

# TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING  
DECEMBER 31, 2010

|  |   |
|--|---|
| Prepared for                                 | MOZILLA FOUNDATION<br>650 CASTRO ST. SUITE 300<br>MOUNTAIN VIEW, CA 94041             |
| Prepared by                                  | DELOITTE TAX LLP<br>225 WEST SANTA CLARA STREET<br>SAN JOSE, CA 95113                 |
| Amount due or refund                         | NOT APPLICABLE  |
| Make check payable to                        | NOT APPLICABLE  |
| Mail tax return and check (if applicable) to | DEPARTMENT OF THE TREASURY<br>INTERNAL REVENUE SERVICE CENTER<br>OGDEN, UT 84201-0027 |
| Return must be mailed on or before           | NOVEMBER 15, 2011   |
| Special Instructions                         | THE RETURN SHOULD BE SIGNED AND DATED.  |

Form 990

Department of the Treasury  
Internal Revenue Service

## Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2010

Open to Public  
Inspection

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

A For the 2010 calendar year, or tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_

|  |  |                                  |  |
|--|--|----------------------------------|--|
| B Check if applicable:   | C Name of organization<br><b>MOZILLA FOUNDATION</b>  |                                  | D Employer identification number<br><b>20-0097189</b>  |
| <input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | Doing Business As<br>Number and street (or P.O. box if mail is not delivered to street address)<br><b>650 CASTRO ST. SUITE 300</b> |                                  | E Telephone number<br><b>650-903-0800</b>  |
|  | Room/suite   |                                  | G Gross receipts \$<br><b>1,934,659.</b>   |
|  | City or town, state or country, and ZIP + 4<br><b>MOUNTAIN VIEW, CA 94041</b>  |                                  | H(a) Is this a group return<br>for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |
|  | F Name and address of principal officer:<br><b>MARK SURMAN</b><br><b>650 CASTRO ST. STE 300, MOUNTAIN VIEW, CA 94041</b>           |                                  | H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>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: ► <b>WWW.MOZILLA.ORG/FOUNDATION</b>   |  |                                  | 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: <b>2003</b> | M State of legal domicile: <b>CA</b>   |

## Part I Summary

|  |   |             |
|--|---|-------------|
| Activities & Governance  | 1 Briefly describe the organization's mission or most significant activities: <b>MOZILLA FOUNDATION IMPROVES AND PROTECTS THE INTERNET AS A PUBLIC COMMONS.</b> |             |
|  | 2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.                     |             |
| Revenue  | 3 Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> <b>5</b>   |             |
|  | 4 Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> <b>3</b>   |             |
|  | 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) ..... <b>5</b> <b>8</b>  |             |
|  | 6 Total number of volunteers (estimate if necessary) ..... <b>6</b> <b>25000</b>  |             |
|  | 7a Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> <b>12,282.</b>  |             |
|  | b Net unrelated business taxable income from Form 990-T, line 34 ..... <b>7b</b> <b>9,346.</b>  |             |
| Expenses   | 8 Contributions and grants (Part VIII, line 1h) ..... <b>222,687.</b> <b>1,354,085.</b>   |             |
|  | 9 Program service revenue (Part VIII, line 2g) ..... <b>44,254.</b> <b>22,282.</b>  |             |
|  | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) ..... <b>644,054.</b> <b>558,292.</b>  |             |
|  | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... <b>0.</b> <b>0.</b>   |             |
|  | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... <b>910,995.</b> <b>1,934,659.</b>                                   |             |
|  | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) ..... <b>175,393.</b> <b>178,316.</b>   |             |
|  | 14 Benefits paid to or for members (Part IX, column (A), line 4) ..... <b>0.</b> <b>0.</b>  |             |
|  | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... <b>532,841.</b> <b>779,178.</b>                                      |             |
|  | 16a Professional fundraising fees (Part IX, column (A), line 11e) ..... <b>0.</b> <b>0.</b>   |             |
|  | b Total fundraising expenses (Part IX, column (D), line 25) ► <b>109,980.</b>   |             |
|  | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) ..... <b>1,548,250.</b> <b>2,310,980.</b>   |             |
|  | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... <b>2,256,484.</b> <b>3,268,474.</b>  |             |
|  | 19 Revenue less expenses. Subtract line 18 from line 12 ..... <b>&lt;1,345,489.</b> <b>&lt;1,333,815.</b>   |             |
| Net Assets or Fund Balances  | Beginning of Current Year   | End of Year |
| 20 Total assets (Part X, line 16) ..... <b>27,623,297.</b>                             | <b>27,591,052.</b>  |             |
| 21 Total liabilities (Part X, line 26) ..... <b>16,252,276.</b>                        | <b>12,275,411.</b>  |             |
| 22 Net assets or fund balances. Subtract line 21 from line 20 ..... <b>11,371,021.</b> | <b>15,315,641.</b>  |             |

## 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<br><b>JIM COOK, CFO</b>                             | Date  |                         |   |                               |
|               | Type or print name and title   |   |                         |   |                               |
| Paid Preparer | Print/Type preparer's name<br><b>Sharon Zorbach</b>                        | Preparer's signature<br><i>Sharon Zorbach</i> | Date<br><b>10/15/11</b> | Check <input type="checkbox"/> if self-employed | PTIN                          |
| Use Only      | Firm's name ► <b>DELOITTE TAX LLP</b>                                      | Firm's EIN ►                                  |                         |   |                               |
|               | Firm's address ► <b>225 WEST SANTA CLARA STREET<br/>SAN JOSE, CA 95113</b> |   |                         |   | Phone no. <b>408-704-4000</b> |

May the IRS discuss this return with the preparer shown above? (see instructions)

032001 02-22-11 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2010)

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

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

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

| <b>Part II Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed). |  |
|---|--|
| <b>Type or print</b>  | Name of exempt organization<br><b>MOZILLA FOUNDATION</b>   |
| File by the extended due date for filing your return. See instructions.   | Employer identification number<br><b>20-0097189</b>  |
|   | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>650 CASTRO ST. SUITE 300</b>                  |
|   | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>MOUNTAIN VIEW, CA 94041</b> |

Enter the Return code for the return that this application is for (file a separate application for each return)  **0 | 1**

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

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

JAMES COOK

- The books are in the care of ► **650 CASTRO ST. SUITE 300 - 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, 2011**.

5 For calendar year **2010**, 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 NEEDED TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.**

|    |   |    |                         |
|----|---|----|-------------------------|
| 8a | If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  | 8a | \$ <input type="text"/> |
| b  | If this application is for Form 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 | \$ <input type="text"/> |
| c  | <b>Balance due.</b> 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 | \$ <input type="text"/> |

#### Signature and Verification

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 ► *Michael J. Alford* Title ►

A member of the staff of Deloitte Tax LLP  
555 Mission Street, San Francisco, CA 94105

Date ► **8/9/11**

Form 8868 (Rev. 1-2011)

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response to any question in this Part III ..... 

- 1** Briefly describe the organization's mission:

**MOZILLA FOUNDATION IMPROVES AND PROTECTS THE INTERNET AS A PUBLIC RESOURCE BY WORKING WITH THOUSANDS OF VOLUNTEERS TO (1) KEEP THE INTERNET AN UNIVERSAL OPEN PLATFORM AND (2) PROMOTE CONTINUED INNOVATION ON THE INTERNET.**

- 2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? .....  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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 740,643. including grants of \$ 18,500. ) (Revenue \$                 )  
**COMMUNITY**

SUPPORT FOR THE BROADER MOZILLA AND OPEN INTERNET COMMUNITY IS A CENTRAL PART OF THE FOUNDATION'S WORK. THIS INCLUDES THE COMMUNITY OF OVER 25,000 VOLUNTEERS WHO BUILD, LOCALIZE AND PROMOTE MOZILLA SOFTWARE AND TECHNOLOGY. IN 2010, MOZILLA EXPANDED THIS WORK WITH THE CREATION OF MOZILLA DRUMBEAT: AN INITIATIVE TO ENABLE MORE PEOPLE TO BUILD AND EXPERIENCE OPENNESS AND OPPORTUNITY ON THE INTERNET. OVER 20,000 INDIVIDUALS HAVE JOINED THIS INITIATIVE TO DATE. DURING 2010, THE FOUNDATION SPENT \$740,643 TO SUPPORT BOTH EXISTING AND EXPANDED MOZILLA COMMUNITY EFFORTS, INCLUDING \$18,500 IN GRANTS.

**4b** (Code:                 ) (Expenses \$ 749,865. including grants of \$ 74,870. ) (Revenue \$                 )  
**EDUCATION**

MOZILLA RUNS EDUCATIONAL PROGRAMS TO GIVE PEOPLE SKILLS TO COMMUNICATE, BUILD AND INNOVATE USING THE OPEN TECHNOLOGY AND CULTURE OF THE WEB. IN 2010, THE FOUNDATION CREATED TWO NEW EDUCATIONAL EFFORTS: A) THE SCHOOL OF WEB CRAFT, HELPING ADULTS LEARN WEB DEVELOPMENT SKILLS AND B) A PROGRAM CALLED HACKASAURUS, TEACHING CHILDREN 12 - 18 THE BASICS OF WEB TECHNOLOGY. THE FOUNDATION ALSO RAN A MAJOR GLOBAL EVENT ON EDUCATIONAL INNOVATION (SEE SCHEDULE O) AND CONTINUED ITS SUPPORT OF INNOVATIVE OPEN WEB TECHNOLOGY COURSES AT SENECA COLLEGE. DURING 2010, THE FOUNDATION SPENT \$749,865 ON ITS EDUCATIONAL PROGRAMS, INCLUDING \$74,870 IN GRANTS.

**4c** (Code:                 ) (Expenses \$ 666,291. including grants of \$ 84,946. ) (Revenue \$                 )  
**MEDIA**

MOZILLA RUNS PROGRAMS AND CREATES TOOLS THAT BRING OPENNESS AND INNOVATION TO THE WORLD OF ONLINE MEDIA. DURING 2010, THE FOUNDATION CREATED THE WEB MADE MOVIES OPEN CINEMA LAB AND STARTED WORK ON SOFTWARE CALLED POPCORN TO HELP FILMMAKERS TAP INTO THE CREATIVE POTENTIAL OF NEW WEB VIDEO AND AUDIO STANDARDS. THE FOUNDATION ALSO ACTIVELY WORKED WITH AND SUPPORTED THE UNIVERSAL SUBTITLES PROJECT, THE OPEN VIDEO ALLIANCE AND THE BAY AREA VIDEO COALITION IN AN EFFORT TO ADVANCE THE CREATIVE USE OF OPEN VIDEO TECHNOLOGY ON THE WEB. IN 2010, THE FOUNDATION SPENT \$666,291 ON MEDIA PROGRAMS, INCLUDING \$84,946 IN GRANTS.

