

PUBLIC DISCLOSURE COPY

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

Form **990**

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.irs.gov/form990.

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning and ending

B Check if applicable:	C Name of organization MOZILLA FOUNDATION	D Employer identification number 20-0097189
<input type="checkbox"/> Address change	Doing business as	E Telephone number 650-903-0800
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 331 E. EVELYN AVENUE	
<input type="checkbox"/> Initial return	City or town, state or province, country, and ZIP or foreign postal code MOUNTAIN VIEW, CA 94041	G Gross receipts \$ 19,318,701.
<input type="checkbox"/> Final return/terminated	F Name and address of principal officer: MARK SURMAN 331 E. EVELYN AVENUE, MOUNTAIN VIEW, CA 940	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Amended return		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Application pending		If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶
J Website: ▶ WWW.MOZILLA.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 2003 M State of legal domicile: CA

Part I Summary

1	Briefly describe the organization's mission or most significant activities: IMPROVE AND PROTECT THE INTERNET AS A PUBLIC RESOURCE OPEN AND ACCESSIBLE TO ALL		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	6
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	5
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	50
6	Total number of volunteers (estimate if necessary)	6	30000
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	70,944.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	44,850.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	6,909,597.	12,570,258.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,129,936.	6,275,937.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	446,218.	437,151.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,993.	26,070.
		13,493,744.	19,309,416.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,193,730.	1,127,439.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	6,198,977.	8,748,084.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	120,053.	59,793.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,349,286.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	6,215,263.	5,920,258.
Net Assets or Fund Balances	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	13,728,023.	15,855,574.
	19 Revenue less expenses. Subtract line 18 from line 12	-234,279.	3,453,842.
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21 Total liabilities (Part X, line 26)	25,144,149.	29,010,007.	
22 Net assets or fund balances. Subtract line 21 from line 20	1,290,644.	1,546,301.	
	23,853,505.	27,463,706.	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer <i>Mark Surman</i>	Date 11/16/15	
	MARK SURMAN, EXECUTIVE DIRECTOR		
	Type of print name and title		
Paid Preparer Use Only	Print/Type preparer's name JOAN S. MCMAHON	Preparer's signature <i>Joan McMahon</i>	Date 11/16/15
	Firm's name DELOITTE TAX LLP	Check if self-employed <input type="checkbox"/>	PTIN P00966494
	Firm's address 555 MISSION STREET SAN FRANCISCO, CA 94105	Firm's EIN ▶ 86-1065772	
		Phone no. (415) 783-4000	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

432001 11-07-14 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2014)

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• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions. MOZILLA FOUNDATION	Employer identification number (EIN) or 20-0097189
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 331 E. EVELYN AVENUE	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MOUNTAIN VIEW, CA 94041	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

THE ORGANIZATION

• The books are in the care of **▶ 331 E. EVELYN AVENUE - MOUNTAIN VIEW, CA 94041**
 Telephone No. **▶ (650)903-0800** Fax No. **▶**

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2015**.

5 For calendar year **2014**, or other tax year beginning _____, and ending _____.

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS REQUIRED IN ORDER TO GATHER THE INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

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

Signature **▶ *Juan Menake*** Title **▶ CPA** Date **▶ 7/20/15**

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Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

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

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

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

Part I only

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

Enter filer's identifying number

Type or print	Name of exempt organization or other filer, see instructions. MOZILLA FOUNDATION	Employer identification number (EIN) or 20-0097189
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 331 E. EVELYN AVENUE	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MOUNTAIN VIEW, CA 94041	

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

THE ORGANIZATION

- The books are in the care of ▶ **331 E. EVELYN AVENUE - MOUNTAIN VIEW, CA 94041**
Telephone No. ▶ **(650)903-0800** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2015**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2014** or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
MOZILLA FOUNDATION IMPROVES AND PROTECTS THE INTERNET AS A PUBLIC RESOURCE BY WORKING WITH THOUSANDS OF VOLUNTEERS TO (1) KEEP THE INTERNET AN UNIVERSAL OPEN PLATFORM AND (2) PROMOTE CONTINUED INNOVATION ON THE INTERNET.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 9,810,693. including grants of \$ 679,332.) (Revenue \$ 51,269.)

EDUCATION
MOZILLA RUNS EDUCATIONAL PROGRAMS TO GIVE PEOPLE SKILLS TO COMMUNICATE, BUILD AND INNOVATE USING THE OPEN TECHNOLOGY AND CULTURE OF THE WEB. IN 2014, THE FOUNDATION CONTINUED TO GROW ITS WEBMAKER PROGRAM, WITH VOLUNTEERS RUNNING OVER 2500 WEB LITERACY EVENTS IN OVER 85 COUNTRIES. MOZILLA ALSO CONTINUED WORK ON A MORE AMBITIOUS SET OF CURRICULUM OFFERINGS; DEVELOPED FREE, OPEN SOURCE SOFTWARE TO TEACH WEB LITERACY TO MOBILE-FIRST INTERNET USERS; AND LAUNCHED "OPEN BADGES" THAT RECOGNIZE THE DIGITAL SKILLS PEOPLE HAVE LEARNED. IN 2014, THE FOUNDATION SPENT \$9,810,692 TO SUPPORT EDUCATION EFFORTS, INCLUDING \$679,332 IN GRANTS.

4b (Code:) (Expenses \$ 608,235. including grants of \$ 0.) (Revenue \$ 58,721.)

COMMUNITY
PROVIDING SUPPORT FOR THE MOZILLA AND BROADER OPEN INTERNET COMMUNITY IS A CENTRAL PART OF THE FOUNDATION'S WORK. THIS INCLUDES MANAGING THE COMMUNITY OF OVER 30,000 VOLUNTEERS WHO BUILD, LOCALIZE AND PROMOTE MOZILLA SOFTWARE AND TECHNOLOGY. THIS ALSO INVOLVES RUNNING THE MOZILLA FESTIVAL IN LONDON, UK, A GATHERING OF OVER 1500 PEOPLE FROM AROUND THE WORLD. IN 2014, THE FOUNDATION SPENT \$608,235 TO SUPPORT MOZILLA COMMUNITY EFFORTS.

4c (Code:) (Expenses \$ 2,110,464. including grants of \$ 448,108.) (Revenue \$)

FELLOWSHIPS
MOZILLA RUNS A SERIES OF FELLOWSHIPS, LABS AND COMMUNITY RESEARCH PROGRAMS AIMED AT BRINGING THE VALUES AND METHODS OF THE OPEN WEB INTO NEW DOMAINS. THE LARGEST OF THESE PROGRAMS, OPENNEWS, PLACES TALENTED ENGINEERS IN NEWS ROOMS AS INNOVATORS AND OPERATES A WEB SITE AND GLOBAL EVENTS SERIES AIMED TO BETTER ENGAGE CITIZENS WITH ONLINE JOURNALISM. MOZILLA RUNS SIMILAR PROGRAMS IN THE REALMS OF SCIENCE AND PUBLIC POLICY. THE FOUNDATION SPENT \$2,110,464 TO SUPPORT FELLOWS, LABS AND RESEARCH COMMUNITIES, INCLUDING \$448,108 IN GRANTS.

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **12,529,392.**

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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)? <i>If "Yes," complete Schedule A</i>	1	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i>	2	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		X
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? <i>If "Yes," complete Schedule C, Part II</i>	4		X
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? <i>If "Yes," complete Schedule C, Part III</i>	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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>	7		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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? <i>If "Yes," complete Schedule D, Part IV</i>	9		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X	
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>	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? <i>If "Yes," complete Schedule D, Part IX</i>	11d		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X	
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 foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X	
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	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? <i>If "Yes," complete Schedule G, Part I</i>	17	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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

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

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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

				Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	48			
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	50			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		X		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X		
b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		X		
4a 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		
b If "Yes," enter the name of the foreign country: SEE SCHEDULE O See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a				X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b				X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c				
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a				X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b				
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and 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		X		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c				X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e 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				X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		N/A		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		N/A		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8				
9 Sponsoring organizations maintaining donor advised funds.					
a Did the sponsoring organization make any taxable distributions under section 4966?	9a				
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10 Section 501(c)(7) organizations. Enter:					
a Initiation fees and capital contributions included on Part VIII, line 12	10a	N/A			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11 Section 501(c)(12) organizations. Enter:					
a Gross income from members or shareholders	11a	N/A			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	N/A			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	N/A			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c Enter the amount of reserves on hand	13c				
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a				X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b				

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section 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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a	6		
b Enter the number of voting members included in line 1a, above, who are independent	1b	5		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6 Did the organization have members or stockholders?	6			X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint 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, stockholders, 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 by the following:				
a 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 reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9			X

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

			Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a			X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b			
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X	
b 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	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c			X
13 Did the organization have a written whistleblower policy?	13			X
14 Did the organization have a written document retention and destruction policy?	14		X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
a The organization's CEO, Executive Director, or top management official	15a			X
b Other officers or key employees of the organization	15b			X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a			X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ AL, AK, AR, CA, CT, FL, GA, IL, KS, KY, MA, MD**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **▶**
ANGELA PLOHMAN - (650)903-0800
331 E. EVELYN AVENUE, MOUNTAIN VIEW, CA 94041

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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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRIAN BEHLENDORFF DIRECTOR	1.00	X					0.	0.	0.	
(2) BOB LISBONNE DIRECTOR	1.00	X					0.	0.	0.	
(3) CATHY DAVIDSON DIRECTOR	1.00	X					0.	0.	0.	
(4) RONALDO LEMOS DIRECTOR	1.00	X					0.	0.	0.	
(5) JOI ITO DIRECTOR	1.00	X					0.	0.	0.	
(6) MITCHELL BAKER CHAIR	1.00 40.00	X					0.	994,000.	41,114.	
(7) BRENDAN EICH DIRECTOR	1.00 40.00	X					0.	859,214.	15,432.	
(8) JAMES COOK TREASURER	4.00 40.00			X			0.	866,145.	42,798.	
(9) MARK SURMAN EXECUTIVE DIRECTOR/PRESIDENT	40.00			X			228,678.	0.	12,650.	
(10) ANGELA PLOHMAN SECRETARY/ VP OPERATIONS	40.00			X			159,380.	0.	8,434.	
(11) CHRISTOPHER LAWRENCE VP LEARNING	40.00				X		181,752.	0.	9,177.	
(12) DAVID ASCHER VP PRODUCTS	40.00				X		158,952.	0.	8,813.	
(13) GEOFFREY MACDOUGALL VP ENGAGEMENT	40.00				X		174,993.	0.	9,839.	
(14) AN-ME CHUNG DIRECTOR, PARTNERSHIPS	40.00					X	206,355.	0.	10,651.	
(15) DANIEL SINKER DIRECTOR, OPENNEWS	40.00					X	176,869.	0.	8,473.	
(16) ANDREA WOOD ONLINE ORGANIZING & FUNDRAISING LEAD	40.00					X	165,194.	0.	8,998.	
(17) ERIN KNIGHT SR. DIRECTOR BADGES	40.00					X	160,826.	0.	8,324.	

