		ee instruc	tions	Social se	cial security number (SSN)				
filing your return See	1221 E EVELVA AVENTE	000,01	outry named ((5514)					
instruction		oreign add	tress see instructions						
	MOUNTAIN VIEW, CA 94041	oro.grr aac	ress, see mendenens.						
Enter th	e Return code for the return that this application is for (file	a a canara	te application for each return)			011			
Cinci tii	the return code for the return that this application is for the	e a separa	te application for each return)						
Applica	tion	Return	Application			Return			
Is For		Code	Is For			Code			
	0 or Form 990-EZ	01	13 FOI			Code			
Form 99		02	Form 1041-A		*				
	20 (individual)	03		-		08			
Form 99		 	Form 4720 (other than individual)			09			
		04	Form 5227			10			
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11			
	0-T (trust other than above)	06	Form 8870			12			
STOP: L	Oo not complete Part II if you were not already granted JAMES COOK	an autor	natic 3-month extension on a pre-	viousiy tii	ea Form 8868.				
.	books are in the care of > 331 E. EVELYN	A 1752ATT1	P MOINMATN VIEW	C3 0	4041				
	blone No. ► (650)903-0800	AVENU.		CA 9	4041				
			Fax No. >			. —			
	organization does not have an office or place of business								
	s is for a Group Return, enter the organization's four digit	1			-	-			
box 🕨	. If it is for part of the group, check this box		ch a list with the names and EINs o	f all memb	ers the extensi	on is for.			
		NOVEM	BER 17, 2014						
	or calendar year $\frac{2013}{1}$, or other tax year beginning		, and endin			 :			
6 If	the tax year entered in line 5 is for less than 12 months, o	heck reas	on L Initial return L	Final i	retum				
L	Change in accounting period								
	ate in detail why you need the extension								
	DDITIONAL TIME IS REQUIRED TO) GAT	HER INFORMATION TO	PREP	ARE A CO	MPLETE			
<u>A</u>	ND ACCURATE RETURN.								
8a If	this application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069,	enter the tentative tax, less any						
no	nrefundable credits. See instructions.			8a	\$	0.			
b If	this application is for Forms 990-PF, 990-T, 4720, or 6069), enter an	y refundable credits and estimated						
ta	x payments made. Include any prior year overpayment all	lowed as a	a credit and any amount paid						
	reviously with Form 8868.			8b	\$	0.			
	alance due. Subtract line 8b from line 8a. Include your pa								
EF	TPS (Electronic Federal Tax Payment System). See instr			8c	\$	0.			
			st be completed for Part II o	_					
Under pe	nalties of perjury, I declare that I have examined this form, including	ding accom	panying schedules and statements, and t	to the best	of my knowledge	and belief,			
it is true,	correct, and complete, and that I am authorized to prepare this f				E /05	/ = 4			
Signature	the Title > (CPA_		Date	7/21/	′ 14 			

Form 8868 (Rev. 1-2014)

Form **8868**

(Rev. January 2014)

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.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 ·

OMB No. 1545-1709

If you a	re filing for an Automatic 3-Month Extension, comple	te only Pa	irt I and check this box			ightharpoonup
If you a	re filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of	this form).		
Do not co	mplete Part II unless you have already been granted a	an automa	itic 3-month extension on a previous	sly filed Fo	rm 8868.	
Electroni	c filing (e-file). You can electronically file Form 8868 if	you need a	a 3-month automatic extension of til	ne to file (6 months for a co	rporation
	o file Form 990-T), or an additional (not automatic) 3-mo					
	file any of the forms listed in Part I or Part II with the ex					
	Benefit Contracts, which must be sent to the IRS in page					
	irs.gov/efile and click on e-file for Charities & Nonprofits		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Part I	Automatic 3-Month Extension of Time		submit original (no copies nee	eded).		
	tion required to file Form 990-T and requesting an autor					
Part I only				p		
	corporations (including 1120-C filers), partnerships, REM	IICs. and ti	rusts must use Form 7004 to reques	t an exten	sion of time	_
	ome tax returns				er's identifying n	umber
Type or	Name of exempt organization or other filer, see instru	ictions.			r identification nu	
print	Than or exempt enganization of our or more poor more	.00		Linploye	i identinoation na	moer (Env) or
p	MOZILLA FOUNDATION				20-00971	189
File by the due date for	Number, street, and room or suite no. If a P.O. box, s	ee instruc	tions	Social se	curity number (S	
filing your	331 E. EVELYN AVENUE	occ mondo	iloria.	Occiai sc	carry namber (or	3/4)
return See	City, town or post office, state, and ZIP code. For a fe	oreign add	Iress see instructions			
	MOUNTAIN VIEW, CA 94041	oreign add	meda, dee matractions.			
Enter the	Return code for the return that this application is for (file	e a conara	te application for each return)			0 1
Litter the	rictarii code for the retarii that this application is for this	c a separa	te application for each return)			رستار
Applicati	On	Return	Application			Return
Is For	011	Code	Is For			
	or Form 990-EZ	01	Form 990-T (corporation)			Code
						07
Form 990		02	Form 1041-A	-		08
Form 990	0 (individual)	03	Form 4720 (other than individual)			09
		04	Form 5227			10
	-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11		
Form 990	-T (trust other than above) JAMES COOK	06	Form 8870			12
A Th. b.	ooks are in the care of > 331 E. EVELYN A	A 1752ATT 1	E _ MOTHMATH VITEW	C3 0	4041	
		HARMOI		CA 3	404I	
-	one No. ► (650)903-0800		Fax No. ▶			_
	organization does not have an office or place of business					
[s for a Group Return, enter the organization's four digit					
box l	. If it is for part of the group, check this box				ers the extension	is for.
1 I re	quest an automatic 3-month (6 months for a corporation					
_	AUGUST 15, 2014 , to file the exemp	it organiza	tion return for the organization nam	ed above.	The extension	
	or the organization's return for					
▶ l	X calendar year 2013 or					
►l	tax year beginning	, an	d ending		_ ·	
2 If th	le tax year entered in line 1 is for less than 12 months, o	check reas	on: Initial return	Fınal retur	n	
	☐ Change in accounting period					
	iis application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069,	enter the tentative tax, less any			_
	refundable credits. See instructions.			3a	\$	0.
b If th	iis application is for Forms 990-PF, 990-T, 4720, or 6069	9, enter an	y refundable credits and			_
	mated tax payments made. Include any prior year overp			3b	\$	0.
c Bal	ance due. Subtract line 3b from line 3a. Include your pa	ayment wit	th this form, if required,			_
	using EFTPS (Electronic Federal Tax Payment System).			3c	\$	0.
Caution.	If you are going to make an electronic funds withdrawal	l (direct de	bit) with this Form 8868, see Form	3453-EO a	nd Form 8879-EC) for payment