**4d** Other program services. (Describe in Schedule O.)  
(Expenses \$ 193,363. including grants of \$                  ) (Revenue \$                 )

**4e** Total program service expenses ► 2,350,162.

**Part IV Checklist of Required Schedules**

|            |  | Yes      | No |
|------------|--|----------|----|
| <b>1</b>   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?<br><i>If "Yes," complete Schedule A</i> .....  | 1<br>X   |    |
| <b>2</b>   | Is the organization required to complete Schedule B, Schedule of Contributors? .....   | 2<br>X   |    |
| <b>3</b>   | 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<br>X   |    |
| <b>4</b>   | <b>Section 501(c)(3) organizations.</b> 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<br>X   |    |
| <b>5</b>   | 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<br>N/A |    |
| <b>6</b>   | Did the organization maintain any donor advised funds or any similar funds or accounts where 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<br>X   |    |
| <b>7</b>   | 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<br>X   |    |
| <b>8</b>   | 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<br>X   |    |
| <b>9</b>   | Did the organization report an amount in Part X, line 21; 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<br>X   |    |
| <b>10</b>  | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....  | 10<br>X  |    |
| <b>11</b>  | 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<br>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<br>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<br>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<br>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<br>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<br>X |    |
| <b>12a</b> | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> .....   | 12a<br>X |    |
| b          | Was the organization included in consolidated, independent audited financial statements for the tax year?<br><i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i> .....           | 12b<br>X |    |
| <b>13</b>  | Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....   | 13<br>X  |    |
| <b>14a</b> | Did the organization maintain an office, employees, or agents outside of the United States? .....  | 14a<br>X |    |
| b          | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....                     | 14b<br>X |    |
| <b>15</b>  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....                               | 15<br>X  |    |
| <b>16</b>  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....                                   | 16<br>X  |    |
| <b>17</b>  | 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<br>X  |    |
| <b>18</b>  | 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<br>X  |    |
| <b>19</b>  | 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<br>X  |    |
| <b>20a</b> | Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> .....   | 20a<br>X |    |
| b          | If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) .....                        | 20b<br>  |    |

**Part IV Checklist of Required Schedules (continued)**

|   | Yes | No  |
|---|-----|---|
| 21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II .....   | 21  | <input checked="" type="checkbox"/> X                               |
| 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III .....  | 22  | <input checked="" type="checkbox"/> X                               |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J .....                           | 23  | <input checked="" type="checkbox"/> X                               |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25 ..... | 24a | <input checked="" type="checkbox"/> 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 <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I .....  | 25a | <input checked="" type="checkbox"/> X                               |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I .....             | 25b | <input checked="" type="checkbox"/> X                               |
| 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II .....   | 26  | <input checked="" type="checkbox"/> X                               |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III .....                 | 27  | <input checked="" type="checkbox"/> 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? If "Yes," complete Schedule L, Part IV .....   | 28a | <input checked="" type="checkbox"/> X                               |
| b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .....  | 28b | <input checked="" type="checkbox"/> 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? If "Yes," complete Schedule L, Part IV .....  | 28c | <input checked="" type="checkbox"/> X                               |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .....   | 29  | <input checked="" type="checkbox"/> X                               |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M .....   | 30  | <input checked="" type="checkbox"/> X                               |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations?<br>If "Yes," complete Schedule N, Part I .....  | 31  | <input checked="" type="checkbox"/> X                               |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II .....   | 32  | <input checked="" type="checkbox"/> X                               |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I .....   | 33  | <input checked="" type="checkbox"/> X                               |
| 34 Was the organization related to any tax-exempt or taxable entity?<br>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 .....   | 34  | <input checked="" type="checkbox"/> X                               |
| 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? .....  | 35  | <input checked="" type="checkbox"/> X                               |
| a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 .....   |     | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization?<br>If "Yes," complete Schedule R, Part V, line 2 .....   | 36  | <input checked="" type="checkbox"/> X                               |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI .....  | 37  | <input checked="" type="checkbox"/> X                               |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  | 38  | <input checked="" type="checkbox"/> X                               |

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

Form 990 (2010)

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

|  |            | Yes        | No |
|--|------------|------------|----|
| <b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....   | <b>1a</b>  | <b>17</b>  |    |
| <b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....   | <b>1b</b>  | <b>0</b>   |    |
| <b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....  | <b>1c</b>  | <b>X</b>   |    |
| <b>2a</b> 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 .....  | <b>2a</b>  | <b>8</b>   |    |
| <b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .....  | <b>2b</b>  | <b>X</b>   |    |
| <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)  |            |            |    |
| <b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? .....  | <b>3a</b>  | <b>X</b>   |    |
| <b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O .....  | <b>3b</b>  | <b>X</b>   |    |
| <b>4a</b> 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)? .....                     | <b>4a</b>  | <b>X</b>   |    |
| <b>b</b> If "Yes," enter the name of the foreign country: ►<br>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  |            |            |    |
| <b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .....  | <b>5a</b>  | <b>X</b>   |    |
| <b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? .....  | <b>5b</b>  | <b>X</b>   |    |
| <b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? .....  | <b>5c</b>  |            |    |
| <b>6a</b> 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? .....  | <b>6a</b>  | <b>X</b>   |    |
| <b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....   | <b>6b</b>  |            |    |
| <b>7 Organizations that may receive deductible contributions under section 170(c).</b>   |            |            |    |
| <b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? .....   | <b>7a</b>  | <b>X</b>   |    |
| <b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? .....   | <b>7b</b>  |            |    |
| <b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? .....  | <b>7c</b>  | <b>X</b>   |    |
| <b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year .....   | <b>7d</b>  |            |    |
| <b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .....   | <b>7e</b>  | <b>X</b>   |    |
| <b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .....  | <b>7f</b>  | <b>X</b>   |    |
| <b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? .....  | <b>7g</b>  | <b>N/A</b> |    |
| <b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .....  | <b>7h</b>  | <b>N/A</b> |    |
| <b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | <b>8</b>   |            |    |
| <b>9 Sponsoring organizations maintaining donor advised funds.</b>   |            |            |    |
| <b>a</b> Did the organization make any taxable distributions under section 4966? .....   |            | <b>N/A</b> |    |
| <b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person? .....  |            | <b>N/A</b> |    |
| <b>10 Section 501(c)(7) organizations.</b> Enter:  |            |            |    |
| <b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 .....  | <b>N/A</b> | <b>10a</b> |    |
| <b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .....   | <b>10b</b> |            |    |
| <b>11 Section 501(c)(12) organizations.</b> Enter:   |            |            |    |
| <b>a</b> Gross income from members or shareholders .....   | <b>N/A</b> | <b>11a</b> |    |
| <b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) .....  | <b>11b</b> |            |    |
| <b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?  |            |            |    |
| <b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year .....   | <b>N/A</b> | <b>12b</b> |    |
| <b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>   |            |            |    |
| <b>a</b> Is the organization licensed to issue qualified health plans in more than one state? .....  |            | <b>N/A</b> |    |
| <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.   |            |            |    |
| <b>b</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 .....   | <b>13b</b> |            |    |
| <b>c</b> Enter the amount of reserves on hand .....  | <b>13c</b> |            |    |
| <b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? .....  | <b>14a</b> | <b>X</b>   |    |
| <b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .....   | <b>14b</b> |            |    |

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

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

### 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 .....   | 1a  | 5  |
| b  | Enter the number of voting members included in line 1a, above, who are independent .....  | 1b  | 3  |
| 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  | Does the organization have members or stockholders? .....   | 6   | X  |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? .....   | 7a  | X  |
| b  | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? .....   | 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 | Does the organization have local chapters, branches, or affiliates? .....  | 10a | X  |
| b   | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? .....   | 10b |    |
| 11a | Has the organization provided a 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 | X  |
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13 .....   | 12b | X  |
| b   | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....  | 12c | X  |
| c   | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done .....   | 13  | X  |
| 13  | Does the organization have a written whistleblower policy? .....   | 14  | X  |
| 14  | Does the organization have a written document retention and destruction policy? .....  | 15a | 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?   | 15b | X  |
| a   | The organization's CEO, Executive Director, or top management official .....   | 16a | X  |
| b   | Other officers or key employees of the organization .....  |     |    |
|     | If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) .....   | 16b |    |
| 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? .....  |     |    |
| b   | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? ..... |     |    |

### Section C. Disclosure

|    |  |
|----|--|
| 17 | List the states with which a copy of this Form 990 is required to be filed ►CA   |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. |
|    | <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request  |
| 19 | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.                                      |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► JAMES COOK - (650) 903-0800<br>650 CASTRO ST. SUITE 300, MOUNTAIN VIEW, CA 94041     |

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

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

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

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

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

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

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

| (A)<br>Name and Title             | (B)<br>Average<br>hours per<br>week<br>(describe<br>hours for<br>related<br>organizations<br>in Schedule<br>O) | (C)<br>Position<br>(check all that apply) |                       |         |              |                                 | (D)<br>Reportable<br>compensation<br>from<br>the<br>organization<br>(W-2/1099-MISC) | (E)<br>Reportable<br>compensation<br>from related<br>organizations<br>(W-2/1099-MISC) | (F)<br>Estimated<br>amount of<br>other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
|-----------------------------------|--|---|-----------------------|---------|--------------|---------------------------------|---|---|--|
|                                   |  | Individual trustee or director            | Institutional trustee | Officer | Key employee | Highest compensated<br>employee |   |   |  |
| MITCHELL BAKER<br>CHAIR           | 1.00   | X   |                       |         |              |                                 | 0.  | 420,811.  | 169,142.   |
| BRIAN BEHLENDORF<br>DIRECTOR      | 1.00   | X   |                       |         |              |                                 | 0.  | 0.  | 0.   |
| JOI ITO<br>DIRECTOR               | 1.00   | X   |                       |         |              |                                 | 0.  | 0.  | 0.   |
| BOB LISBONNE<br>DIRECTOR          | 1.00   | X   |                       |         |              |                                 | 0.  | 0.  | 0.   |
| BRENDAN EICH<br>CTO               | 1.00   | X   |                       |         |              |                                 | 0.  | 427,501.  | 162,452.   |
| JAMES COOK<br>CFO                 | 4.00   |   | X                     |         |              |                                 | 0.  | 364,721.  | 147,636.   |
| MARK SURMAN<br>EXECUTIVE DIRECTOR | 40.00  |   | X                     |         |              |                                 | 174,784.  | 0.  | 15,510.  |
|                                   |  |   |                       |         |              |                                 |   |   |  |
|                                   |  |   |                       |         |              |                                 |   |   |  |
|                                   |  |   |                       |         |              |                                 |   |   |  |
|                                   |  |   |                       |         |              |                                 |   |   |  |
|                                   |  |   |                       |         |              |                                 |   |   |  |
|                                   |  |   |                       |         |              |                                 |   |   |  |
|                                   |  |   |                       |         |              |                                 |   |   |  |
|                                   |  |   |                       |         |              |                                 |   |   |  |
|                                   |  |   |                       |         |              |                                 |   |   |  |
|                                   |  |   |                       |         |              |                                 |   |   |  |