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) SAMUEL DYSON DIRECTOR, HIVE CHICAGO	40.00					X		160,269.	0.	7,913.
1b Sub-total								1,773,268.	2,719,359.	192,616.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,773,268.	2,719,359.	192,616.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **38**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	X

Section B. Independent Contractors

1 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
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

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Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	710,005.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	11,860,253.			
	g Noncash contributions included in lines 1a-1f: \$		8,690.			
	h Total. Add lines 1a-1f		12,570,258.			
	Program Service Revenue	2 a LICENSING ROYALTIES	Business Code 900099	6,121,073.		
b MOZFEST TICKET SALES		900099	58,721.	58,721.		
c WORKSHOP & TRAINING FEES		900099	51,269.	51,269.		
d HUMBLE BUNDLE		900099	44,874.		44,874.	
e						
f All other program service revenue						
g Total. Add lines 2a-2f			6,275,937.			
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)		437,665.		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other	341.			
		b Less: cost or other basis and sales expenses		855.		
		c Gain or (loss)		-514.		
	d Net gain or (loss)		-514.			-514.
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		b Less: direct expenses	b			
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a	34,500.				
	b Less: cost of goods sold	b	8,430.			
	c Net income or (loss) from sales of inventory		26,070.		26,070.	
Miscellaneous Revenue		Business Code				
11 a						
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions.			19,309,416.	109,990.	70,944.	6,558,224.

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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).

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	513,828.	513,828.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	395,266.	395,266.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	218,345.	218,345.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	954,343.	428,103.	371,630.	154,610.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	5,488,126.	4,880,461.	204,943.	402,722.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	388,032.	332,878.	27,643.	27,511.
9 Other employee benefits	1,454,704.	1,276,076.	55,554.	123,074.
10 Payroll taxes	462,879.	405,679.	26,269.	30,931.
11 Fees for services (non-employees):				
a Management				
b Legal	351,685.	37,091.	271,389.	43,205.
c Accounting	126,284.		115,618.	10,666.
d Lobbying				
e Professional fundraising services. See Part IV, line 17	59,793.			59,793.
f Investment management fees	201,591.		201,591.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	1,531,660.	1,295,718.	161,921.	74,021.
12 Advertising and promotion	97,192.	74,500.	9,125.	13,567.
13 Office expenses	104,066.	11,394.	85,926.	6,746.
14 Information technology	274,686.	267,199.	7,136.	351.
15 Royalties				
16 Occupancy	258,029.	140,103.	113,099.	4,827.
17 Travel	1,920,709.	1,675,435.	220,679.	24,595.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	593,575.	545,646.	36,878.	11,051.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	59,747.	31,269.	25,889.	2,589.
23 Insurance	15,519.		14,208.	1,311.
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.)				
a TRANSACTION FEES	358,018.	327.		357,691.
b SALES COMMISSION	14,809.		14,809.	
c ONLINE STORE HOSTING FE	995.		995.	
d				
e All other expenses	11,693.	74.	11,594.	25.
25 Total functional expenses. Add lines 1 through 24e	15,855,574.	12,529,392.	1,976,896.	1,349,286.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

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Form 990 (2014)

MOZILLA FOUNDATION

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Part X Balance Sheet

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

		(A) Beginning of year	(B) End of year
Assets	1 Cash - non-interest-bearing	1	
	2 Savings and temporary cash investments	1,895,259.	2 4,329,148.
	3 Pledges and grants receivable, net		3
	4 Accounts receivable, net	2,013,199.	4 2,993,561.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5
	6 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
	7 Notes and loans receivable, net		7
	8 Inventories for sale or use		8 40,190.
	9 Prepaid expenses and deferred charges	18,835.	9 16,507.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 202,993.	
	b Less: accumulated depreciation	10b 161,539.	10c 41,454.
	11 Investments - publicly traded securities	15,347,456.	11 15,741,855.
	12 Investments - other securities. See Part IV, line 11	4,843,722.	12 4,847,282.
	13 Investments - program-related. See Part IV, line 11	1,000,010.	13 1,000,010.
	14 Intangible assets		14
	15 Other assets. See Part IV, line 11		15
16 Total assets. Add lines 1 through 15 (must equal line 34)	25,144,149.	16 29,010,007.	
Liabilities	17 Accounts payable and accrued expenses	1,290,644.	17 1,546,301.
	18 Grants payable		18
	19 Deferred revenue		19
	20 Tax-exempt bond liabilities		20
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21
	22 Loans and other payables to current and former officers, directors, trustees, 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
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25
	26 Total liabilities. Add lines 17 through 25	1,290,644.	26 1,546,301.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	27 Unrestricted net assets	20,969,476.	27 22,673,677.
	28 Temporarily restricted net assets	2,884,029.	28 4,790,029.
	29 Permanently restricted net assets		29
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.		
	30 Capital stock or trust principal, or current funds		30
	31 Paid-in or capital surplus, or land, building, or equipment fund		31
	32 Retained earnings, endowment, accumulated income, or other funds		32
	33 Total net assets or fund balances	23,853,505.	33 27,463,706.
	34 Total liabilities and net assets/fund balances	25,144,149.	34 29,010,007.

Form 990 (2014)

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Part 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	19,309,416.
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,855,574.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,453,842.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	23,853,505.
5	Net unrealized gains (losses) on investments	5	162,200.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-5,841.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	27,463,706.

Part XII Financial Statements and Reporting

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

		Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	3a	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____	3b	X	

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SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.gov/form990.

Name of the organization <p style="text-align: center; margin: 0;">MOZILLA FOUNDATION</p>	Employer identification number <p style="text-align: center; margin: 0;">20-0097189</p>
--	--

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see Instructions)	(vi) Amount of other support (see Instructions)
			Yes	No		
Total						

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,354,085.	3,342,088.	5,805,972.	6,909,597.	12,570,258.	29,982,000.
2 Tax revenues levied for the organization'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	1,354,085.	3,342,088.	5,805,972.	6,909,597.	12,570,258.	29,982,000.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						11,556,686.
6 Public support. Subtract line 5 from line 4.						18,425,314.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	1,354,085.	3,342,088.	5,805,972.	6,909,597.	12,570,258.	29,982,000.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	558,292.	596,550.	524,216.	446,218.	437,665.	2,562,941.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...	10,346.		768.		45,850.	56,964.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		2,683.				2,683.
11 Total support. Add lines 7 through 10						32,604,588.
12 Gross receipts from related activities, etc. (see instructions)					12	230,370.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	56.51 %
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	51.55 %
16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization'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.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from 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 VI.)						
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, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	<input type="checkbox"/>	<input type="checkbox"/>
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	<input type="checkbox"/>	<input type="checkbox"/>
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	<input type="checkbox"/>	<input type="checkbox"/>
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	<input type="checkbox"/>	<input type="checkbox"/>
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	<input type="checkbox"/>	<input type="checkbox"/>
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>	<input type="checkbox"/>	<input type="checkbox"/>
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	<input type="checkbox"/>	<input type="checkbox"/>
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>	<input type="checkbox"/>	<input type="checkbox"/>
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	<input type="checkbox"/>	<input type="checkbox"/>
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	<input type="checkbox"/>	<input type="checkbox"/>
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	<input type="checkbox"/>	<input type="checkbox"/>
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	<input type="checkbox"/>	<input type="checkbox"/>
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>	<input type="checkbox"/>	<input type="checkbox"/>
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>	<input type="checkbox"/>	<input type="checkbox"/>
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>	<input type="checkbox"/>	<input type="checkbox"/>
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	<input type="checkbox"/>	<input type="checkbox"/>
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	<input type="checkbox"/>	<input type="checkbox"/>
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>	<input type="checkbox"/>	<input type="checkbox"/>
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	<input type="checkbox"/>	<input type="checkbox"/>

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Part IV Supporting Organizations *(continued)*

		Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b A family member of a person described in (a) above?	11b		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		

Section B. Type I Supporting Organizations

		Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		

Section C. Type II Supporting Organizations

		Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		

Section D. Type III Supporting Organizations

		Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year <i>(see instructions)</i> :			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	(B) Current Year (optional)
			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)*

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

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Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Name of the organization

MOZILLA FOUNDATION

Employer identification number

20-0097189

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

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Name of organization MOZILLA FOUNDATION	Employer identification number 20-0097189
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MACARTHUR FOUNDATION 140 SOUTH DEARBORN STREET, SUITE 1200 CHICAGO, IL 60603	\$ 2,350,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	KNIGHT FOUNDATION 200 SOUTH BISCAYNE BOULEVARD, SUITE 3300 MIAMI, FL 33131	\$ 2,077,437.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	NATIONAL SCIENCE FOUNDATION 4201 WILSON BOULEVARD ARLINGTON, VA 22230	\$ 710,005.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	SLOAN FOUNDATION 630 FIFTH AVENUE, SUITE 2550 NEW YORK, NY 10111	\$ 409,740.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	FORD FOUNDATION 320 EAST 43RD STREET NEW YORK, NY 10017	\$ 730,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	NATIONAL WRITING PROJECT 2105 BANCROFT WAY #1042 BERKELEY, CA 94720	\$ 345,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

PUBLIC DISCLOSURE COPY

Name of organization MOZILLA FOUNDATION	Employer identification number 20-0097189
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	JAMES IRVINE FOUNDATION <hr/> ONE BUSH STREET, SUITE 800 <hr/> SAN FRANCISCO, CA 94104	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	GSMA MOBILE FOR DEVELOPMENT FOUNDATION <hr/> 1000 ABERNATHY ROAD, SUITE 450 <hr/> ATLANTA, GA 30328	\$ 315,225.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	HELMSLEY CHARITABLE TRUST <hr/> 230 PARK AVENUE <hr/> NEW YORK, NY 10169	\$ 763,080.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	MOTT FOUNDATION <hr/> 503 S. SAGINAW STREET, SUITE 1200 <hr/> FLINT, MI 48502	\$ 350,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

PUBLIC DISCLOSURE COPY

Name of organization MOZILLA FOUNDATION	Employer identification number 20-0097189
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

PUBLIC DISCLOSURE COPY

Name of organization MOZILLA FOUNDATION	Employer identification number 20-0097189
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

PUBLIC DISCLOSURE COPY

Supplemental Financial Statements

OMB No. 1545-0047

2014

Open to Public Inspection

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.irs.gov/form990.

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year.
4 Number of states where property subject to conservation easement is located.
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year.
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year.
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
(i) Revenue 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
a Revenue included in Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

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Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- | | |
|---|---|
| <p>a <input type="checkbox"/> Public exhibition</p> <p>b <input type="checkbox"/> Scholarly research</p> <p>c <input type="checkbox"/> Preservation for future generations</p> | <p>d <input type="checkbox"/> Loan or exchange programs</p> <p>e <input type="checkbox"/> Other _____</p> |
|---|---|

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	0.
d Additions during the year	
e Distributions during the year	
f Ending balance	0.

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ _____ %
- b** Permanent endowment ▶ _____ %
- c** Temporarily restricted endowment ▶ _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	<input type="checkbox"/>	<input type="checkbox"/>
(ii) related organizations	<input type="checkbox"/>	<input type="checkbox"/>
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		202,993.	161,539.	41,454.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				41,454.

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Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) OTHER SECURITIES AND		
(B) HEDGE FUNDS	4,847,282.	COST
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	4,847,282.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		

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

PUBLIC DISCLOSURE COPY

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1 Total revenue, gains, and other support per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments	2a		
b Donated services and use of facilities	2b		
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b		4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1 Total expenses and losses per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities	2a		
b Prior year adjustments	2b		
c Other losses	2c		
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b		4c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	

Part XIII Supplemental Information.