**Part VIII Statement of Revenue**

|   |                         | (A)<br>Total revenue | (B)<br>Related or<br>exempt function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under<br>sections 512,<br>513, or 514 |
|---|-------------------------|----------------------|---|---|--|
| <b>Contributions, gifts, grants<br/>and other similar amounts</b>   |                         |                      |   |   |  |
| 1 a Federated campaigns .....   | 1a                      |                      |   |   |  |
| b Membership dues .....   | 1b                      |                      |   |   |  |
| c Fundraising events .....  | 1c                      |                      |   |   |  |
| d Related organizations .....   | 1d                      |                      |   |   |  |
| e Government grants (contributions) .....   | 1e                      |                      |   |   |  |
| f All other contributions, gifts, grants, and<br>similar amounts not included above .....   | 1f                      | 1354085.             |   |   |  |
| g Noncash contributions included in lines 1a-1f: \$   |                         |                      |   |   |  |
| <b>h Total. Add lines 1a-1f .....</b>   |                         | <b>1354085.</b>      |   |   |  |
|   |                         |                      |   |   |  |
| <b>Program Service<br/>Revenue</b>  |                         |                      |   |   |  |
| 2 a MOZILLA STORE REVENUE   | Business Code<br>454110 | 12,282.              |   | 12,282.                                 |  |
| b LICENSING ROYALTIES   | 900099                  | 10,000.              | 10,000.   |   |  |
| c .....   |                         |                      |   |   |  |
| d .....   |                         |                      |   |   |  |
| e .....   |                         |                      |   |   |  |
| f All other program service revenue .....   |                         |                      |   |   |  |
| <b>g Total. Add lines 2a-2f .....</b>   |                         | <b>22,282.</b>       |   |   |  |
|   |                         |                      |   |   |  |
| <b>Other Revenue</b>  |                         |                      |   |   |  |
| 3 Investment income (including dividends, interest, and<br>other similar amounts) .....   |                         | 558,292.             |   |   | 558,292.   |
| 4 Income from investment of tax-exempt bond proceeds .....  |                         |                      |   |   |  |
| 5 Royalties .....   |                         |                      |   |   |  |
| 6 a Gross Rents .....   | (i) Real<br>.....       |                      |   |   |  |
| b Less: rental expenses .....   | (ii) Personal<br>.....  |                      |   |   |  |
| c Rental income or (loss) .....   |                         |                      |   |   |  |
| d Net rental income or (loss) .....   | ►                       |                      |   |   |  |
| 7 a Gross amount from sales of<br>assets other than inventory   | (i) Securities<br>..... |                      |   |   |  |
| b Less: cost or other basis<br>and sales expenses .....   | (ii) Other<br>.....     |                      |   |   |  |
| c Gain or (loss) .....  |                         |                      |   |   |  |
| d Net gain or (loss) .....  | ►                       |                      |   |   |  |
| 8 a Gross income from fundraising events (not<br>including \$ _____ of<br>contributions reported on line 1c). See<br>Part IV, line 18 ..... | a<br>.....              |                      |   |   |  |
| b Less: direct expenses .....   | b<br>.....              |                      |   |   |  |
| c Net income or (loss) from fundraising events .....  | ►                       |                      |   |   |  |
| 9 a Gross income from gaming activities. See<br>Part IV, line 19 .....  | a<br>.....              |                      |   |   |  |
| b Less: direct expenses .....   | b<br>.....              |                      |   |   |  |
| c Net income or (loss) from gaming activities .....   | ►                       |                      |   |   |  |
| 10 a Gross sales of inventory, less returns<br>and allowances .....   | a<br>.....              |                      |   |   |  |
| b Less: cost of goods sold .....  | b<br>.....              |                      |   |   |  |
| c Net income or (loss) from sales of inventory .....  | ►                       |                      |   |   |  |
| <b>Miscellaneous Revenue</b>  | <b>Business Code</b>    |                      |   |   |  |
| 11 a .....  |                         |                      |   |   |  |
| b .....   |                         |                      |   |   |  |
| c .....   |                         |                      |   |   |  |
| d All other revenue .....   |                         |                      |   |   |  |
| e <b>Total. Add lines 11a-11d .....</b>   |                         | <b>1934659.</b>      | <b>10,000.</b>                                  | <b>12,282.</b>                          | <b>558,292.</b>  |
| <b>12 Total revenue. See instructions.</b>  |                         |                      |   |   |  |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>   | <b>(A)<br/>Total expenses</b> | <b>(B)<br/>Program service<br/>expenses</b> | <b>(C)<br/>Management and<br/>general expenses</b> | <b>(D)<br/>Fundraising<br/>expenses</b> |
|---|-------------------------------|---|--|---|
| 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 .....   | 116,500.                      | 116,500.                                    |  |   |
| 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 .....   |                               |   |  |   |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 .....  | 61,816.                       | 61,816.                                     |  |   |
| 4 Benefits paid to or for members .....   |                               |   |  |   |
| 5 Compensation of current officers, directors, trustees, and key employees .....  | 190,294.                      | 190,294.                                    |  |   |
| 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 .....  | 417,092.                      | 388,900.                                    | 28,192.  |   |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....   | 42,879.                       | 40,888.                                     | 1,991.   |   |
| 9 Other employee benefits .....   | 74,941.                       | 71,187.                                     | 3,754.   |   |
| 10 Payroll taxes .....  | 53,972.                       | 51,695.                                     | 2,277.   |   |
| 11 Fees for services (non-employees):   |                               |   |  |   |
| a Management .....  | 94,676.                       |   | 94,676.  |   |
| b Legal .....   | 72,614.                       |   | 72,614.  |   |
| c Accounting .....  |                               |   |  |   |
| d Lobbying .....  |                               |   |  |   |
| e Professional fundraising services. See Part IV, line 17   |                               |   |  |   |
| f Investment management fees .....  | 218,722.                      |   | 218,722.   |   |
| g Other .....   | 878,704.                      | 631,486.                                    | 247,218.   |   |
| 12 Advertising and promotion .....  | 250,657.                      | 115,368.                                    | 25,309.  | 109,980.                                |
| 13 Office expenses .....  | 6,853.                        |   | 6,853.   |   |
| 14 Information technology .....   |                               |   |  |   |
| 15 Royalties .....  |                               |   |  |   |
| 16 Occupancy .....  |                               |   |  |   |
| 17 Travel .....   | 255,500.                      | 247,173.                                    | 8,327.   |   |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials   |                               |   |  |   |
| 19 Conferences, conventions, and meetings .....   |                               |   |  |   |
| 20 Interest .....   | 354.                          |   | 354.   |   |
| 21 Payments to affiliates .....   |                               |   |  |   |
| 22 Depreciation, depletion, and amortization .....  | 6,335.                        |   | 6,335.   |   |
| 23 Insurance .....  | 5,469.                        |   | 5,469.   |   |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) .....                                       |                               |   |  |   |
| a EVENTS- PROGRAMS  | 399,381.                      | 399,381.                                    |  |   |
| b TAXES, FEES AND LICENSE   | 31,386.                       |   | 31,386.  |   |
| c PROGRAMS RELATED GRANTS   | 24,268.                       | 24,268.                                     |  |   |
| d BANK FEES   | 20,796.                       |   | 20,796.  |   |
| e SPONSORSHIP   | 309.                          | 309.  |  |   |
| f All other expenses  | 44,956.                       | 24,773.                                     | 20,183.  |   |
| 25 Total functional expenses. Add lines 1 through 24f   | 3,268,474.                    | 2,364,038.                                  | 794,456.   | 109,980.                                |
| 26 Joint costs. Check here ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ..... |                               |   |  |   |

**Part X Balance Sheet**

|     |   | (A)<br>Beginning of year |         | (B)<br>End of year |
|-----|---|--------------------------|---------|--------------------|
|     | <b>Assets</b>   |                          |         |                    |
| 1   | Cash - non-interest-bearing .....   | 9,676,832.               | 1       | 3,603,855.         |
| 2   | Savings and temporary cash investments .....  |                          | 2       |                    |
| 3   | Pledges and grants receivable, net .....  |                          | 3       |                    |
| 4   | Accounts receivable, net .....  | 8,526.                   | 4       | 968,697.           |
| 5   | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....   |                          | 5       |                    |
| 6   | Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) ..... |                          | 6       |                    |
| 7   | Notes and loans receivable, net .....   |                          | 7       |                    |
| 8   | Inventories for sale or use .....   |                          | 8       |                    |
| 9   | Prepaid expenses and deferred charges .....   | 1,250.                   | 9       | 1,208.             |
| 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | 10a                      | 61,036. |                    |
| b   | Less: accumulated depreciation .....  | 10b                      | 38,396. | 6,321.             |
| 11  | Investments - publicly traded securities .....  | 16,930,368.              | 11      | 21,994,652.        |
| 12  | Investments - other securities. See Part IV, line 11 .....  |                          | 12      |                    |
| 13  | Investments - program-related. See Part IV, line 11 .....   | 1,000,000.               | 13      | 1,000,000.         |
| 14  | Intangible assets .....   |                          | 14      |                    |
| 15  | Other assets. See Part IV, line 11 .....  |                          | 15      |                    |
| 16  | <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....  | 27,623,297.              | 16      | 27,591,052.        |
|     | <b>Liabilities</b>  |                          |         |                    |
| 17  | Accounts payable and accrued expenses .....   | 149,443.                 | 17      | 274,189.           |
| 18  | Grants payable .....  |                          | 18      |                    |
| 19  | Deferred revenue .....  | 5,833.                   | 19      | 5,833.             |
| 20  | Tax-exempt bond liabilities .....   |                          | 20      |                    |
| 21  | Escrow or custodial account liability. Complete Part IV of Schedule D .....   |                          | 21      |                    |
| 22  | 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. Complete Part X of Schedule D .....  | 16,097,000.              | 25      | 11,995,389.        |
| 26  | <b>Total liabilities.</b> Add lines 17 through 25 .....   | 16,252,276.              | 26      | 12,275,411.        |
|     | <b>Net Assets or Fund Balances</b>  |                          |         |                    |
|     | Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.   |                          |         |                    |
| 27  | Unrestricted net assets .....   | 11,371,021.              | 27      | 15,315,641.        |
| 28  | Temporarily restricted net assets .....   |                          | 28      |                    |
| 29  | Permanently restricted net assets .....   |                          | 29      |                    |
|     | Organizations that do not follow SFAS 117, 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 .....   | 11,371,021.              | 33      | 15,315,641.        |
| 34  | <b>Total liabilities and net assets/fund balances</b> .....   | 27,623,297.              | 34      | 27,591,052.        |

**Part XI | Reconciliation of Net Assets**

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

|  |   |              |
|--|---|--------------|
| 1 Total revenue (must equal Part VIII, column (A), line 12) .....  | 1 | 1,934,659.   |
| 2 Total expenses (must equal Part IX, column (A), line 25) .....   | 2 | 3,268,474.   |
| 3 Revenue less expenses. Subtract line 2 from line 1 .....   | 3 | <1,333,815.> |
| 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .....                | 4 | 11,371,021.  |
| 5 Other changes in net assets or fund balances (explain in Schedule O) .....                                     | 5 | 5,278,435.   |
| 6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 15,315,641.  |

**Part XII | Financial Statements and Reporting**

Check if Schedule O contains a response to any question 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 _____<br>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? .....   | 2a  | X  |
| b Were the organization's financial statements audited by an independent accountant? .....   | 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? .....   | 2c  | X  |
| If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  |     |    |
| d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     |    |
| 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  |    |

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

# Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

MOZILLA FOUNDATION

Employer identification number

20-0097189

**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 that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I
  - b  Type II
  - c  Type III - Functionally integrated
  - d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f  If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box: \_\_\_\_\_
- g  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? \_\_\_\_\_
  - (ii) A family member of a person described in (i) above? \_\_\_\_\_
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above? \_\_\_\_\_
- h  Provide the following information about the supported organization(s).