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

PART X, LINE 2:

SUMMARIZED FIN 48 DISCLOSURE:

MOZILLA FOLLOWS THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHEREBY THE IMPACT OF AN UNCERTAIN TAX POSITION THAT IS MORE LIKELY THAN NOT OF BEING SUSTAINED UPON AUDIT BY THE RELEVANT TAXING AUTHORITY MUST BE RECOGNIZED AT THE LARGEST AMOUNT THAT IS MORE LIKELY THAN NOT TO BE SUSTAINED. NO PORTION OF AN UNCERTAIN TAX POSITION WILL BE RECOGNIZED IF THE POSITION HAS LESS THAN A 50% LIKELIHOOD OF BEING SUSTAINED. ALSO, INTEREST EXPENSE, IF ANY, IS RECOGNIZED ON THE FULL AMOUNT OF DEFERRED BENEFITS FOR UNCERTAIN TAX POSITIONS.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

**PUBLIC DISCLOSURE COPY
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.

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

OMB No. 1545-0047

2014

Open to Public Inspection

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

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

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

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
EUROPE (INCLUDING ICELAND & GREENLAND)	1	18	PROGRAM SERVICES	PROGRAM AND WEB DEVELOPMENT, DESIGN, USING CONSULTANTS, EVENT PRODUCTION	1,540,052.
NORTH AMERICA	2	42	PROGRAM SERVICES	MANAGEMENT, OPERATIONS, WEB DEVELOPMENT, DESIGN, USING CONSULTANTS	2,314,370.
CENTRAL AMERICA & CARIBBEAN	0	0	INVESTMENTS		4,847,281.
SOUTH AMERICA	0	2	GRANTS AND STIPENDS TO RECIPIENTS LOCATED IN THE REGION		87,609.
EUROPE	0	0	GRANTS AND STIPENDS TO RECIPIENTS LOCATED IN THE REGION		56,321.
NORTH AMERICA	0	0	GRANTS AND STIPENDS TO RECIPIENTS LOCATED IN THE REGION		87,179.
SUB-SAHARA	0	0	GRANTS AND STIPENDS TO RECIPIENTS LOCATED IN THE REGION		66,817.
NORTH AMERICA	0	1	FUNDRAISING	MANAGEMENT AND OPERATIONS	145,187.
3 a Sub-total	3	63			9,144,816.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	3	63			9,144,816.

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

Schedule F (Form 990) 2014

PUBLIC DISCLOSURE COPY

Part II **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.

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	TO AID IN A PROGRAM THAT ALLOWS CHILDEN ACCESS TO CREATIVE WORKSHOPS IN A	17,822.	WIRE TRANSFER	0.		CASH VALUE
		EUROPE (INCLUDING ICELAND & GREENLAND)	DEVELOPMENT OF A PILOT PROJECT THAT PROMOTES THE VALUE OF CONNECTED LEARNING	6,321.	WIRE TRANSFER	0.		CASH VALUE
		NORTH AMERICA	TO AID IN PRODUCING A YOUTH LED INTERNET RADIO	17,695.	WIRE TRANSFER	0.		CASH VALUE
		NORTH AMERICA	TO AID IN THE DEVELOPMENT AND OPERATIONS OF COMPREHENSIVE,	17,822.	WIRE TRANSFER	0.		CASH VALUE
		NORTH AMERICA	TO SUPPORT "FASHION FUTURES", A SERIES OF SHAREABLE OPEN SOURCE LEARNING	17,916.	WIRE TRANSFER	0.		CASH VALUE
		EUROPE (INCLUDING ICELAND & GREENLAND)	TO SUPPORT IRIGHTS, WHICH AIMS TO CREATE A BETTER, MORE OPEN, EMPOWERING AND HUMAN	50,000.	WIRE TRANSFER	0.		CASH VALUE

2 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 5

3 Enter total number of other organizations or entities 1

SEE PART V FOR COLUMN (D) DESCRIPTIONS

PUBLIC DISCLOSURE COPY

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 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; do not file with Form 990)* Yes 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)* 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)* 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 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; do not file with Form 990)* Yes No

PUBLIC DISCLOSURE COPY

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, ALTHOUGH AS OF THE TIME OF FILING THIS FORM 990, WE ARE IN THE PROCESS OF REVIEWING THESE FORMS TO ENSURE COMPLIANCE WITH BEST PRACTICE GIVEN RECENT CHANGES TO THE IRS GUIDANCE ABOUT FOREIGN GRANTMAKING BY PRIVATE FOUNDATIONS. ALTHOUGH MOST OF OUR FOREIGN GRANTS ARE GRANTS TO FOREIGN CHARITIES THAT WE HAVE DETERMINED TO MEET THE STANDARDS OF SECTION 501(C)(3), 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.

PUBLIC DISCLOSURE COPY

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.

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 II, COLUMN (D):

REGION: NORTH AMERICA

(D) PURPOSE OF GRANT: TO AID IN A PROGRAM THAT ALLOWS CHILDEN ACCESS TO CREATIVE WORKSHOPS IN A DIGITAL SETTING

REGION: NORTH AMERICA

(D) PURPOSE OF GRANT: TO AID IN THE DEVELOPMENT AND OPERATIONS OF COMPREHENSIVE, CURRICULUM BASED HIGH TECH MAKING MODULES FOR TEACHERS AND YOUTH

REGION: NORTH AMERICA

(D) PURPOSE OF GRANT: TO SUPPORT "FASHION FUTURES", A SERIES OF SHAREABLE OPEN SOURCE LEARNING MODULES THAT EXPLORES THE FUTURE OF WHAT WE WEAR

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(D) PURPOSE OF GRANT: TO SUPPORT IRIGHTS, WHICH AIMS TO CREATE A BETTER, MORE OPEN, EMPOWERING AND HUMAN INTERNET FOR YOUNG PEOPLE UNDER 18 YEARS.

PUBLIC DISCLOSURE COPY

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization MOZILLA FOUNDATION	Employer identification number 20-0097189
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Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|--|---|
| <p>a <input type="checkbox"/> Mail solicitations</p> <p>b <input checked="" type="checkbox"/> Internet and email solicitations</p> <p>c <input type="checkbox"/> Phone solicitations</p> <p>d <input type="checkbox"/> In-person solicitations</p> | <p>e <input checked="" type="checkbox"/> Solicitation of non-government grants</p> <p>f <input checked="" type="checkbox"/> Solicitation of government grants</p> <p>g <input type="checkbox"/> Special fundraising events</p> |
|--|---|
- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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
		Yes	No			
M+R STRATEGIC SERVICES - 1901 L STREET, N.W. SUITE 800,	CONSULTANT		X	0.	59,793.	-59,793.
Total					59,793.	-59,793.

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
- AL, AK, AR, CA, CO, CT, FL, GA, IL, KS, KY, MA, MD, ME, MI, MN, NC, ND, NH, NJ, NY, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WI, WV, MS, NV

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Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
	(event type)	(event type)	(total number)	
Revenue				
1 Gross receipts				
2 Less: Contributions				
3 Gross income (line 1 minus line 2)				
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses				
10 Direct expense summary. Add lines 4 through 9 in column (d)				▶
11 Net income summary. Subtract line 10 from line 3, column (d)				▶

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

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				
1 Gross revenue				
Direct Expenses				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				▶
8 Net gaming income summary. Subtract line 7 from line 1, column (d)				▶

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
b If "Yes," explain: _____

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- 11 Does the organization conduct 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 conducted in:
 - a The organization's facility

13a		%
13b		%
 - b An outside facility

13a		%
13b		%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

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 of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____
Address ▶ _____

16 Gaming manager information:

Name ▶ _____
Gaming manager compensation ▶ \$ _____
Description of services provided ▶ _____

 Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to 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 ▶ \$ _____

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: M+R STRATEGIC SERVICES
(I) ADDRESS OF FUNDRAISER:
1901 L STREET, N.W. SUITE 800, WASHINGTON, DC 20036-3510

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

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

▶ Attach to Form 990.

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

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2014

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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
FREEDOM OF THE PRESS FOUNDATION 601 VAN NESS AVE, SUITE E731 SAN FRANCISCO, CA 94102	46-0967274	501(C)(3)	10,000.	0.	CASH VALUE		COMPLETING WORK ON VERSION 0.3 OF SECURE DROP, AN OPEN SOURCE SOFTWARE FOR JOURNALISM
THE CHICAGO COMMUNITY FOUNDATION 225 N MICHIGAN AVE CHICAGO, IL 60601	36-3432023	501(C)(3)	20,000.	0.	CASH VALUE		REIMBURSEMENT FOR TRAVEL GRANTS PAID TO HIVE CHICAGO LEARNING NETWORK MEMBERS TO ATTEND THE
GLOBAL KIDS INC 137 EAST 25TH STREET, 2ND FLOOR NEW YORK, NY 10010	13-3629485	501(C)(3)	5,060.	0.	CASH VALUE		GRANT FOR HIVE NEXT INITIATIVE TO DEVELOP 3 YOUTH MEETUPS WITH PARTNER ORGANISATIONS
KC DIGITAL DRIVE 111 W 10TH ST. KANSAS CITY, MO 64105	46-4502675	501(C)(3)	7,000.	0.	CASH VALUE		SUPPORT FOR ASTEAM VILLAGE PARTICIPATION IN SSEP MISSION 7
SOFTWARE FREEDOM CONSERVANCY 13 MONTAGUE STREET, SUITE 380 BROOKLYN, NV 11201	41-2203632	501(C)(3)	10,000.	0.	CASH VALUE		TO AID IN THE OPERATING COSTS OF "FREE LIBRE & OPEN SOURCE SOFTWARE" FLOSS, PROJECTS
GLOBAL EXCEL OF TENNESSEE 7705 LEGENDS WAY CHATTANOOGA, TN 37421	45-5530021	501(C)(3)	8,600.	0.	CASH VALUE		GRANT TO SUPPORT GIGBRIDGE PROJECT TO INTRODUCE HISPANIC YOUTH TO MOBILE TECHNOLOGY,

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 19.

3 Enter total number of other organizations listed in the line 1 table ▶ 7.

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

Schedule I (Form 990) (2014)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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

(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
ASTEAM VILLAGE, INC. 609 EAST 17TH STREET KANSAS CITY, MO 64108	46-5023913	N/A	5,000.	0.	CASH VALUE		GRANT TO SUPPORT 3D MULTI-SCHOOL LEARNING TO TEACH COMPUTER PROGRAMMING AND VIDEO
CHILDREN LIFETIME EDUCATIONAL FOUNDATION - P.O. BOX 2813 - OLATHE, MO 66063	26-2737839	501(C)(3)	12,000.	0.	CASH VALUE		GRANT TO SUPPORT PROJECT BRIGHT SPOTS, WHICH USES THE GIG AS A COLLABORATION TOOL TO
HYPERAUDIO, INC. 18 WEST PARK STREET PROVIDENCE, RI 29080	46-1584293	N/A	25,000.	0.	CASH VALUE		DEVELOP A CONTENT REMIXING CURRICULUM WITH MEASURABLE EDUCATIONAL OUTCOMES
CHATTANOOGA MUSIC RESOURCE CENTER 207 GLENDALE DRIVE #3 CHATTANOOGA, TN 37405	46-4519201	501(C)(3)	25,600.	0.	CASH VALUE		DEVELOPMENT OF AN IOS APP FOR REMOTE AUDIO MIXING FOR COLLABORATIVE, CLOUD BASED MUSIC EDUCATION
RECONCILIATION SERVICES 3101 TROOST AVE KANSAS CITY, MO 64109	36-4580402	N/A	18,000.	0.	CASH VALUE		PILOT SOFTWARE LENDING LIBRARY FOR THE COMMUNITY
CITY OF BONNER SPRINGS 13001 METROPOLITAN AVE BONNER SPRINGS, KS 66102	48-6033148	501(C)(3)	20,000.	0.	CASH VALUE		FUNDS TO HELP THE CITY GATHER DATA TO COORDINATE FIRST RESPONDERS ACTION IN THE FIELD THROUGH A
PLAN IT IMPACT, LLC 4800 MERCIER STREET KANSAS CITY, KS 64112	46-5275537	N/A	31,500.	0.	CASH VALUE		EDUCATIONAL PROJECT TO DEVELOP A RESOURCE AROUND CITY PLANNING
FITNET CORPORATION 432 N MAIN STREET BLACKSBURG, VA 24060	46-2492172	N/A	15,000.	0.	CASH VALUE		TO AID IN THE DEVELOPMENT OF A SOFTWARE THAT COMPLEMENTS AN OBESITY PREVENTION SOFTWARE
KANSAS CITY PUBLIC LIBRARY 14 W 10TH KANSAS CITY, MO 64105	43-1497955	501(C)(3)	15,000.	0.	CASH VALUE		TO AID IN COMMUNITY DEVELOPMENT FOR KIDS USING POPULAR FREEWARE TO ALLOW KIDS TO DESIGN

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

(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
CREATIVE DISCOVERY MUSEUM 321 CHESTNUT STREET CHATTANOOGA, TN 37402	62-1509462	501(C)(3)	23,500.	0.	CASH VALUE		TO FUND A PROGRAM THAT ALLOWS YOUTH TO LEARN HOW TO BUILD AN APP FROM THE GROUND UP. OVERALL GOAL
NORTH KANSAS CITY SCHOOLS 2000 NE 46TH STREET KANSAS CITY, MO 64116	44-6003683	501(C)(3)	21,000.	0.	CASH VALUE		TO HELP FUND "STUDENTS REDUCE PATIENT ADMISSIONS", A PROJECT THAT WORKS WITH OTHER
DUNCAN INGRAM, INC. 2158 NORTHGATE PARK #220 CHATTANOOGA, TN 37415	32-0190619	N/A	23,500.	0.	CASH VALUE		TO AID IN THE PILOT OF AN APPLICATION SOFTWARE THAT MAKES PROGRAMMING EASY AND FUN FOR KIDS.
FRIENDS OF THE CHATTANOOGA PUBLIC LIBRARY - 101 BROAD STREET - CHATTANOOGA, TN 37402	62-6050405	501(C)(3)	21,200.	0.	CASH VALUE		FUNDS TO BUILD A COMPUTER LAB AND TO OFFER EDUCATIONAL CLASSES TO THE PUBLIC FOR WORKFORCE
CHATTANOOGA SCHOOL FOR THE ARTS AND SCIENCES - 212 GREEN LEAF STREET - CHATTANOOGA, TN 37415	62-6000638	501(C)(3)	14,800.	0.	CASH VALUE		HAVING STUDENTS INVOLVED IN DEVELOPING A DIY ENVIRONMENTAL MONITORING SYSTEM WITH A GOAL OF
MEET UP 632 BROADWAY, 10TH FLOOR NEW YORK, NY 10012	51-0439099	501(C)(3)	5,333.	0.	CASH VALUE		OPERATES A NETWORK OF LOCAL GROUPS. ITS NETWORK REVITALIZES LOCAL COMMUNITY AND HELP PEOPLE
INTERNATIONAL CENTRE FOR JOURNALISTS - 2000 M STREET NW - WASHINGTON, DC 20036	11-2724905	501(C)(3)	10,000.	0.	CASH VALUE		EVENT SPONSORSHIP RELATED TO OPENNEWS
MAKER MEDIA INC 1005 GRAVENSTEIN HWY NORTH SEBASTOPOL, CA 95472	46-1585135	N/A	50,000.	0.	CASH VALUE		SILVERSMITH SPONSORSHIP OF MAKER FAIRE 2014 IN NEW YORK
BIG BANG IO LLC 1800 BALTIMORE, 4TH FLOOR KANSAS CITY, MO 64108	46-5302819	N/A	25,000.	0.	CASH VALUE		SUPPORT GIGABOTS AS AN INITIATIVE TO BRING ROBOTICS TO THE CLASSROOM

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
OPEN NEWS FELLOWSHIP STIPENDS	7	385,266.	0.	CASH VALUE	
OPEN NEWS CODE SPRINT GRANT	1	10,000.	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.

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.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: FREEDOM OF THE PRESS FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: COMPLETING WORK ON VERSION 0.3 OF SECURE DROP, AN OPEN SOURCE SOFTWARE FOR JOURNALISM AND THE WEB

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Schedule I (Form 990)

MOZILLA FOUNDATION

20-0097189 Page 2

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: THE CHICAGO COMMUNITY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: REIMBURSEMENT FOR TRAVEL GRANTS PAID TO HIVE CHICAGO LEARNING NETWORK MEMBERS TO ATTEND THE DIGITAL MEDIA LEARNING CONFERENCE IN BOSTON, MA 3.5.14-3.9.14

NAME OF ORGANIZATION OR GOVERNMENT: GLOBAL KIDS INC

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT FOR HIVE NEXT INITIATIVE TO DEVELOP 3 YOUTH MEETUPS WITH PARTNER ORGANISATIONS (EYEBEAM, BEAM CENTER, CARNEGIE HALL AND PARKS AND RECREATION)

NAME OF ORGANIZATION OR GOVERNMENT: GLOBAL EXCEL OF TENNESSEE

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT TO SUPPORT GIGBRIDGE PROJECT TO INTRODUCE HISPANIC YOUTH TO MOBILE TECHNOLOGY, BOLSTER ENGLISH LANGUAGE SKILLS AND IMPROVE ACCESS TO HEALTH EDUCATION AMONGST MINORITY COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT: ASTEAM VILLAGE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT TO SUPPORT 3D MULTI-SCHOOL LEARNING TO TEACH COMPUTER PROGRAMMING AND VIDEO GAME DESIGN PROVIDING A KEY STEAM PATHWAY FOR STUDENTS IN A MULTI-SCHOOL SETTING

NAME OF ORGANIZATION OR GOVERNMENT:

CHILDREN LIFETIME EDUCATIONAL FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT TO SUPPORT PROJECT BRIGHT SPOTS, WHICH USES THE GIG AS A COLLABORATION TOOL TO SPUR COMMUNITY DIALOGUE AND COLLABORATION AROUND INNOVATION IN EDUCATION

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Schedule I (Form 990)

MOZILLA FOUNDATION

20-0097189 Page 2

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: CITY OF BONNER SPRINGS

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS TO HELP THE CITY GATHER DATA TO COORDINATE FIRST RESPONDERS ACTION IN THE FIELD THROUGH A SPECIALIZED TRAINING SYSTEM USING GOOGLE GLASSES

NAME OF ORGANIZATION OR GOVERNMENT: FITNET CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO AID IN THE DEVELOPMENT OF A SOFTWARE THAT COMPLEMENTS AN OBESITY PREVENTION SOFTWARE INITIATIVE THAT WILL ALLOW FOR REAL TIME MONITORING AND METRICS

NAME OF ORGANIZATION OR GOVERNMENT: KANSAS CITY PUBLIC LIBRARY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO AID IN COMMUNITY DEVELOPMENT FOR KIDS USING POPULAR FREWARE TO ALLOW KIDS TO DESIGN THEIR OWN NEIGHBORHOODS, CULIMINATING IN AN OVERALL REAL ENHANCED COMMUNITY

NAME OF ORGANIZATION OR GOVERNMENT: CREATIVE DISCOVERY MUSEUM

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FUND A PROGRAM THAT ALLOWS YOUTH TO LEARN HOW TO BUILD AN APP FROM THE GROUND UP. OVERALL GOAL IS TO IMPROVE IT KNOWLEDGE, COLLABORATION AND COLLECTIVE THINKING AND TO SERVE AS A MODEL FOR OTHER APP INITIATIVES

NAME OF ORGANIZATION OR GOVERNMENT: NORTH KANSAS CITY SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO HELP FUND "STUDENTS REDUCE PATIENT ADMISSIONS", A PROJECT THAT WORKS WITH OTHER ORGANIZATIONS TO DEVELOP A SUITE OF SOFTWARE FOR CLINICIANS TO HELP REDUCE READMISSION OF PATIENTS

NAME OF ORGANIZATION OR GOVERNMENT:

432291
05-01-14

Schedule I (Form 990)

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Part IV Supplemental Information

FRIENDS OF THE CHATTANOOGA PUBLIC LIBRARY

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS TO BUILD A COMPUTER LAB AND TO OFFER EDUCATIONAL CLASSES TO THE PUBLIC FOR WORKFORCE DEVELOPMENT AND EDUCATION

NAME OF ORGANIZATION OR GOVERNMENT:

CHATTANOOGA SCHOOL FOR THE ARTS AND SCIENCES

(H) PURPOSE OF GRANT OR ASSISTANCE: HAVING STUDENTS INVOLVED IN DEVELOPING A DIY ENVIRONMENTAL MONITORING SYSTEM WITH A GOAL OF BRIDGING SCIENCE AND TECHNOLOGY

NAME OF ORGANIZATION OR GOVERNMENT: MEET UP

(H) PURPOSE OF GRANT OR ASSISTANCE: OPERATES A NETWORK OF LOCAL GROUPS. ITS NETWORK REVITALIZES LOCAL COMMUNITY AND HELP PEOPLE TO SELF-ORGANIZE INTO GROUPS

NAME OF ORGANIZATION OR GOVERNMENT: GEONCODE

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT STUDENT PROJECT TO MAKE VIDEO EDITING OPEN TO EVERYONE IN COLLABORATION WITH THE CHATTANOOGA PUBLIC LIBRARY TEEN CENTER

PART I LINE 2:

ALTHOUGH MOST OF OUR GRANTS ARE TO IRS-RECOGNIZED SECTION 501(C)(3) ORGANIZATIONS, WE SOMETIMES MAKE GRANTS TO OTHER ENTITIES OR INDIVIDUALS TO ACCOMPLISH SPECIFIC WORK IN FURTHERANCE OF MOZILLA'S PURPOSES. 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

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Compensation Information

**SCHEDULE J
(Form 990)**

OMB No. 1545-0047

2014

Open to Public
Inspection

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.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

MOZILLA FOUNDATION

Employer identification number

20-0097189

Part I Questions Regarding Compensation

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.