|          | Yes | No |
|----------|-----|----|
| 11g(i)   |     |    |
| 11g(ii)  |     |    |
| 11g(iii) |     |    |

| (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 in col. (i) listed in your governing document? |    | (v) Did you notify the organization in col. (i) of your support? |    | (vi) Is the organization in col. (i) organized in the U.S.? |    | (vii) Amount of support |
|------------------------------------|----------|---|---|----|--|----|---|----|-------------------------|
|                                    |          |   | Yes   | No | Yes  | No | Yes   | No |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
| Total                              |          |   |   |    |  |    |   |    |                         |

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

Schedule A (Form 990 or 990-EZ) 2010

**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) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010   | (f) Total  |
|---|----------|----------|----------|----------|------------|------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  | 92,602.  | 54,200.  | 97,362.  | 222,687. | 1,354,085. | 1,820,936. |
| 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 <b>Total.</b> Add lines 1 through 3 .....   | 92,602.  | 54,200.  | 97,362.  | 222,687. | 1,354,085. | 1,820,936. |
| 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) ..... |          |          |          |          |            |            |
| <b>6 Public support.</b> Subtract line 5 from line 4.   |          |          |          |          |            | 775,924.   |
|   |          |          |          |          |            | 1,045,012. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2006   | (b) 2007   | (c) 2008   | (d) 2009 | (e) 2010   | (f) Total                  |
|---|------------|------------|------------|----------|------------|----------------------------|
| 7 Amounts from line 4 .....   | 92,602.    | 54,200.    | 97,362.    | 222,687. | 1,354,085. | 1,820,936.                 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...  | 1,364,547. | 1,241,139. | 1,204,746. | 644,054. | 558,292.   | 5,012,778.                 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on ...  | 94,590.    | 68,614.    | 66,086.    | 28,547.  | 10,346.    | 268,183.                   |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....  |            |            |            |          |            |                            |
| <b>11 Total support.</b> Add lines 7 through 10   |            |            |            |          |            | 7,101,897.                 |
| 12 Gross receipts from related activities, etc. (see instructions) .....  |            |            |            |          | 12         | 50,000.                    |
| 13 <b>First five years.</b> 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 2010 (line 6, column (f) divided by line 11, column (f)) .....  | 14 | 14.71 | % |
| 15 Public support percentage from 2009 Schedule A, Part II, line 14 .....  | 15 | 14.48 | % |
| <b>16a 33 1/3% support test - 2010.</b> 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 type="checkbox"/>   |    |       |   |
| <b>b 33 1/3% support test - 2009.</b> 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"/>   |    |       |   |
| <b>17a 10% -facts-and-circumstances test - 2010.</b> 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....    |    |       |   |
| ► <input checked="" type="checkbox"/>  |    |       |   |
| <b>b 10% -facts-and-circumstances test - 2009.</b> 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... |    |       |   |
| ► <input type="checkbox"/>   |    |       |   |
| <b>18 Private foundation.</b> 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"/>   |    |       |   |

**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) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (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 ...  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....  |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....   |          |          |          |          |          |           |
| <b>b</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 .....    |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....   |          |          |          |          |          |           |
| <b>8 Public support</b> (Subtract line 7c from line 6.)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 .....   |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....   |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....  |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....  |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....   |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....   |          |          |          |          |          |           |
| <b>13 Total support</b> (Add lines 9, 10c, 11, and 12.)   |          |          |          |          |          |           |
| <b>14 First five years.</b> 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 <b>stop here</b> ► <input type="checkbox"/> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|   |    |   |
|---|----|---|
| 15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) ..... | 15 | % |
| 16 Public support percentage from 2009 Schedule A, Part III, line 15 .....                      | 16 | % |

**Section D. Computation of Investment Income Percentage**

|   |    |   |
|---|----|---|
| 17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) .....  | 17 | % |
| 18 Investment income percentage from 2009 Schedule A, Part III, line 17 .....   | 18 | % |
| <b>19a 33 1/3% support tests - 2010.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>         |    |   |
| <b>b 33 1/3% support tests - 2009.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization ► <input type="checkbox"/> |    |   |
| <b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>   |    |   |

**Part IV**

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

MOZILLA FOUNDATION ("THE FOUNDATION") QUALIFIES AS A PUBLICLY SUPPORTED CHARITY DESCRIBED IN SECTION 509(A)(1) OF THE INTERNAL REVENUE CODE UNDER THE FACTS-AND-CIRCUMSTANCES TEST OF REG. SEC. 1.170A-9T(F).

SUBSTANTIAL PUBLIC SUPPORT AND SOURCES OF SUPPORT

THE FOUNDATION'S SUPPORT FROM THE GENERAL PUBLIC FOR THE PRIOR FIVE TAXABLE YEARS, 2006 THROUGH 2010, IS 14.71%, IN EXCESS OF THE 10% PUBLIC SUPPORT REQUIRED BY THE REGULATIONS. THIS SUPPORT HAS BEEN RECEIVED FROM NUMEROUS INDIVIDUALS AND ORGANIZATIONS RATHER THAN FROM MEMBERS OF A SINGLE FAMILY OR ENTITY.

ATTRACTION OF PUBLIC SUPPORT

MOZILLA FOUNDATION HAS ACTIVELY SOUGHT PUBLIC SUPPORT FROM THE VERY OUTSET, AND IT HAS CONTINUOUSLY AND SUCCESSFULLY ATTRACTED SUCH SUPPORT OVER ITS LIFETIME.

LIKE MANY NEW ORGANIZATIONS, THE FOUNDATION HAS ADJUSTED THE FOCUS OF ITS FUNDRAISING EFFORTS OVER TIME TO MAKE THEM MORE SUCCESSFUL AND IN KEEPING WITH THE FOUNDATION'S CHANGING PROGRAMS. FOR INSTANCE, EARLY FUNDRAISING EFFORTS WERE FOCUSED ON SUPPORT COMPANIES AND INDIVIDUALS IN THE TECHNOLOGY FIELD ABLE TO PROVIDE BOTH LARGE GRANTS AND TECHNICAL EXPERTISE TO GET THE FOUNDATION ON A STABLE FOOTING. AS THE FOUNDATION BECAME LESS DEPENDENT ON THIS KIND OF SUPPORT, IT HAS RETURNED THE FOCUS OF ITS SOLICITATION EFFORTS TO MEMBERS OF THE PUBLIC INTERESTED IN MAINTAINING THE INTERNET AS A PUBLIC RESOURCE AND TO FOUNDATIONS WITH AN INTEREST THE SOCIAL BENEFITS OF INNOVATION ON THE WEB.

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

IN RECENT YEARS, THE FOUNDATION HAS BEEN ACTIVELY HIRING NEW STAFF AND INVESTING IN NEW PROGRAMS AIMED AT INCREASING THE NUMBER AND DIVERSITY OF WAYS THAT THE PUBLIC CAN SUPPORT MOZILLA. THIS INCLUDES THE HIRING OF A NEW EXECUTIVE DIRECTOR WITH EXTENSIVE NON-PROFIT AND FUNDRAISING EXPERIENCE AS WELL ADDITIONAL STAFF WITH A TRACK RECORD IN PUBLIC ENGAGEMENT AND FUNDRAISING. IT ALSO INCLUDES THE CREATION OF NEW PROGRAMS LIKE MOZILLA DRUMBEAT WHICH HAVE ATTRACTED SUPPORT FROM INDIVIDUALS AND FOUNDATIONS INTERESTED IN THE RELATIONSHIP BETWEEN THE PUBLIC NATURE OF THE INTERNET AND OTHER PUBLIC GOODS SUCH AS EDUCATION AND A VIBRANT AND FREE PRESS. MOZILLA CONTINUES TO IMPROVE ITS WEB SITE AND ONLINE DONATIONS INFRASTRUCTURE.

THE RESULTS OF THIS INVESTMENT BEGAN TO BEAR SIGNIFICANT FRUIT IN 2010. TOTAL PUBLIC CONTRIBUTIONS AND GRANTS GREW BY OVER 500%, FROM \$222,687 IN 2009 TO \$1,354,085 IN 2010. THIS PUT THE FOUNDATION AT 14.71% PUBLIC SUPPORT AT THE END OF THE CURRENT FIVE YEAR PERIOD. THE NUMBER OF INDIVIDUALS MAKING DONATIONS TO MOZILLA GREW BY 125% FROM 2,465 IN 2009 TO 5,588 IN 2010. FURTHER GROWTH IN PUBLIC SUPPORT IS EXPECTED IN 2011 AND BEYOND AS A RESULT OF INVESTMENTS MADE IN RECENT YEARS.

THE FOUNDATION EASILY MEETS THE CRITERION OF TREASURY REGULATION 1.170A-9T(F) THAT IT BE "SO ORGANIZED AND OPERATED TO ATTRACT NEWS AND ADDITIONAL PUBLIC AND GOVERNMENTAL SUPPORT ON A CONTINUOUS BASIS." MANY THOUSANDS OF INDIVIDUALS AND ORGANIZATIONS HAVE DONATED MONEY TO MOZILLA OVER THE YEARS, RAISING OVER \$5.6 MILLION IN THE 2003 - 2010 PERIOD. THOUSANDS MORE PEOPLE HAVE DONATED THEIR TIME TO HELP WITH MOZILLA PROJECTS.

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

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REPRESENTATIVE GOVERNING BODY

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

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AVAILABILITY OF PUBLIC SERVICES AND PUBLIC PARTICIPATION IN PROGRAMS

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MOZILLA FOUNDATION'S EFFORTS TO PROMOTE THE INTERNET AS A PUBLIC COMMONS ARE OF INTEREST TO ANYONE WHO USES THE INTERNET AND THE WORLD WIDE WEB, WHETHER FOR EDUCATION, CIVIC PURPOSES, BUSINESS OR PERSONAL AND FAMILY MATTERS.

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

**Part IV**

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

INNOVATIONS BY REPURPOSING THEM AND CREATING DERIVATIVE WORKS.

THE MOZILLA PROJECT IS DRIVEN BY THE INVOLVEMENT AND PARTICIPATION OF OVER  
25,000 VOLUNTEERS FROM THE UNITED STATES AND AROUND THE WORLD. THESE  
VOLUNTEERS ARE INVOLVED IN EVERYTHING FROM THE DEVELOPMENT OF THE CORE  
MOZILLA SOFTWARE PLATFORM AND THE DEVELOPMENT AND LOCALIZATION OF  
FIREFOX, THUNDERBIRD, POPCORN.JS, PROCESSING.JS AND OTHER  
MOZILLA-SPONSORED OPEN SOURCE SOFTWARE PROJECTS TO DELIVERY OF  
MOZILLA-SUPPORTED EDUCATIONAL EFFORTS LIKE THE SCHOOL OF WEB CRAFT AND  
HACKASAURUS TO THE WIDESPREAD PROMOTION OF OPEN WEB TECHNOLOGIES WITHIN  
THE FIELDS OF MEDIA, EDUCATION AND SOCIETY AS A WHOLE.