- | | |
|---|--|
| <input type="checkbox"/> First-class or charter travel
<input type="checkbox"/> Travel for companions
<input type="checkbox"/> Tax indemnification and gross-up payments
<input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |
|---|--|

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

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.

- | | |
|---|--|
| <input type="checkbox"/> Compensation committee
<input type="checkbox"/> Independent compensation consultant
<input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Written employment contract
<input checked="" type="checkbox"/> Compensation survey or study
<input checked="" type="checkbox"/> 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:

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a	X	
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2014

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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.

(A) Name and Title	(i)	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MITCHELL BAKER CHAIR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	400,000.	594,000.	0.	16,990.	24,124.	1,035,114.	0.
(2) BRENDAN EICH DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	152,214.	594,000.	113,000.	7,625.	7,807.	874,646.	0.
(3) JAMES COOK TREASURER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	366,245.	499,900.	0.	18,669.	24,129.	908,943.	0.
(4) MARK SURMAN EXECUTIVE DIRECTOR/PRESIDENT	(i)	193,842.	0.	34,836.	12,650.	0.	241,328.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ANGELA PLOHMAN SECRETARY/ VP OPERATIONS	(i)	130,880.	0.	28,500.	8,434.	0.	167,814.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) CHRISTOPHER LAWRENCE VP LEARNING	(i)	125,099.	0.	56,653.	9,177.	0.	190,929.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) DAVID ASCHER VP PRODUCTS	(i)	135,741.	0.	23,211.	8,813.	0.	167,765.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) GEOFFREY MACDOUGALL VP ENGAGEMENT	(i)	149,131.	0.	25,862.	9,839.	0.	184,832.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) AN-ME CHUNG DIRECTOR, PARTNERSHIPS	(i)	143,361.	0.	62,994.	10,651.	0.	217,006.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) DANIEL SINKER DIRECTOR, OPENNEWS	(i)	117,759.	0.	59,110.	8,473.	0.	185,342.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) ANDREA WOOD ONLINE ORGANIZING & FUNDRAISING LEAD	(i)	126,090.	0.	39,104.	8,998.	0.	174,192.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) ERIN KNIGHT SR. DIRECTOR BADGES	(i)	118,074.	0.	42,752.	8,324.	0.	169,150.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) SAMUEL DYSON DIRECTOR, HIVE CHICAGO	(i)	106,149.	0.	54,120.	7,913.	0.	168,182.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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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 PAYMENT WAS MADE IN 2014 IN THE AMOUNT OF \$113,000 TO BRENDAN
EICH

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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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.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization

MOZILLA FOUNDATION

Employer identification number

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 DETERMINES THAT A
CONFLICT EXISTS, THE CONFLICTED INDIVIDUAL DOES NOT PARTICIPATE IN
VOTING ON THAT DECISION (AND IN SOME CASES THE FOUNDATION MAY NOT
PURSUE THE TRANSACTION AT ALL). WHILE THE FOUNDATION HAS NOT ENGAGED IN

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

Schedule O (Form 990 or 990-EZ) (2014)

432211
08-27-14

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Schedule O (Form 990 or 990-EZ) (2014)

Page 2

Name of the organization

MOZILLA FOUNDATION

Employer identification number

20-0097189

ADDITIONAL MONITORING OR ENFORCEMENT BEYOND THIS, IT BELIEVES ITS EXISTING MECHANISMS HAVE BEEN ADEQUATE TO PROTECT AGAINST CONFLICTS OF INTEREST AFFECTING THE BOARD'S DECISIONMAKING.

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

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

FORM 990, PART VI, SECTION C, LINE 19:

THE FORMS 990, 990-T, AND THE FORM 1023 IN THEIR ORIGINAL FORM ARE AVAILABLE UPON REQUEST. WE ALSO MAKE THESE FORMS AVAILABLE ONLINE, ALONG WITH OUR FINANCIAL STATEMENTS AND GOVERNING DOCUMENTS, EXCEPT THAT TO PROTECT INDIVIDUAL PRIVACY SOME PERSONAL ADDRESS INFORMATION IS REDACTED FROM THE VERSION MADE AVAILABLE ONLINE.

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

CONTRACTOR FEES:

PROGRAM SERVICE EXPENSES	1,295,718.
MANAGEMENT AND GENERAL EXPENSES	161,921.
FUNDRAISING EXPENSES	74,021.
TOTAL EXPENSES	1,531,660.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,531,660.

LINE 11 G DESCRIPTION:

THESE EXPENSES RELATE PRIMARILY TO CONSULTANTS AND CONTRACTORS WORKING ON PROGRAM SERVICE ACTIVITIES DESCRIBED IN PART III, INCLUDING WEBMAKER, OPEN BADGES, MOZILLA SCIENCE LAB, OPENNEWS, ETC.

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Schedule O (Form 990 or 990-EZ) (2014)

Page 2

Name of the organization

MOZILLA FOUNDATION

Employer identification number

20-0097189

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

INCOME TAX LIABILITY

-5,841.

TANGIBLE PROPERTY REGULATIONS ELECTION STATEMENTS

TAXPAYER HEREBY MAKES THE DE MINIMIS SAFE HARBOR ELECTION UNDER

TREASURY REGULATION 1.263(A)-1(F) FOR ALL ELIGIBLE AMOUNTS PAID OR

INCURRED DURING THE TAXABLE YEAR.

TAXPAYER HEREBY ELECTS TO CAPITALIZE REPAIRS AND MAINTENANCE COSTS

UNDER TREASURY REGULATION 1.263(A)-1(N). THE COSTS WERE INCURRED DURING

THE TAXABLE YEAR IN THE ELECTING TAXPAYER'S TRADE OR BUSINESS AND THE

ELECTING TAXPAYER TREATS SUCH COSTS AS CAPITAL EXPENDITURE ON ITS BOOKS

AND RECORDS.

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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.

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

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization

MOZILLA FOUNDATION

Employer identification number

20-0097189

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

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

Part II 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.

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

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

Schedule R (Form 990) 2014

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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?

		Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X	
b Gift, grant, or capital contribution to related organization(s)	1b		X
c Gift, grant, or capital contribution from related organization(s)	1c		X
d Loans or loan guarantees to or for related organization(s)	1d		X
e Loans or loan guarantees by related organization(s)	1e		X
f Dividends from related organization(s)	1f		X
g Sale of assets to related organization(s)	1g		X
h Purchase of assets from related organization(s)	1h		X
i Exchange of assets with related organization(s)	1i		X
j Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
o Sharing of paid employees with related organization(s)	1o		X
p Reimbursement paid to related organization(s) for expenses	1p		X
q Reimbursement paid by related organization(s) for expenses	1q		X
r Other transfer of cash or property to related organization(s)	1r		X
s Other transfer of cash or property from related organization(s)	1s		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) MOZILLA CORPORATION	A	6,121,073.	TRADEMARK LICENSE AGREEMENT
(2) MOZILLA CORPORATION	M	170,213.	SERVICE AGREEMENT
(3) MOZILLA CORPORATION	N	180,000.	SERVICE AGREEMENT
(4)			
(5)			
(6)			

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Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

SCHEDULE R, PART V, LINE 2

THE FOUNDATION LICENSES CERTAIN TRADEMARKS TO ITS WHOLLY-OWNED
SUBSIDIARY, MOZILLA CORPORATION, IN RETURN FOR A LICENSE FEE. THE
AMOUNT ACTUALLY RECEIVED BY THE FOUNDATION IS REPORTED ON PART V LINE
2(1).

THE FOUNDATION ALSO HAS AN ADMINISTRATIVE SERVICES AGREEMENT UNDER
WHICH MOZILLA CORPORATION PROVIDES IT WITH IT, LEGAL, AND CERTAIN OTHER
SERVICES, AS WELL AS ALLOWING IT TO USE SPACE IN MOZILLA CORPORATION'S
OFFICES. ITS PAYMENT FOR SERVICES IS REPORTED ON PART V LINE 2(2), AND
THE COMPONENT OF THE PAYMENT FOR OFFICE SPACE IS REPORTED ON LINE 2(3).

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Form **3115**

(Rev. December 2009)
Department of the Treasury
Internal Revenue Service

FILED UNDER REV. PROC. 2011-14 PURSUANT TO SECTION 15.02(1)(a)(ii) OF REV. PROC. 2015-13

Application for Change in Accounting Method

OMB No. 1545-0687

Name of filer (name of parent corporation if a consolidated group) (see instructions) MOZILLA FOUNDATION	Identification number (See instructions) 20-0097189
Number, street, and room or suite no. If a P.O. box, see the instructions. 331 E. EVELYN AVENUE	Principal business activity code number (see instructions) 611420
City or town, state, and ZIP code MOUNTAIN VIEW, CA 94041	Tax year of change begins (MM/DD/YYYY) 01/01/2014 Tax year of change ends (MM/DD/YYYY) 12/31/2014
Name of applicant(s) (if different than filer) and identification number(s) (see instructions)	Name of contact person (see instructions) ANGELA PLOHMAN
	Contact person's telephone number (650) 903-0800

If the applicant is a member of a consolidated group, check this box

If **Form 2848**, Power of Attorney and Declaration of Representative, is attached (see instructions for when Form 2848 is required), check this box

Check the box to indicate the type of applicant.

- | | |
|---|--|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Cooperative (Sec. 1381) |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Controlled foreign corporation (Sec. 957) | <input type="checkbox"/> S corporation |
| <input type="checkbox"/> 10/50 corporation (Sec. 904(d)(2)(E)) | <input type="checkbox"/> Insurance co. (Sec. 816(a)) |
| <input type="checkbox"/> Qualified personal service corporation (Sec. 448(d)(2)) | <input type="checkbox"/> Insurance co. (Sec. 831) |
| <input checked="" type="checkbox"/> Exempt organization. Enter Code section ▶ 501(C)(3) | <input type="checkbox"/> Other (specify) ▶ |

Check the appropriate box to indicate the type of accounting method change being requested.

- (see instructions)
- Depreciation or Amortization
- Financial Products and/or Financial Activities of Financial Institutions
- Other (specify) ▶ **REPAIR/MAINTAIN/IMPROVE TANGIBLE PROPERTY; INCIDENTAL SUPPLIES; NON-INCIDENTAL SUPPLIES**

Caution. To be eligible for approval of the requested change in method of accounting, the taxpayer must provide all information that is relevant to the taxpayer or to the taxpayer's requested change in method of accounting. This includes all information requested on this Form 3115 (including its instructions), as well as any other information that is not specifically requested.

The taxpayer must attach all applicable supplemental statements requested throughout this form.

Part I Information For Automatic Change Request	Yes	No
1 Enter the applicable designated automatic accounting method change number for the requested automatic change. Enter only one designated automatic accounting method change number, except as provided for in guidance published by the IRS. If the requested change has no designated automatic accounting method change number, check "Other," and provide both a description of the change and citation of the IRS guidance providing the automatic change. See instructions. ▶ (a) Change No. <u>184, 186, 187</u> (b) Other <input type="checkbox"/> Description ▶		
2 Do any of the scope limitations described in section 4.02 of Rev. Proc. 2008-52 cause automatic consent to be unavailable for the applicant's requested change? If "Yes," attach an explanation. . . . SEE ATTACHMENT		N/A

Note: Complete Part II below and then Part IV, and also Schedules A through E of this form (if applicable).

Part II Information For All Requests	Yes	No
3 Did or will the applicant cease to engage in the trade or business to which the requested change relates, or terminate its existence, in the tax year of change (see instructions)? If "Yes," the applicant is not eligible to make the change under automatic change request procedures.		X
4a Does the applicant (or any present or former consolidated group in which the applicant was a member during the applicable tax year(s)) have any Federal income tax return(s) under examination (see instructions)? If "No," go to line 5.		X
b Is the method of accounting the applicant is requesting to change an issue (with respect to either the applicant or any present or former consolidated group in which the applicant was a member during the applicable tax years(s)) either (i) under consideration or (ii) placed in suspense (see instructions)?		N/A

Signature (see instructions)

Under penalties of perjury, I declare that I have examined this application, including accompanying schedules and statements, and to the best of my knowledge and belief, the application contains all the relevant facts relating to the application, and it is true, correct, and complete. Declaration of preparer (other than applicant) is based on all information of which preparer has any knowledge.

Filer	Preparer (other than filer/applicant)
Signature and date	Signature of individual preparing the application and date JOAN S. MCMAHON
Name and title (print or type)	Name of individual preparing the application (print or type) DELOITTE TAX LLP
	Name of firm preparing the application

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Part II Information For All Requests (continued)	Yes	No
4c Is the method of accounting the applicant is requesting to change an issue pending (with respect to either the applicant or any present or former consolidated group in which the applicant was a member during the applicable tax year(s)) for any tax year under examination (see instructions)?	N/A	
d Is the request to change the method of accounting being filed under the procedures requiring that the operating division director consent to the filing of the request (see instructions)? If "Yes," attach the consent statement from the director.	N/A	
e Is the request to change the method of accounting being filed under the 90-day or 120-day window period? If "Yes," check the box for the applicable window period and attach the required statement (see instructions). <input type="checkbox"/> 90 day <input type="checkbox"/> 120 day: Date examination ended ► _____	N/A	
f If you answered "Yes" to line 4a, enter the name and telephone number of the examining agent and the tax year(s) under examination. Name ► _____ N/A Telephone number ► _____ N/A Tax year(s) ► _____ N/A	N/A	
g Has a copy of this Form 3115 been provided to the examining agent identified on line 4f?	N/A	
5a Does the applicant (or any present or former consolidated group in which the applicant was a member during the applicable tax year(s)) have any Federal income tax return(s) before Appeals and/or a Federal court? If "Yes," enter the name of the (check the box) <input type="checkbox"/> Appeals officer and/or <input type="checkbox"/> counsel for the government, telephone number, and the tax years(s) before Appeals and/or a Federal court. Name ► _____ N/A Telephone number ► _____ N/A Tax year(s) ► _____ N/A	X	
b Has a copy of this Form 3115 been provided to the Appeals officer and/or counsel for the government identified on line 5a?	N/A	
c Is the method of accounting the applicant is requesting to change an issue under consideration by Appeals and/or a Federal court (for either the applicant or any present or former consolidated group in which the applicant was a member for the tax year(s) the applicant was a member) (see instructions)? If "Yes," attach an explanation.	N/A	
6 If the applicant answered "Yes" to line 4a and/or 5a with respect to any present or former consolidated group, attach a statement that provides each parent corporation's (a) name, (b) identification number, (c) address, and (d) tax year(s) during which the applicant was a member that is under examination, before an Appeals office, and/or before a Federal court. N/A	N/A	
7 If, for federal income tax purposes, the applicant is either an entity (including a limited liability company) treated as a partnership or an S corporation, is it requesting a change from a method of accounting that is an issue under consideration in an examination, before Appeals, or before a Federal court, with respect to a Federal income tax return of a partner, member, or shareholder of that entity? If "Yes," the applicant is not eligible to make the change.	N/A	
8a Does the applicable revenue procedure (advance consent or automatic consent) state that the applicant does not receive audit protection for the requested change (see instructions)?	X	
b If "Yes," attach an explanation. N/A		
9a Has the applicant, its predecessor, or a related party requested or made (under either an automatic change procedure or a procedure requiring advance consent) a change in method of accounting within the past 5 years (including the year of the requested change)?	X	
b If "Yes," for each trade or business, attach a description of each requested change in method of accounting (including the tax year of change) and state whether the applicant received consent. N/A		
c If any application was withdrawn, not perfected, or denied, or if a Consent Agreement granting a change was not signed and returned to the IRS, or the change was not made or not made in the requested year of change, attach an explanation. N/A		
10a Does the applicant, its predecessor, or a related party currently have pending any request (including any concurrently filed request) for a private letter ruling, change in method of accounting, or technical advice?	X	
b If "Yes," for each request attach a statement providing the name(s) of the taxpayer, identification number(s), the type of request (private letter ruling, change in method of accounting, or technical advice), and the specific issue(s) in the request(s). N/A		
11 Is the applicant requesting to change its overall method of accounting? If "Yes," check the appropriate boxes below to indicate the applicant's present and proposed methods of accounting. Also, complete Schedule A on page 4 of this form.	X	
Present method: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Hybrid (attach description)		
Proposed method: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Hybrid (attach description)		

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Part II Information For All Requests (continued)	Yes	No						
<p>12 If the applicant is either (i) not changing its overall method of accounting, or (ii) is changing its overall method of accounting and also changing to a special method of accounting for one or more items, attach a detailed and complete description for each of the following: SEE ATTACHMENT</p> <p>a The item(s) being changed.</p> <p>b The applicant's present method for the item(s) being changed.</p> <p>c The applicant's proposed method for the item(s) being changed.</p> <p>d The applicant's present overall method of accounting (cash, accrual, or hybrid).</p>								
<p>13 Attach a detailed and complete description of the applicant's trade(s) or business(es), and the principal business activity code for each. If the applicant has more than one trade or business as defined in Regulations section 1.446-1(d), describe: whether each trade or business is accounted for separately; the goods and services provided by each trade or business and any other types of activities engaged in that generate gross income; the overall method of accounting for each trade or business; and which trade or business is requesting to change its accounting method as part of this application or a separate application. SEE ATTACHMENT</p>								
<p>14 Will the proposed method of accounting be used for the applicant's books and records and financial statements? For insurance companies, see the instructions If "No," attach an explanation. SEE ATTACHMENT</p>		X						
<p>15a Has the applicant engaged, or will it engage, in a transaction to which section 381(a) applies (e.g., a reorganization, merger, or liquidation) during the proposed tax year of change determined without regard to any potential closing of the year under section 381(b)(1)?</p>		X						
<p>b If "Yes," for the items of income and expense that are the subject of this application, attach a statement identifying the methods of accounting used by the parties to the section 381(a) transaction immediately before the date of distribution or transfer and the method(s) that would be required by section 381(c)(4) or (c)(5) absent consent to the change(s) requested in this application. N/A</p>								
<p>16 Does the applicant request a conference with the IRS National Office if the IRS proposes an adverse response? X</p>	X							
<p>17 If the applicant is changing to either the overall cash method, an overall accrual method, or is changing its method of accounting for any property subject to section 263A, any long-term contract subject to section 460, or inventories subject to section 474, enter the applicant's gross receipts for the 3 tax years preceding the tax year of change.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-bottom: 1px solid black;">1st preceding year ended: mo. yr.</td> <td style="width: 33%; border-bottom: 1px solid black;">2nd preceding year ended: mo. yr.</td> <td style="width: 33%; border-bottom: 1px solid black;">3rd preceding year ended: mo. yr.</td> </tr> <tr> <td style="text-align: center;">\$ N/A</td> <td style="text-align: center;">\$ N/A</td> <td style="text-align: center;">\$ N/A</td> </tr> </table>	1st preceding year ended: mo. yr.	2nd preceding year ended: mo. yr.	3rd preceding year ended: mo. yr.	\$ N/A	\$ N/A	\$ N/A		
1st preceding year ended: mo. yr.	2nd preceding year ended: mo. yr.	3rd preceding year ended: mo. yr.						
\$ N/A	\$ N/A	\$ N/A						
Part III Information For Advance Consent Request	Yes	No						
<p>18 Is the applicant's requested change described in any revenue procedure, revenue ruling, notice, regulation, or other published guidance as an automatic change request? If "Yes," attach an explanation describing why the applicant is submitting its request under advance consent request procedures. N/A</p>		N/A						
<p>19 Attach a full explanation of the legal basis supporting the proposed method for the item being changed. Include a detailed and complete description of the facts that explains how the law specifically applies to the applicant's situation and that demonstrates that the applicant is authorized to use the proposed method. Include all authority (statutes, regulations, published rulings, court cases, etc.) supporting the proposed method. Also, include either a discussion of the contrary authorities or a statement that no contrary authority exists.</p>								
<p>20 Attach a copy of all documents related to the proposed change (see instructions).</p>								
<p>21 Attach a statement of the applicant's reasons for the proposed change.</p>								
<p>22 If the applicant is a member of a consolidated group for the year of change, do all other members of the consolidated group use the proposed method of accounting for the item being changed? If "No," attach an explanation. N/A</p>		N/A						
<p>23a Enter the amount of user fee attached to this application (see instructions). ► \$ <u> N/A</u></p>								
<p>b If the applicant qualifies for a reduced user fee, attach the required information or certification (see instructions).</p>								
Part IV Section 481(a) Adjustment	Yes	No						
<p>24 Does the applicable revenue procedure, revenue ruling, notice, regulation, or other published guidance require the applicant to implement the requested change in method of accounting on a cut-off basis rather than a section 481(a) adjustment? If "Yes," do not complete lines 25, 26, and 27 below. X</p>		X						
<p>25 Enter the section 481(a) adjustment. Indicate whether the adjustment is an increase (+) or a decrease (-) in income. ► \$ <u> 0</u> Attach a summary of the computation and an explanation of the methodology used to determine the section 481(a) adjustment. If it is based on more than one component, show the computation for each component. If more than one applicant is applying for the method change on the same application, attach a list of the name, identification number, principal business activity code (see instructions), and the amount of the section 481(a) adjustment attributable to each applicant. SEE ATTACHMENT</p>								

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Part IV Section 481(a) Adjustment (continued)	Yes	No
26 If the section 481(a) adjustment is an increase to income of less than \$25,000, does the applicant elect to take the entire amount of the adjustment into account in the year of change?	N/A	
27 Is any part of the section 481(a) adjustment attributable to transactions between members of an affiliated group, a consolidated group, a controlled group, or other related parties? If "Yes," attach an explanation. N/A		X

Schedule A—Change in Overall Method of Accounting (If Schedule A applies, Part I below must be completed.) N/A

Part I Change in Overall Method (see instructions)

- 1** Enter the following amounts as of the close of the tax year preceding the year of change. If none, state "None." Also, attach a statement providing a breakdown of the amounts entered on lines 1a through 1g.
- | | Amount |
|--|--------|
| a Income accrued but not received (such as accounts receivable) | \$ |
| b Income received or reported before it was earned (such as advanced payments). Attach a description of the income and the legal basis for the proposed method | |
| c Expenses accrued but not paid (such as accounts payable) | |
| d Prepaid expense previously deducted | |
| e Supplies on hand previously deducted and/or not previously reported | |
| f Inventory on hand previously deducted and/or not previously reported. Complete Schedule D, Part II | |
| g Other amounts (specify). Attach a description of the item and the legal basis for its inclusion in the calculation of the section 481(a) adjustment. ▶ | |
| h Net section 481(a) adjustment (Combine lines 1a-1g.) Indicate whether the adjustment is an increase (+) or decrease (-) in income. Also enter the net amount of this section 481(a) adjustment amount on Part IV, line 25 | \$ - |
- 2** Is the applicant also requesting the recurring item exception under section 461(h)(3)? Yes No
- 3** Attach copies of the profit and loss statement (Schedule F (Form 1040) for farmers) and the balance sheet, if applicable, as of the close of the tax year preceding the year of change. Also attach a statement specifying the accounting method used when preparing the balance sheet. If books of account are not kept, attach a copy of the business schedules submitted with the Federal income tax return or other return (e.g., tax-exempt organization returns) for that period. If the amounts in Part I, lines 1a through 1g, do not agree with those shown on both the profit and loss statement and the balance sheet, attach a statement explaining the differences.