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

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

OMB No. 1545-0047

**2010**

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 organizationForm 990-PF       501(c)(3) exempt private foundation                  4947(a)(1) nonexempt charitable trust treated as a private foundation                  501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

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

**Special Rules**

- For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ► \$ \_\_\_\_\_

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization

MOZILLA FOUNDATION

Employer identification number

20-0097189

**Part I Contributors** (see instructions)

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Aggregate contributions | (d)<br>Type of contribution  |
|------------|--|--------------------------------|--|
| 1          | BIT TORRENT<br><br>612 HOWARD ST. SUITE 400<br><br>SAN FRANCISCO, CA 94105                               | \$ 13,000.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 2          | ENTROPY WAVE<br><br>2261 MARKET STREET 227<br><br>SAN FRANCISCO, CA 94114                                | \$ 5,000.                      | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 3          | ICOMMONS LTS<br><br>FAIRFAX HOUSE, 15 FULWOOD PLACE<br><br>LONDON, UNITED KINGDOM WC1V 6AY               | \$ 10,000.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 4          | KNIGHT FOUNDATION<br><br>WACHOVIA FIN. CENTER STE 3300, 200 S<br><br>BISCAYNE BLVD, MIAMI, FL 33131-2349 | \$ 735,000.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 5          | MACARTHUR FOUNDATION<br><br>140 SOUTH DEARBORN STREET. SUITE 1200<br><br>CHICAGO, IL 60603               | \$ 175,000.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 6          | KALTURE INC<br><br>41 E 11TH ST FLOOR 11<br><br>NEW YORK, NY 10003-4602                                  | \$ 20,000.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |

Name of organization

Employer identification number

MOZILLA FOUNDATION

20-0097189

**Part I** **Contributors** (see instructions)

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Aggregate contributions | (d)<br>Type of contribution  |
|------------|--|--------------------------------|--|
| 7          | MITCHELL KAPOR FOUNDATION<br>543 HOWARD STREET, 5TH FLOOR<br>SAN FRANCISCO, CA 94105 | \$ 25,000.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 8          | ONEWEBDAY<br>543 HOWARD STREET, 5TH FLOOR<br>SAN FRANCISCO, CA 94105                 | \$ 10,000.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 9          | RED HAT<br>1801 VARSITY DRIVE. RALEIGH<br>RALEIGH, NC 27606                          | \$ 5,000.                      | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 10         | SHUTTLEWORTH FOUNDATION<br>DURBANVILLE<br>CAPE TOWN 7551, SOUTH AFRICA               | \$ 10,560.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 11         | VERISIGN INC<br>501 EAST MIDDLEFIELD ROAD, BUILDING 3<br>MOUNTAIN VIEW, CA 94043     | \$ 15,000.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 12         | YALE UNIVERSITY<br>NEW HAVEN<br>CONNECTICUT , CT 06520-9128                          | \$ 7,000.                      | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |

Name of organization

Employer identification number

MOZILLA FOUNDATION

20-0097189

**Part I Contributors** (see instructions)

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Aggregate contributions | (d)<br>Type of contribution  |
|------------|---|--------------------------------|--|
| 13         | ZERODIVIDE<br><br>425 BUSH STREET. SUITE 300<br><br>SAN FRANCISCO, CA 94108 | \$ 75,000.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><br>(Complete Part II if there is a noncash contribution.) |
| 14         |   | \$ _____                       | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><br>(Complete Part II if there is a noncash contribution.) |
|            |   | \$ _____                       | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><br>(Complete Part II if there is a noncash contribution.)            |
|            |   | \$ _____                       | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><br>(Complete Part II if there is a noncash contribution.)            |
|            |   | \$ _____                       | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><br>(Complete Part II if there is a noncash contribution.)            |
|            |   | \$ _____                       | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><br>(Complete Part II if there is a noncash contribution.)            |
|            |   | \$ _____                       | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><br>(Complete Part II if there is a noncash contribution.)            |
|            |   | \$ _____                       | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><br>(Complete Part II if there is a noncash contribution.)            |

**Name of organization**

**Employer identification number**

MOZILLA FOUNDATION

20-0097189

**Part II Noncash Property** (see instructions)

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

**Name of organization**

**Employer identification number**

MOZILLA FOUNDATION

20-0097189

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. 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 information once. See instructions.) ► \$

| (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 |
|                     |   |                 |  |
|                     |   |                 |  |
|                     |   |                 |  |
|                     | (e) Transfer of gift                    |                 |  |
|                     | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                     |   |                 |  |
|                     |   |                 |  |
|                     | (e) Transfer of gift                    |                 |  |
|                     | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                     |   |                 |  |
|                     |   |                 |  |
|                     | (e) Transfer of gift                    |                 |  |
|                     | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                     |   |                 |  |
|                     |   |                 |  |

**SCHEDULE D**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

**2010**Open to Public  
Inspection

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.

|   | (a) Donor advised funds      | (b) Funds and other accounts |
|---|------------------------------|------------------------------|
| 1 Total number at end of year .....   |                              |                              |
| 2 Aggregate contributions to (during year) .....  |                              |                              |
| 3 Aggregate grants from (during year) .....   |                              |                              |
| 4 Aggregate value at end of year .....  |                              |                              |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |

**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).   |  |
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)  | <input type="checkbox"/> Preservation of an historically important land area |
| <input type="checkbox"/> Protection of natural habitat  | <input type="checkbox"/> Preservation of a certified historic structure      |
| <input type="checkbox"/> Preservation of open space   |  |
| 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.   |  |
| a Total number of conservation easements .....  | Held at the End of the Tax Year  |
| 2a .....  | 2a   |
| 2b .....  | 2b   |
| 2c .....  | 2c   |
| 2d .....  | 2d   |
| 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? .....  | <input type="checkbox"/> Yes <input type="checkbox"/> No                     |
| 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)? .....   | <input type="checkbox"/> Yes <input type="checkbox"/> No                     |
| 9 In Part XIV, 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 XIV, the text of the footnote to its financial statements that describes these items. |            |
| b 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) Revenues included in Form 990, Part VIII, line 1 .....  | ► \$ ..... |
| (ii) Assets included in Form 990, Part X .....  | ► \$ ..... |
| 2 If the organization received or held works of art, historical 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 Revenues included in Form 990, Part VIII, line 1 .....  | ► \$ ..... |
| b Assets included in Form 990, Part X .....   | ► \$ ..... |

**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):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations

- d  Loan or exchange programs
- e  Other \_\_\_\_\_

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

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 XIV and complete the following table:

|    | Amount |
|----|--------|
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV.

**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 year end balance held as:

a Board designated or quasi-endowment ► \_\_\_\_\_ %

b Permanent endowment ► \_\_\_\_\_ %

c Term endowment ► \_\_\_\_\_ %

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

- (i) unrelated organizations .....
- (ii) related organizations .....

| Yes    | No |
|--------|----|
| 3a(i)  |    |
| 3a(ii) |    |
| 3b     |    |

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

| Description of investment      | (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 .....              |                                      | 61,036.                         | 38,396.                      | 22,640.        |
| e Other .....                  |                                      |                                 |                              |                |

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ► 22,640.

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security) | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives .....   |                |  |
| (2) Closely-held equity interests .....                                 |                |  |
| (3) Other _____   |                |  |
| (A) _____   |                |  |
| (B) _____   |                |  |
| (C) _____   |                |  |
| (D) _____   |                |  |
| (E) _____   |                |  |
| (F) _____   |                |  |
| (G) _____   |                |  |
| (H) _____   |                |  |
| (I) _____   |                |  |
| <b>Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ►</b> |                |  |

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

| (a) Description of investment type                                      | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1) _____   |                |  |
| (2) _____   |                |  |
| (3) _____   |                |  |
| (4) _____   |                |  |
| (5) _____   |                |  |
| (6) _____   |                |  |
| (7) _____   |                |  |
| (8) _____   |                |  |
| (9) _____   |                |  |
| (10) _____  |                |  |
| <b>Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ►</b> |                |  |

**Part IX Other Assets.** See Form 990, Part X, line 15.

| (a) Description  | (b) Book value |
|--|----------------|
| (1) _____  |                |
| (2) _____  |                |
| (3) _____  |                |
| (4) _____  |                |
| (5) _____  |                |
| (6) _____  |                |
| (7) _____  |                |
| (8) _____  |                |
| (9) _____  |                |
| (10) _____   |                |
| <b>Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ►</b> |                |

**Part X Other Liabilities.** See Form 990, Part X, line 25.

| 1. (a) Description of liability  | (b) Amount         |
|--|--------------------|
| (1) Federal income taxes   |                    |
| (2) UNRECOGNIZED INCOME TAX BENEFITS                                       | <b>11,995,389.</b> |
| (3) _____  |                    |
| (4) _____  |                    |
| (5) _____  |                    |
| (6) _____  |                    |
| (7) _____  |                    |
| (8) _____  |                    |
| (9) _____  |                    |
| (10) _____   |                    |
| (11) _____   |                    |
| <b>Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ►</b> | <b>11,995,389.</b> |

FIN 48 (ASC 740) Footnote: In Part XIV, provide the text or the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

|   |    |  |
|---|----|--|
| 1 Total revenue (Form 990, Part VIII, column (A), line 12) .....                                  | 1  |  |
| 2 Total expenses (Form 990, Part IX, column (A), line 25) .....                                   | 2  |  |
| 3 Excess or (deficit) for the year. Subtract line 2 from line 1 .....                             | 3  |  |
| 4 Net unrealized gains (losses) on investments .....  | 4  |  |
| 5 Donated services and use of facilities .....  | 5  |  |
| 6 Investment expenses .....   | 6  |  |
| 7 Prior period adjustments .....  | 7  |  |
| 8 Other (Describe in Part XIV.) .....   | 8  |  |
| 9 Total adjustments (net). Add lines 4 through 8 .....  | 9  |  |
| 10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 ..... | 10 |  |

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

|   |    |  |
|---|----|--|
| 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 on investments .....   | 2a |  |
| b Donated services and use of facilities .....  | 2b |  |
| c Recoveries of prior year grants .....   | 2c |  |
| d Other (Describe in Part XIV.) .....   | 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 XIV.) .....   | 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 XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

|  |    |  |
|--|----|--|
| 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 XIV.) .....  | 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 XIV.) .....  | 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 XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**SUMMARIZED FIN 48 DISCLOSURE:**

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

**Part XIV Supplemental Information (continued)**

SUSTAINED. ALSO, UNDER THE STANDARDS, INTEREST EXPENSE IS RECOGNIZED ON THE FULL AMOUNT OF DEFERRED BENEFITS FOR UNCERTAIN TAX POSITIONS.

THE ACTIVITY RELATED TO MOZILLA'S UNRECOGNIZED TAX BENEFITS IS SET FORTH BELOW:

|   |               |
|---|---------------|
| BALANCE AT JANUARY 1, 2010                    | \$16,097,000  |
| INCREASES RELATED TO PRIOR YEAR TAX POSITIONS | \$440,000     |
| SETTLEMENTS                                   | (\$4,542,000) |
| BALANCE AT DECEMBER 31, 2010                  | \$11,995,000  |

MOZILLA ALSO ACCRUED POTENTIAL PENALTIES AND INTEREST OF \$143,000 AND \$635,000 RELATED TO THESE UNRECOGNIZED TAX BENEFITS DURING 2010 AND 2009, RESPECTIVELY, AND IN TOTAL, AS OF DECEMBER 31, 2010 AND 2009, MOZILLA HAS RECORDED A LIABILITY FOR POTENTIAL PENALTIES AND INTEREST OF \$3,077,000 AND \$2,954,000, RESPECTIVELY. MOZILLA RECOGNIZES INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS WITHIN THE INCOME TAX EXPENSE LINE IN THE ACCOMPANYING STATEMENT OF ACTIVITIES AND CHANGE IN NET ASSETS. ACCRUED INTEREST AND PENALTIES ARE INCLUDED WITHIN THE UNRECOGNIZED TAX BENEFITS LINE IN THE STATEMENT OF FINANCIAL POSITION.

MOZILLA FILES U.S. AND STATE TAX RETURNS IN JURISDICTIONS WITH VARYING STATUTES OF LIMITATIONS. ALL TAX YEARS GENERALLY REMAIN SUBJECT TO EXAMINATION BY FEDERAL AND MOST STATE TAX AUTHORITIES.

THE IRS HAS EXAMINED THE FOUNDATION'S FEDERAL TAX RETURNS FOR THE YEARS 2004 THROUGH 2007, AND HAS ACCEPTED TAX RETURNS RELATED TO YEAR 2006 THROUGH 2007 AS FILED. AS A RESULT OF THE PROGRESS IN THE FOUNDATION

**Part XIV Supplemental Information (continued)**

EXAMINATION, THE FOUNDATION RECOGNIZED \$4,542,000 OF INCOME TAX BENEFITS.

MOZILLA DOES NOT EXPECT THE REMAINING EXAMINATIONS TO BE COMPLETED WITHIN

THE NEXT TWELVE MONTHS. THEREFORE MOZILLA DOES NOT ANTICIPATE ANY

SIGNIFICANT CHANGE TO ITS UNRECOGNIZED TAX BENEFIT BALANCE IN 2011.

**SCHEDULE F**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Statement of Activities Outside the United States**

► Complete if the organization answered "Yes" to Form 990,  
Part IV, line 14b, 15, or 16.  
► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

**2010**Open to Public  
Inspection

Name of the organization

Employer identification number

**MOZILLA FOUNDATION****20-0097189****Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

**1 For grantmakers.** 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 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds 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 |
|---|-------------------------------------|--|---|--|--|
| NORTH AMERICA   |                                     |  | GRANTS TO RECIPIENTS LOCATED IN REGION  |  | 49,870.  |
| EUROPE  |                                     |  | GRANTS TO RECIPIENTS LOCATED IN REGION  |  | 7,946.   |
|   |                                     |  |   |  |  |
|   |                                     |  |   |  |  |
|   |                                     |  |   |  |  |
|   |                                     |  |   |  |  |
|   |                                     |  |   |  |  |
| <b>3 a Sub-total .....</b>                              | 0                                   | 0  |   |  | 57,816.  |
| <b>b Total from continuation sheets to Part I .....</b> | 0                                   | 0  |   |  | 0.   |
| <b>c Totals (add lines 3a and 3b) .....</b>             | 0                                   | 0  |   |  | 57,816.  |

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

Schedule F (Form 990) 2010

MOZILLA FOUNDATION

**Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any grants and other assistance to organizations or entities outside the United States. Grants include contributions, grants, and other amounts received from foreign governments, foundations, corporations, individuals, and other organizations.

Part II can be duplicated if additional space is needed.

**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 .....

1

Schedule F (Form 990) 2010

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

Part III can be duplicated if additional space is needed.

**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) .....  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, *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) .....  Yes  No

**Part V Supplemental Information**

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

SCHEDULE F, PART I, LINE 2: WE MAINTAIN ONLINE INFORMATION ON GRANTS ON OUR INTRANET, INCLUDING GRANT AMOUNTS, THE NAME, COUNTRY, AND TYPE OF GRANTEE (E.G., AUSTRALIA-BASED FOR-PROFIT CORPORATION, UK-BASED NONPROFIT, ETC.) AND SUPPORTING DOCUMENTATION SUCH AS GRANT PROPOSALS, SIGNED AGREEMENTS, REPORTS FROM GRANTEES, ETC. IN SOME CASES WE HAVE AN EXPLICIT ASSESSMENT SECTION ON THE GRANT PAGE THAT CONTAINS OUR EVALUATION OF THE PROPOSAL AND THE GRANTEE; IN OTHER CASES THAT INFORMATION IS IN OUR EMAIL ARCHIVES.

WE ENTER APPROPRIATE CONTRACTUAL AGREEMENTS WITH INDIVIDUAL OR CORPORATE GRANTEES REQUIRING THEM TO ACCOMPLISH CHARITABLE WORK OF DIRECT BENEFIT TO THE PUBLIC AND SPECIFICALLY DESCRIBED IN A STATEMENT OF WORK. PAYMENTS ARE TYPICALLY TIED TO ACHIEVEMENT OF SPECIFIC MILESTONES; THE INDIVIDUALS OR CORPORATIONS INVOICE THE MOZILLA FOUNDATION, AND WE MAKE OUR GRANT PAYMENT AFTER CONFIRMING THAT THE GRANTEE HAS COMPLETED THE AGREED-UPON WORK.

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

[HTTP://CLASSIC.COF.ORG/ACTION/CONTENT.CFM?ITEMNUMBER=1648](http://classic.cof.org/action/content.cfm?itemnumber=1648)

PRIOR TO MAKING A GRANT TO A FOREIGN NONPROFIT, WE REVIEW SUPPORTING DOCUMENTATION PROVIDED BY THE GRANTEE OR PUBLICLY AVAILABLE ONLINE TO DETERMINE THAT IT IS EQUIVALENT TO A U.S. PUBLIC CHARITY.

**Part V** Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); 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.

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

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

- 3** Enter total number of other organizations .....

- LHA For Paperwork Reduction Act Notice, see

MOZILLA FOUNDATION

### **III Grants and Other Assistance to Individuals in the United States**

Part III can be duplicated if additional space is needed.

**Draft** **IV** **Supplemental Information** Comprise this note to provide the information required in Part I lines C and D in respect of additional information

SCHEDULE I, PART I, LINE 2 : WE MAINTAIN ONLINE INFORMATION ON GRANTS ON OUR INTRANET, INCLUDING GRANT AMOUNTS , THE NAME , COUNTRY , AND TYPE OF GRANTEE  
(E.G., US-BASED INDIVIDUAL, 501(C)(3)) AND SUPPORTING DOCUMENTATION SUCH AS  
GRANT PROPOSALS, SIGNED AGREEMENTS, REPORTS FROM GRANTEES, ETC. IN SOME  
CASES WE HAVE AN EXPLICIT ASSESSMENT SECTION ON THE GRANT PAGE THAT  
CONTAINS OUR EVALUATION OF THE PROPOSAL AND THE GRANTEE; IN OTHER CASES  
THAT INFORMATION IS IN OUR EMAIL ARCHIVES.

WE ENTER APPROPRIATE CONTRACTUAL AGREEMENTS WITH INDIVIDUAL OR CORPORATE

**Part IV Supplemental Information**

GRANTEES REQUIRING THEM TO ACCOMPLISH CHARITABLE WORK OF DIRECT BENEFIT TO THE PUBLIC AND SPECIFICALLY DESCRIBED IN A STATEMENT OF WORK. PAYMENTS ARE TYPICALLY TIED TO ACHIEVEMENT OF SPECIFIC MILESTONES; THE INDIVIDUALS OR CORPORATIONS INVOICE THE MOZILLA FOUNDATION, AND WE MAKE OUR GRANT PAYMENT AFTER CONFIRMING THAT THE GRANTEE HAS COMPLETED THE AGREED-UPON WORK.

FOR US-BASED NON-PROFIT ORGANIZATIONS WE USE A GRANT AGREEMENT THAT INCLUDES AN ATTESTATION OF 501(C)(3) STATUS AND OTHER CONDITIONS. WE EITHER ASK FOR A DETERMINATION LETTER OR CHECK THEIR 501(C)(3) STATUS ONLINE.

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

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

**SCHEDULE J**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees

► Complete if the organization answered "Yes" to Form 990,

Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

**2010**Open to Public  
Inspection

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"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? .....

- 3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <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 from the organization or a related organization? .....
- 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) and 501(c)(4) organizations must complete lines 5-9.**

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

- 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)? .....

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

Schedule J (Form 990) 2010

**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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

| (A) Name         | (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 reported in prior Form 990 or Form 990-EZ |
|------------------|--|-------------------------------------|-------------------------------------|--|-------------------------|--------------------------------|--|
|                  | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                |  |
| 1 MITCHELL BAKER | (i) 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                             | 0.   |
|                  | (ii) 319,091.                                      | 101,720.                            | 0.                                  | 144,848.                                       | 24,294.                 | 589,953.                       | 0.   |
| 2 BRENDAN EICH   | (i) 325,500.                                       | 101,720.                            | 0.                                  | 0.   | 0.                      | 0.                             | 0.   |
|                  | (ii) 0.  | 0.                                  | 0.                                  | 144,848.                                       | 17,604.                 | 589,953.                       | 0.   |
| 3 JAMES COOK     | (i) 262,500.                                       | 102,033.                            | 0.                                  | 0.   | 0.                      | 0.                             | 0.   |
|                  | (ii) 174,784.                                      | 0.                                  | 188.                                | 129,938.                                       | 17,698.                 | 512,357.                       | 0.   |
| 4 MARK SURMAN    | (i) 0.   | 0.                                  | 0.                                  | 0.   | 9,176.                  | 6,334.                         | 190,294.   |
|                  | (ii) 0.  | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                             | 0.   |
| 5                |  |                                     |                                     |  |                         |                                |  |
| 6                |  |                                     |                                     |  |                         |                                |  |
| 7                |  |                                     |                                     |  |                         |                                |  |
| 8                |  |                                     |                                     |  |                         |                                |  |
| 9                |  |                                     |                                     |  |                         |                                |  |
| 10               |  |                                     |                                     |  |                         |                                |  |
| 11               |  |                                     |                                     |  |                         |                                |  |
| 12               |  |                                     |                                     |  |                         |                                |  |
| 13               |  |                                     |                                     |  |                         |                                |  |
| 14               |  |                                     |                                     |  |                         |                                |  |
| 15               |  |                                     |                                     |  |                         |                                |  |
| 16               |  |                                     |                                     |  |                         |                                |  |

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2010**  
Open to Public  
Inspection

Name of the organization

MOZILLA FOUNDATION

Employer identification number  
20-0097189

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

EVENTS

IN 2010, MOZILLA ESTABLISHED AN EVENTS PROGRAM TO GROW GLOBAL INVOLVEMENT IN ITS COMMUNITY AND INNOVATION PROGRAMS. THE FLAGSHIP EVENT WAS THE FIRST ANNUAL MOZILLA FESTIVAL: A 600 PERSON HANDS-ON WORKSHOP ON EDUCATIONAL INNOVATION AND THE WEB HELD IN BARCELONA, SPAIN. THE FOUNDATION ALSO SUPPORTED SMALLER, SELF-ORGANIZED LOCAL WORKSHOPS ON OPEN EDUCATION, MEDIA AND WEB IN NEW YORK, BOSTON, SAN DIEGO, TORONTO, BERLIN, SAO PAULO AND 15 OTHER CITIES AROUND THE WORLD.

IN 2010, MOZILLA SPENT \$399,381 ON ITS EVENTS PROGRAM.