Part II Change to the Cash Method For Advance Consent Request (see instructions)

- Applicants requesting a change to the cash method must attach the following information:
- 1** A description of inventory items (items whose production, purchase, or sale is an income-producing factor) and materials and supplies used in carrying out the business.
- 2** An explanation as to whether the applicant is required to use the accrual method under any section of the Code or regulations.

Schedule B—Change to the Deferral Method for Advance Payments (see instructions) N/A

- 1** If the applicant is requesting to change to the Deferral Method for advance payments described in section 5.02 of Rev. Proc. 2004-34, 2004-1 C.B. 991, attach the following information:
- a** A statement explaining how the advance payments meet the definition in section 4.01 of Rev. Proc. 2004-34.
 - b** If the applicant is filing under the automatic change procedures of Rev. Proc. 2008-52, the information required by section 8.02(3)(a)-(c) of Rev. Proc. 2004-34.
 - c** If the applicant is filing under the advance consent provisions of Rev. Proc. 97-27, the information required by section 8.03(2)(a)-(f) of Rev. Proc. 2004-34.
- 2** If the applicant is requesting to change to the deferral method for advance payments described in Regulations section 1.451-5(b)(1)(ii), attach the following.
- a** A statement explaining how the advance payments meet the definition in Regulations section 1.451-5(a)(1).
 - b** A statement explaining what portions of the advance payments, if any, are attributable to services, whether such services are integral to the provisions of goods or items, and whether any portions of the advance payments that are attributable to non-integral services are less than five percent of the total contract prices. See Regulations sections 1.451-5(a)(2)(i) and (3).
 - c** A statement explaining that the advance payments will be included in income no later than when included in gross receipts for purposes of the applicant's financial reports. See Regulations section 1.451-5(b)(1)(ii).
 - d** A statement explaining whether the inventoriable goods exception of Regulations section 1.451-5(c) applies and if so, when substantial advance payments will be received under the contracts, and how the exception will limit the deferral of income.

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Schedule C—Changes Within the LIFO Inventory Method (see instructions)

N/A

Part I General LIFO Information

Complete this section if the requested change involves changes within the LIFO inventory method. Also, attach a copy of all Forms 970, Application To Use LIFO Inventory Method, filed to adopt or expand the use of the LIFO method.

- 1 Attach a description of the applicant's present and proposed LIFO methods and submethods for each of the following items:
 - a Valuing inventory (e.g., unit method or dollar-value method).
 - b Pooling (e.g., by line or type or class of goods, natural business unit, multiple pools, raw material content, simplified dollar-value method, inventory price index computation (IPIC) pools, vehicle-pool method, etc.).
 - c Pricing dollar-value pools (e.g., double-extension, index, link-chain, link-chain index, IPIC method, etc.).
 - d Determining the current-year cost of goods in the ending inventory (i.e., most recent acquisitions, earliest acquisitions during the current year, average cost of current-year acquisitions, or other permitted method).
- 2 If any present method or submethod used by the applicant is not the same as indicated on Form(s) 970 filed to adopt or expand the use of the method, attach an explanation.
- 3 If the proposed change is not requested for all the LIFO inventory, attach a statement specifying the inventory to which the change is and is not applicable.
- 4 If the proposed change is not requested for all of the LIFO pools, attach a statement specifying the LIFO pool(s) to which the change is applicable.
- 5 Attach a statement addressing whether the applicant values any of its LIFO inventory on a method other than cost. For example, if the applicant values some of its LIFO inventory at retail and the remainder at cost, identify which inventory items are valued under each method.
- 6 If changing to the IPIC method, attach a completed Form 970.

Part II Change in Pooling Inventories

- 1 If the applicant is proposing to change its pooling method or the number of pools, attach a description of the contents of, and state the base year for, each dollar-value pool the applicant presently uses and proposes to use.
- 2 If the applicant is proposing to use natural business unit (NBU) pools or requesting to change the number of NBU pools, attach the following information (to the extent not already provided) in sufficient detail to show that each proposed NBU was determined under Regulations section 1.472-8(b)(1) and (2):
 - a A description of the types of products produced by the applicant. If possible, attach a brochure.
 - b A description of the types of processes and raw materials used to produce the products in each proposed pool.
 - c If all of the products to be included in the proposed NBU pool(s) are not produced at one facility, state the reasons for the separate facilities, the location of each facility, and a description of the products each facility produces.
 - d A description of the natural business divisions adopted by the taxpayer. State whether separate cost centers are maintained and if separate profit and loss statements are prepared.
 - e A statement addressing whether the applicant has inventories of items purchased and held for resale that are not further processed by the applicant, including whether such items, if any, will be included in any proposed NBU pool.
 - f A statement addressing whether all items including raw materials, goods-in-process, and finished goods entering into the entire inventory investment for each proposed NBU pool are presently valued under the LIFO method. Describe any items that are not presently valued under the LIFO method that are to be included in each proposed pool.
 - g A statement addressing whether, within the proposed NBU pool(s), there are items both sold to unrelated parties and transferred to a different unit of the applicant to be used as a component part of another product prior to final processing.
- 3 If the applicant is engaged in manufacturing and is proposing to use the multiple pooling method or raw material content pools, attach information to show that each proposed pool will consist of a group of items that are substantially similar. See Regulations section 1.472-8(b)(3).
- 4 If the applicant is engaged in the wholesaling or retailing of goods and is requesting to change the number of pools used, attach information to show that each of the proposed pools is based on customary business classifications of the applicant's trade or business. See Regulations section 1.472-8(c).

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Schedule D—Change in the Treatment of Long-Term Contracts Under Section 460, Inventories, or Other Section 263A Assets (see instructions) N/A

Part I Change in Reporting Income From Long-Term Contracts (Also complete Part III on pages 7 and 8.)

- 1** To the extent not already provided, attach a description of the applicant's present and proposed methods for reporting income and expenses from long-term contracts. Also, attach a representative actual contract (without any deletion) for the requested change. If the applicant is a construction contractor, attach a detailed description of its construction activities.
- 2a** Are the applicant's contracts long-term contracts as defined in section 460(f)(1) (see instructions)? . . . **Yes** **No**
- b** If "Yes," do all the contracts qualify for the exception under section 460(e) (see instructions)? . . . **Yes** **No**
If line 2b is "No," attach an explanation.
- c** If line 2b is "Yes," is the applicant requesting to use the percentage-of-completion method using cost-to-cost under Regulations section 1.460-4(b)? . . . **Yes** **No**
- d** If line 2c is "No," is the applicant requesting to use the exempt-contract percentage-of-completion method under Regulations section 1.460-4(c)(2)? . . . **Yes** **No**
If line 2d is "Yes," attach an explanation of what cost comparison the applicant will use to determine a contract's completion factor.
If line 2d is "No," attach an explanation of what method the applicant is using and the authority for its use.
- 3a** Does the applicant have long-term manufacturing contracts as defined in section 460(f)(2)? . . . **Yes** **No**
- b** If "Yes," attach an explanation of the applicant's present and proposed method(s) of accounting for long-term manufacturing contracts.
- c** Attach a description of the applicant's manufacturing activities, including any required installation of manufactured goods.
- 4** To determine a contract's completion factor using the percentage-of-completion method:
- a** Will the applicant use the cost-to-cost method in Regulations section 1.460-4(b)? . . . **Yes** **No**
- b** If line 4a is "No," is the applicant electing the simplified cost-to-cost method (see section 460(b)(3) and Regulations section 1.460-5(c))? . . . **Yes** **No**
- 5** Attach a statement indicating whether any of the applicant's contracts are either cost-plus long-term contracts or Federal long-term contracts.

Part II Change in Valuing Inventories Including Cost Allocation Changes (Also complete Part III on pages 7 and 8.)

- 1** Attach a description of the inventory goods being changed.
- 2** Attach a description of the inventory goods (if any) NOT being changed.
- 3a** Is the applicant subject to section 263A? If "No," go to line 4a . . . **Yes** **No**
- b** Is the applicant's present inventory valuation method in compliance with section 263A (see instructions)?
If "No," attach a detailed explanation . . . **Yes** **No**

4a Check the appropriate boxes below.

	Inventory Being Changed		Inventory Not Being Changed
	Present method	Proposed method	Present method
Identification methods:			
Specific identification			
FIFO			
LIFO			
Other (attach explanation)			
Valuation methods:			
Cost			
Cost or market, whichever is lower			
Retail cost			
Retail, lower of cost or market			
Other (attach explanation)			
b Enter the value at the end of the tax year preceding the year of change			

- 5** If the applicant is changing from the LIFO inventory method to a non-LIFO method, attach the following information (see instructions).
- a** Copies of Form(s) 970 filed to adopt or expand the use of the method.
- b** **Only for applicants requesting advance consent.** A statement describing whether the applicant is changing to the method required by Regulations section 1.472-6(a) or (b), or whether the applicant is proposing a different method.
- c** **Only for applicants requesting an automatic change.** The statement required by section 22.01(5) of the Appendix of Rev. Proc. 2008-52 (or its successor).

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Part III Method of Cost Allocation (Complete this part if the requested change involves either property subject to section 263A or long-term contracts as described in section 460 (see instructions)).

Section A—Allocation and Capitalization Methods

Attach a description (including sample computations) of the present and proposed method(s) the applicant uses to capitalize direct and indirect costs properly allocable to real or tangible personal property produced and property acquired for resale, or to allocate and, where appropriate, capitalize direct and indirect costs properly allocable to long-term contracts. Include a description of the method(s) used for allocating indirect costs to intermediate cost objectives such as departments or activities prior to the allocation of such costs to long-term contracts, real or tangible personal property produced, and property acquired for resale. The description must include the following:

- 1 The method of allocating direct and indirect costs (i.e., specific identification, burden rate, standard cost, or other reasonable allocation method).
- 2 The method of allocating mixed service costs (i.e., direct reallocation, step-allocation, simplified service cost using the labor-based allocation ratio, simplified service cost using the production cost allocation ratio, or other reasonable allocation method).
- 3 The method of capitalizing additional section 263A costs (i.e., simplified production with or without the historic absorption ratio election, simplified resale with or without the historic absorption ratio election including permissible variations, the U.S. ratio, or other reasonable allocation method).