EXPENSES \$ 193,363. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

FORM 990, PART VI, SECTION B, LINE 12C: MOZILLA REQUIRES ALL BOARD MEMBERS TO RESPOND TO AN ANNUAL QUESTIONNAIRE THAT DETAILS POTENTIAL CONFLICTS OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15: MARK SURMAN'S COMPENSATION WAS

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  
032211  
01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

Name of the organization

MOZILLA FOUNDATION

Employer identification number

20-0097189

REVIEWED AND APPROVED BY THE BOARD. A COMPENSATION PROPOSAL WAS DEVELOPED USING INDUSTRY STANDARD DATA REPORTS (RADFORD, INFOCOMPSTUDY, OTHERS). THE METHODOLOGY WAS CONSISTENT WITH PRIOR YEARS.

FORM 990, PART VI, SECTION C, LINE 19: THE 1023, 990, 990-T, GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC ON THE MOZILLA FOUNDATION'S WEBSITE.

PART VII, SECTION A, COLUMN B

MITCHELL BAKER AND BRENDAN EICH PROVIDE AN ESTIMATED 40 HOURS PER WEEK TO MOZILLA CORPORATION, A RELATED ORGANIZATION. JAMES COOK PROVIDES AN ESTIMATED 40 HOURS PER WEEK TO MOZILLA CORPORATION AND MOZILLA MESSAGING, BOTH RELATED ORGANIZATIONS.

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

|                                       |            |
|---------------------------------------|------------|
| UNREALIZED GAINS ON INVESTMENT ASSETS | 1,198,697. |
| DEFERRED TAX BENEFIT                  | 4,079,738. |
| TOTAL TO FORM 990, PART XI, LINE 5    | 5,278,435. |

FORM 990, PART XI, LINE 2C: THE PROCESS TO SELECT AN INDEPENDENT AUDITOR DID NOT CHANGE FROM THE PRIOR YEAR.

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

**Related Organizations and Unrelated Partnerships**  
 ► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
 ▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047  
**2010**  
 Open to Public  
 Inspection

Name of the organization

MOZILLA FOUNDATION

**See separate instructions.**

Employer identification number  
**20-0097189**

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

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

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

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

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

032161  
12-21-10 LHA

**Schedule R (Form 990) 2010**

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

| (a)  | (b)              | (c)                                       | (d)                       | (e)   | (f)                   | (g)                         | (h)                                     | (i)   | (j)                                    | (k)                            |
|--|------------------|---|---------------------------|---|-----------------------|-----------------------------|---|---|--|--------------------------------|
| Name, address, and EIN of related organization | Primary activity | Legal domicile (state or foreign country) | Direct controlling entity | Predominant income (related, unrelated, excluded from tax under sections 512-514) | Share of total income | Share of end-of-year assets | Disproportionate allocations? Yes<br>No | Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | General or managing partner? Yes<br>No | Percentage ownership Yes<br>No |
|  |                  |   |                           |   |                       |                             |   |   |  |                                |
|  |                  |   |                           |   |                       |                             |   |   |  |                                |
|  |                  |   |                           |   |                       |                             |   |   |  |                                |
|  |                  |   |                           |   |                       |                             |   |   |  |                                |
|  |                  |   |                           |   |                       |                             |   |   |  |                                |
|  |                  |   |                           |   |                       |                             |   |   |  |                                |
|  |                  |   |                           |   |                       |                             |   |   |  |                                |
|  |                  |   |                           |   |                       |                             |   |   |  |                                |
|  |                  |   |                           |   |                       |                             |   |   |  |                                |
|  |                  |   |                           |   |                       |                             |   |   |  |                                |
|  |                  |   |                           |   |                       |                             |   |   |  |                                |
|  |                  |   |                           |   |                       |                             |   |   |  |                                |
|  |                  |   |                           |   |                       |                             |   |   |  |                                |

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

| (a)  | (b)  | (c)                                       | (d)                       | (e)                                       | (f)                   | (g)                         | (h)                  |
|--|--|---|---------------------------|---|-----------------------|-----------------------------|----------------------|
| Name, address, and EIN of related organization | Primary activity   | Legal domicile (state or foreign country) | Direct controlling entity | Type of entity (C corp, S corp, or trust) | Share of total income | Share of end-of-year assets | Percentage ownership |
| MOZILLA CORPORATION - 20-3226186               |  |   |                           |   |                       |                             |                      |
| 650 CASTRO ST. SUITE 300                       |  |   |                           |   |                       |                             |                      |
| MOUNTAIN VIEW, CA 94041                        | INTERNET SERVICES  | CA  | MOZILLA FOUNDATION        | C CORP                                    | 122,301,439.          | 140,483,958.                | 100.00%              |
| MOZILLA MESSAGING - 26-1947919                 |  |   |                           |   |                       |                             |                      |
| 650 CASTRO ST. SUITE 300                       | MANAGE AND DEVELOP<br>OPEN SOURCE EMAIL<br>(THUNDERBIRD) | CA  | MOZILLA FOUNDATION        | C CORP                                    | 2,119,222.            | 357,661.                    | 100.00%              |
| MOUNTAIN VIEW, CA 94041                        |  |   |                           |   |                       |                             |                      |
|  |  |   |                           |   |                       |                             |                      |
|  |  |   |                           |   |                       |                             |                      |
|  |  |   |                           |   |                       |                             |                      |
|  |  |   |                           |   |                       |                             |                      |
|  |  |   |                           |   |                       |                             |                      |
|  |  |   |                           |   |                       |                             |                      |

**Part V. Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, 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?
- a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity .....
  - b Gift, grant, or capital contribution to other organization(s) .....
  - c Gift, grant, or capital contribution from other organization(s) .....
  - d Loans or loan guarantees to or for other organization(s) .....
  - e Loans or loan guarantees by other organization(s) .....
  - f Sale of assets to other organization(s) .....
  - g Purchase of assets from other organization(s) .....
  - h Exchange of assets .....
  - i Lease of facilities, equipment, or other assets to other organization(s) .....
  - j Lease of facilities, equipment, or other assets from other organization(s) .....
  - k Performance of services or membership or fundraising solicitations for other organization(s) .....
  - l Performance of services or membership or fundraising solicitations by other organization(s) .....
  - m Sharing of facilities, equipment, mailing lists, or other assets .....
  - n Sharing of paid employees .....
  - o Reimbursement paid to other organization for expenses .....
  - p Reimbursement paid by other organization for expenses .....
  - q Other transfer of cash or property to other organization(s) .....
  - r Other transfer of cash or property from other organization(s) .....

- 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.
- (1) MOZILLA CORPORATION

|     | <b>(a)</b><br>Name of other organization | <b>(b)</b><br>Transaction type (a-r) | <b>(c)</b><br>Amount involved | <b>(d)</b><br>Method of determining amount involved |
|-----|--|--------------------------------------|-------------------------------|---|
| (2) |  |                                      |                               |   |
| (3) |  |                                      |                               |   |
| (4) |  |                                      |                               |   |
| (5) |  |                                      |                               |   |
| (6) |  |                                      |                               |   |



# TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING  
DECEMBER 31, 2010

|  |  |
|--|--|
| Prepared for                                 | MOZILLA FOUNDATION<br>650 CASTRO ST. SUITE 300<br>MOUNTAIN VIEW, CA 94041                      |
| Prepared by                                  | DELOITTE TAX LLP<br>225 WEST SANTA CLARA STREET<br>SAN JOSE, CA 95113                          |
| Amount due or refund                         | OVERPAYMENT OF \$6,791. THE ENTIRE OVERPAYMENT HAS BEEN APPLIED TO THE ESTIMATED TAX PAYMENTS. |
| Make check payable to                        | NO AMOUNT IS DUE.  |
| Mail tax return and check (if applicable) to | DEPARTMENT OF THE TREASURY<br>INTERNAL REVENUE SERVICE CENTER<br>OGDEN, UT 84201-0027          |
| Return must be mailed on or before           | NOVEMBER 15, 2011  |
| Special Instructions                         | THE RETURN SHOULD BE SIGNED AND DATED.   |

**Exempt Organization Business Income Tax Return  
(and proxy tax under section 6033(e))**

OMB No. 1545-0687

**2010**Open to Public Inspection for  
501(c)(3) Organizations OnlyA  Check box if  
address changed

B Exempt under section

- 501(c)(3)  
 408(e)  220(e)  
 408A  530(a)  
 529(a)

Print  
or  
TypeName of organization ( Check box if name changed and see instructions.)**MOZILLA FOUNDATION**D Employer identification number  
(Employees' trust, see  
instructions.)**20-0097189**Number, street, and room or suite no. If a P.O. box, see instructions.  
**650 CASTRO ST. SUITE 300**E Unrelated business activity codes  
(See instructions.)

City or town, state, and ZIP code

**MOUNTAIN VIEW, CA 94041****454110**C Book value of all assets  
at end of year**27591052.**

F Group exemption number (See instructions.) ►

G Check organization type ►  501(c) corporation  501(c) trust  401(a) trust  Other trustH Describe the organization's primary unrelated business activity. ► **INTERNET MERCHANDISE SALES**I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ►  Yes  No

If "Yes," enter the name and identifying number of the parent corporation. ►

J The books are in care of ► **JAMES COOK**Telephone number ► **(650) 903-0800****Part I Unrelated Trade or Business Income**

(A) Income

(B) Expenses

(C) Net

|   |                |                   |
|---|----------------|-------------------|
| 1a Gross receipts or sales  | <b>12,282.</b> |                   |
| b Less returns and allowances   |                | c Balance ..... ► |
| 1c  | <b>12,282.</b> |                   |
| 2 Cost of goods sold (Schedule A, line 7)   |                |                   |
| 3 Gross profit. Subtract line 2 from line 1c  | <b>12,282.</b> | <b>12,282.</b>    |
| 4a Capital gain net income (attach Schedule D)  |                |                   |
| b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)                    |                |                   |
| c Capital loss deduction for trusts   |                |                   |
| 5 Income (loss) from partnerships and S corporations (attach statement)               |                |                   |
| 6 Rent income (Schedule C)  |                |                   |
| 7 Unrelated debt-financed income (Schedule E)   |                |                   |
| 8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)    |                |                   |
| 9 Investment income of a section 501(c)(7), (9), or (17) organization<br>(Schedule G) |                |                   |
| 10 Exploited exempt activity income (Schedule I)                                      |                |                   |
| 11 Advertising income (Schedule J)  |                |                   |
| 12 Other income (See instructions; attach schedule.)                                  |                |                   |
| 13 Total. Combine lines 3 through 12  | <b>12,282.</b> | <b>12,282.</b>    |

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.)

(Except for contributions, deductions must be directly connected with the unrelated business income.)

|   |                 |
|---|-----------------|
| 14 Compensation of officers, directors, and trustees (Schedule K)   | 14              |
| 15 Salaries and wages   | 15              |
| 16 Repairs and maintenance  | 16              |
| 17 Bad debts  | 17              |
| 18 Interest (attach schedule)   | 18              |
| 19 Taxes and licenses   | 19              |
| 20 Charitable contributions (See instructions for limitation rules.)  | SEE STATEMENT 1 |
| 21 Depreciation (attach Form 4562)  | 21              |
| 22 Less depreciation claimed on Schedule A and elsewhere on return  | 22a             |
| 23 Depletion  | 23              |
| 24 Contributions to deferred compensation plans   | 24              |
| 25 Employee benefit programs  | 25              |
| 26 Excess exempt expenses (Schedule I)  | 26              |
| 27 Excess readership costs (Schedule J)   | 27              |
| 28 Other deductions (attach schedule)   | 28              |
| 29 Total deductions. Add lines 14 through 28  | 29              |
| 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13                                       | 30              |
| 31 Net operating loss deduction (limited to the amount on line 30)  | 31              |
| 32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30   | 32              |
| 33 Specific deduction (Generally \$1,000, but see instructions for exceptions.)   | 33              |
| 34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 | 34              |

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

OMB No. 1545-1709

► File a separate application for each return.