Section B—Direct and Indirect Costs Required to be Allocated

Check the appropriate boxes showing the costs that are or will be fully included, to the extent required, in the cost of real or tangible personal property produced or property acquired for resale under section 263A or allocated to long-term contracts under section 460. Mark "N/A" in a box if those costs are not incurred by the applicant. If a box is not checked, it is assumed that those costs are not fully included to the extent required. Attach an explanation for boxes that are not checked.

	Present method	Proposed method
1 Direct material		
2 Direct labor		
3 Indirect labor		
4 Officers' compensation (not including selling activities)		
5 Pension and other related costs		
6 Employee benefits		
7 Indirect materials and supplies		
8 Purchasing costs		
9 Handling, processing, assembly, and repackaging costs		
10 Offsite storage and warehousing costs		
11 Depreciation, amortization, and cost recovery allowance for equipment and facilities placed in service and not temporarily idle		
12 Depletion		
13 Rent		
14 Taxes other than state, local, and foreign income taxes		
15 Insurance		
16 Utilities		
17 Maintenance and repairs that relate to a production, resale, or long-term contract activity		
18 Engineering and design costs (not including section 174 research and experimental expenses)		
19 Rework labor, scrap, and spoilage		
20 Tools and equipment		
21 Quality control and inspection		
22 Bidding expenses incurred in the solicitation of contracts awarded to the applicant		
23 Licensing and franchise costs		
24 Capitalizable service costs (including mixed service costs)		
25 Administrative costs (not including any costs of selling or any return on capital)		
26 Research and experimental expenses attributable to long-term contracts		
27 Interest		
28 Other costs (Attach a list of these costs.)		

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Part III Method of Cost Allocation (see instructions) (continued)

Section C—Other Costs Not Required To Be Allocated (Complete Section C only if the applicant is requesting to change its method for these costs.)

	Present method	Proposed method
1 Marketing, selling, advertising, and distribution expenses		
2 Research and experimental expenses not included in Section B, line 26		
3 Bidding expenses not included in Section B, line 22		
4 General and administrative costs not included in Section B		
5 Income taxes		
6 Cost of strikes		
7 Warranty and product liability costs		
8 Section 179 costs		
9 On-site storage		
10 Depreciation, amortization, and cost recovery allowance not included in Section B, line 11		
11 Other costs (Attach a list of these costs.)		

Schedule E—Change in Depreciation or Amortization (see instructions) **N/A**

Applicants requesting approval to change their method of accounting for depreciation or amortization complete this section.

Applicants **must** provide this information for each item or class of property for which a change is requested.

Note: See the **List of Automatic Accounting Method Changes** in the instructions for information regarding automatic changes under sections 56, 167, 168, 197, 1400I, 1400L, or former section 168. **Do not** file Form 3115 with respect to certain late elections and election revocations (see instructions).

- 1 Is depreciation for the property determined under Regulations section 1.167(a)-11 (CLADR)? **Yes** **No**
If "Yes," the only changes permitted are under Regulations section 1.167(a)-11(c)(1)(iii).
- 2 Is any of the depreciation or amortization required to be capitalized under any Code section (e.g., section 263A)? **Yes** **No**
If "Yes," enter the applicable section ► _____
- 3 Has a depreciation, amortization, or expense election been made for the property (e.g., the election under sections 168(f)(1), 179, or 179C)? **Yes** **No**
If "Yes," state the election made ► _____
- 4a To the extent not already provided, attach a statement describing the property being changed. Include in the description the type of property, the year the property was placed in service, and the property's use in the applicant's trade or business or income-producing activity.
- b If the property is residential rental property, did the applicant live in the property before renting it? **Yes** **No**
- c Is the property public utility property? **Yes** **No**
- 5 To the extent not already provided in the applicant's description of its present method, attach a statement explaining how the property is treated under the applicant's present method (e.g., depreciable property, inventory property, supplies under Regulations section 1.162-3, nondepreciable section 263(a) property, property deductible as a current expenses, etc.).
- 6 If the property is not currently treated as depreciable or amortizable property, attach a statement of the facts supporting the proposed change to depreciate or amortize the property.
- 7 If the property is currently treated and/or will be treated as depreciable or amortizable property, provide the following information for both the present (if applicable) and proposed methods:
 - a The Code section under which the property is or will be depreciated or amortized (e.g., section 168(g)).
 - b The applicable asset class from Rev. Proc. 87-56, 1987-2 C.B. 674, for each asset depreciated under section 168 (MACRS) or under section 1400L; the applicable asset class from Rev. Proc. 83-35, 1983-1 C.B. 745, for each asset depreciated under former section 168 (ACRS); an explanation why no asset class is identified for each asset for which an asset class has not been identified by the applicant.
 - c The facts to support the asset class for the proposed method.
 - d The depreciation or amortization method of the property, including the applicable Code section (e.g., 200% declining balance method under section 168(b)(1)).
 - e The useful life, recovery period, or amortization period of the property.
 - f The applicable convention of the property.
 - g A statement of whether or not the additional first-year special depreciation allowance (for example, as provided by section 168(k), 168(l), 168(m), 168(n), 1400L(b), or 1400N(d)) was or will be claimed for the property. If not, also provide an explanation as to why no special depreciation allowance was or will be claimed.

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Mozilla Foundation
Attachment to Form 3115

EIN: 20-0097189
FYE: 12/31/2014

Page 1, Part I, Line 2

Pursuant to section 10.11(2) of Rev. Proc. 2015-14, the eligibility rules in section 5.01(1)(d) and (f) of Rev. Proc. 2015-13 do not apply to a taxpayer that makes one or more changes in method of accounting under section 10.11 of Rev. Proc. 2015-14 for any taxable year beginning before January 1, 2015.

Part II, Line 12 –Repair and Maintenance Expenditures (Change # 184); Information Required by Appendix § 10.11(4) (a) of Rev. Proc. 2015-14

- a. The Applicant is changing its method of accounting for amount paid for repairs, maintenance and improvements to comply with Treas. Reg. §§ 1.162-4 and 1.263(a)-3, including a change in identifying the unit of property under Treas. Reg. § 1.263(a)-3(e) for purposes of applying the improvement standards under Treas. Reg. § 1.263(a)-3. Additionally, to the extent applicable, the Applicant will apply the routine maintenance safe harbor as provided in Treas. Reg. § 1.263(a)-3(i). The Applicant incurs costs to repair, maintain and improve tangible property that it owns as of the beginning of the year of change. The costs referred to above include, but are not limited to: (i) replacing minor sections of the capitalized leasehold improvements such as damaged flooring, carpeting or painting, (ii) interior refresh of the existing leasehold improvements (limited to small portions of the overall square footage of the total building) to update the décor and cosmetically refresh the appearance of the property, and (iii) minor repairs to maintain the operating condition of the equipment.
- b. Under its present method of accounting, the Applicant deducts amounts paid for activities that keep its property in ordinary operating condition and capitalizes expenditures that improve or extend the useful life of its property consistent with the methods of accounting it uses for financial accounting purposes.
- c. Under its proposed method of accounting, the Applicant will determine its units of property for buildings, equipment, and other property under Treas. Reg. § 1.263(a)-3(e) and determine whether an expenditure with respect to such unit of property is a deductible repair or capitalizable improvement in accordance with Treas. Reg. §§ 1.162-4 and 1.263(a)-3. Additionally, the Applicant will apply the routine maintenance safe harbor under Treas. Reg. § 1.263(a)-3(i) to the extent applicable.
- d. The Applicant’s overall method of accounting is an accrual method.

Part II, Line 12 –Non-Incidental Materials and Supplies (Change #186)

- a. The Applicant is changing its method of accounting for non-incidental materials and supplies, as defined in Treas. Reg. §§ 1.162-3(a) (1) and (c) (1), that are used or consumed in the Applicant’s trade or business. Additionally, the items that are included within this change meet the definition of “non-incidental materials and supplies” described in Treas. Reg. § 1.162-3(a) (1) and Treas. Reg. § 1.162-3(a) (2). The Applicant keeps a record of consumption of these items or takes a physical inventory of these items at the beginning and end of the tax year. The Applicant does not deduct these materials and supplies under the de minimis safe harbor election.

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Mozilla Foundation
Attachment to Form 3115

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- b. Under its present method of accounting, the Applicant deducts non-incidentals materials and supplies when the materials and supplies are used or consumed.
- c. Under its proposed method, the Applicant will apply the definition of materials and supplies under Treas. Reg. § 1.162-3(a)(1) and will deduct non-incidentals materials and supplies when they are first used or consumed in the Applicant's operations under Treas. Reg. § 1.162-3(c)(1), taking into account Treas. Reg. § 1.162-3(b).
- d. The Applicant's overall method of accounting is an accrual method.

Part II, Line 12 –Incidental Materials and Supplies (Change #187)

- a. The Applicant is changing its method of accounting for costs to acquire incidental materials and supplies, as defined in Treas. Reg. §§ 1.162-3(a)(2) and (c)(1), that are used or consumed in the Applicant's trade or business. Additionally, the items that are included within this change meet the definition of "incidentals materials and supplies" described in Treas. Reg. § 1.162-3(a)(2) in that the Applicant does not keep a record of consumption of these items nor does it take a physical inventory of these items at the beginning and end of the tax year. Further, the Applicant believes that deducting such items in the year purchased clearly reflects income.
- b. Under its present method of accounting, the Applicant deducts costs to acquire incidental materials and supplies when paid or incurred.
- c. Under its proposed method of accounting, the Applicant will deduct incidental materials and supplies as defined under Treas. Reg. §§ 1.162-3(a)(2) and (c)(1) when paid or incurred in accordance with Treas. Reg. § 1.162-3(a)(2), taking into account Treas. Reg. § 1.162-3(b).
- d. The Applicant's overall method of accounting is an accrual method.

Part II, Line 13

The Applicant improves and protects the internet as a public resource by working with thousands of volunteers to (1) keep the internet a universal open platform and (2) promote continued innovation on the internet. The principal business activity code is 611420.

Part II, Line 14

The Applicant will not use the proposed method of accounting in its books and records or its financial statements because the proposed method does not conform to generally accepted accounting principles (GAAP).

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Mozilla Foundation
Attachment to Form 3115

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Part IV, Line 25 –Repair and Maintenance Expenditures (Change #184)

The I.R.C. § 481(a) adjustment is \$0 because the Applicant's current method of accounting results in no I.R.C. § 481(a) adjustment or would result in a negative (or favorable) I.R.C. § 481(a) adjustment.

Part IV, Line 25 –Non-Incidental Materials and Supplies (Change #186)

Pursuant to Appendix § 10.11(6)(b)(i) of Rev. Proc. 2015-14, the Applicant is opting to compute the I.R.C. § 481(a) adjustment taking into account amounts paid or incurred in taxable years beginning on or after January 1, 2014. Thus, the I.R.C. § 481(a) adjustment is \$0.

Part IV, Line 25 –Incidental Materials and Supplies (Change #187)

Pursuant to Appendix § 10.11(6)(b)(i) of Rev. Proc. 2015-14, the Applicant is opting to compute the I.R.C. § 481(a) adjustment taking into account amounts paid or incurred in taxable years beginning on or after January 1, 2014. Thus, the I.R.C. § 481(a) adjustment is \$0.