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

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

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

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

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

Part I only ..... ►

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

|  |  |   |
|--|--|---|
| Type or print  | Name of exempt organization<br><b>MOZILLA FOUNDATION</b>   | Employer identification number<br><b>20-0097189</b> |
| 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.<br><b>650 CASTRO ST. SUITE 300</b>                  |   |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>MOUNTAIN VIEW, CA 94041</b> |   |

Enter the Return code for the return that this application is for (file a separate application for each return) ..... **0 7**

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

**JAMES COOK**

**COPY**

- The books are in the care of ► **650 CASTRO ST. SUITE 300 - 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 **NOVEMBER 15, 2011**, to file the exempt organization return for the organization named above. The extension

is for the organization's return for:

►  calendar year **2010** 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 Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.                                   | 3a | \$ <b>10,062.</b> |
| b If this application is for Form 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 | \$ <b>5,062.</b>  |
| 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 | \$ <b>5,000.</b>  |

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 1-2011)

**Part III Tax Computation**

35 Organizations Taxable as Corporations. See instructions for tax computation.

Controlled group members (sections 1561 and 1563) check here ►  See instructions and:

a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):

(1) \$ 0 . (2) \$ 0 . (3) \$ 0 .

b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ 0 .

(2) Additional 3% tax (not more than \$100,000) \$ 0 .

c Income tax on the amount on line 34 SEE STATEMENT 2 ►

35c 3,271.

36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:

 Tax rate schedule or  Schedule D (Form 1041) .....

36

37 Proxy tax. See instructions .....

37

38 Alternative minimum tax .....

38

39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies .....

39 3,271.

**Part IV Tax and Payments**

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) .....

40a

b Other credits (see instructions) .....

40b

c General business credit. Attach Form 3800 .....

40c

d Credit for prior year minimum tax (attach Form 8801 or 8827) .....

40d

e Total credits. Add lines 40a through 40d .....

40e

41 Subtract line 40e from line 39 .....

41 3,271.

42 Other taxes. Check if from:  Form 4255  Form 8611  Form 8697  Form 8866  Other (attach schedule) .....

42

43 Total tax. Add lines 41 and 42 .....

43 3,271.

44a Payments: A 2009 overpayment credited to 2010 .....

44a

5,062.

b 2010 estimated tax payments .....

44b

c Tax deposited with Form 8868 .....

44c

5,000.

d Foreign organizations: Tax paid or withheld at source (see instructions) .....

44d

e Backup withholding (see instructions) .....

44e

f Credit for small employer health insurance premiums (Attach Form 8941) .....

44f

g Other credits and payments:  Form 2439 .....

44g

 Form 4136 .....

Other .....

Total ►

45 10,062.

45 Total payments. Add lines 44a through 44g .....

46

46 Estimated tax penalty (see instructions). Check if Form 2220 is attached ►  .....

47

47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed .....

48

48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid .....

49 6,791.

49 Enter the amount of line 48 you want Credited to 2011 estimated tax ►

6,791. | Refunded ►

49

0.

**Part V Statements Regarding Certain Activities and Other Information** (see instructions)

1 At any time during the 2010 calendar year, did the organization have an interest in or a signature or other authority over a financial account

Yes No

(bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and

X

Financial Accounts. If YES, enter the name of the foreign country here ►

X

2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?

If YES, see instructions for other forms the organization may have to file.

X

3 Enter the amount of tax-exempt interest received or accrued during the tax year ► \$

| Schedule A - Cost of Goods Sold. Enter method of inventory valuation ► N/A   |        |
|--|--------|
| 1 Inventory at beginning of year .....   | 1      |
| 2 Purchases .....  | 2      |
| 3 Cost of labor .....  | 3      |
| 4a Additional section 263A costs .....   | 4a     |
| b Other costs (attach schedule) .....  | 4b     |
| 5 Total. Add lines 1 through 4b .....  | 5      |
| 6 Inventory at end of year .....   | 6      |
| 7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 .....                                  | 7      |
| 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? ..... | Yes No |

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 taxpayer) is based on all information of which preparer has any knowledge.

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

| Sign Here              | Print/Type preparer's name          | Preparer's signature | Date    | Check <input type="checkbox"/> if self-employed | PTIN         |
|------------------------|-------------------------------------|----------------------|---------|---|--------------|
|                        |                                     |                      |         |   |              |
| Paid Preparer Use Only | Sharon Zorbach                      | Sharon Zorbach       | 10/5/11 |   | P00125475    |
|                        | Firm's name ► DELOITTE TAX LLP      |                      |         | Firm's EIN ►                                    | 86-1065772   |
|                        | 225 WEST SANTA CLARA STREET         |                      |         |   |              |
|                        | Firm's address ► SAN JOSE, CA 95113 |                      |         | Phone no.                                       | 408-704-4000 |

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)****1. Description of property**

|     |
|-----|
| (1) |
| (2) |
| (3) |
| (4) |

**2. Rent received or accrued**

|   |   |   |
|---|---|---|
| (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |
| (1)   |   |   |
| (2)   |   |   |
| (3)   |   |   |
| (4)   |   |   |
| Total   | 0.  | 0.  |
| (c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) .....   | ►   | 0.  |
|   |   | (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ... ► 0.           |

**Schedule E - Unrelated Debt-Financed Income (see instructions)**

| 1. Description of debt-financed property  |   | 2. Gross income from or allocable to debt-financed property | 3. Deductions directly connected with or allocable to debt-financed property |   |   |
|---|---|---|--|---|---|
|   |   |   | (a) Straight line depreciation (attach schedule)                             | (b) Other deductions (attach schedule)                              |   |
| (1)   |   |   |  |   |   |
| (2)   |   |   |  |   |   |
| (3)   |   |   |  |   |   |
| (4)   |   |   |  |   |   |
| 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) | 6. Column 4 divided by column 5                             | 7. Gross income reportable (column 2 x column 6)                             | 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) |   |
| (1)   |   | %   |  |   |   |
| (2)   |   | %   |  |   |   |
| (3)   |   | %   |  |   |   |
| (4)   |   | %   |  |   |   |
| Totals .....  |   |   | Enter here and on page 1, Part I, line 7, column (A).                        | 0.  | Enter here and on page 1, Part I, line 7, column (B). |
| Total dividends-received deductions included in column 8 .....                                    |   |   | ►  | 0.  | 0.  |

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)**

| 1. Name of controlled organization | 2. Employer identification number | Exempt Controlled Organizations                   |                                     |   |  |
|------------------------------------|-----------------------------------|---|-------------------------------------|---|--|
|                                    |                                   | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | 6. Deductions directly connected with income in column 5 |
| (1)                                |                                   |   |                                     |   |  |
| (2)                                |                                   |   |                                     |   |  |
| (3)                                |                                   |   |                                     |   |  |
| (4)                                |                                   |   |                                     |   |  |

**Nonexempt Controlled Organizations**

| 7. Taxable Income | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10 |
|-------------------|---|-------------------------------------|--|--|
| (1)               |   |                                     |  |  |
| (2)               |   |                                     |  |  |
| (3)               |   |                                     |  |  |
| (4)               |   |                                     |  |  |
| Totals .....      |   |                                     | Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).          | 0.   |
|                   |   |                                     | ► Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).        | 0.   |

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization**  
(see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach schedule)    | 4. Set-asides (attach schedule)                       | 5. Total deductions and set-asides (col. 3 plus col. 4) |
|--------------------------|---------------------|---|---|---|
| (1)                      |                     |   |   |   |
| (2)                      |                     |   |   |   |
| (3)                      |                     |   |   |   |
| (4)                      |                     |   |   |   |
| Totals .....             | ► 0.                | Enter here and on page 1, Part I, line 9, column (A). | Enter here and on page 1, Part I, line 9, column (B). | 0.  |

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income**  
(see instructions)

| 1. Description of exploited activity | 2. Gross unrelated business income from trade or business | 3. Expenses directly connected with production of unrelated business income | 4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7. | 5. Gross income from activity that is not unrelated business income | 6. Expenses attributable to column 5 | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4). |
|--------------------------------------|---|---|--|---|--------------------------------------|--|
| (1)                                  |   |   |  |   |                                      |  |
| (2)                                  |   |   |  |   |                                      |  |
| (3)                                  |   |   |  |   |                                      |  |
| (4)                                  |   |   |  |   |                                      |  |
| Totals .....                         | ► 0.  | Enter here and on page 1, Part I, line 10, col. (A).                        | Enter here and on page 1, Part I, line 10, col. (B).   |   |                                      | Enter here and on page 1, Part II, line 26.                                      |
|                                      |   |   | 0.   |   |                                      | 0.   |

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

| 1. Name of periodical                     | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|---|-----------------------------|-----------------------------|--|-----------------------|---------------------|---|
| (1)                                       |                             |                             |  |                       |                     |   |
| (2)                                       |                             |                             |  |                       |                     |   |
| (3)                                       |                             |                             |  |                       |                     |   |
| (4)                                       |                             |                             |  |                       |                     |   |
| Totals (carry to Part II, line (5)) ..... | ► 0.                        | 0.                          |  |                       |                     | 0.  |

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

| 1. Name of periodical             | 2. Gross advertising income                          | 3. Direct advertising costs                          | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|-----------------------------------|--|--|--|-----------------------|---------------------|---|
| (1)                               |  |  |  |                       |                     |   |
| (2)                               |  |  |  |                       |                     |   |
| (3)                               |  |  |  |                       |                     |   |
| (4)                               |  |  |  |                       |                     |   |
| (5) Totals from Part I            | 0.   | 0.   |  |                       |                     | 0.  |
|                                   | Enter here and on page 1, Part I, line 11, col. (A). | Enter here and on page 1, Part I, line 11, col. (B). |  |                       |                     | Enter here and on page 1, Part II, line 27.                                       |
| Totals, Part II (lines 1-5) ..... | ► 0.   | 0.   |  |                       |                     | 0.  |

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

| 1. Name   | 2. Title | 3. Percent of time devoted to business | 4. Compensation attributable to unrelated business |
|---|----------|--|--|
| (1)   |          | %                                      |  |
| (2)   |          | %                                      |  |
| (3)   |          | %                                      |  |
| (4)   |          | %                                      |  |
| Total. Enter here and on page 1, Part II, line 14 ..... | ► 0.     |  |  |

**SCHEDULE O  
(Form 1120)**Department of the Treasury  
Internal Revenue Service**Consent Plan and Apportionment Schedule  
for a Controlled Group**► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-L, 1120-PC, 1120-REIT, or 1120-RIC.  
► See separate instructions.

OMB No. 1545-0123

**2010**

Name

MOZILLA FOUNDATION

Employer identification number  
20-0097189**Part I Apportionment Plan Information****1** Type of controlled group:

- a  Parent-subsidiary group
- b  Brother-sister group
- c  Combined group
- d  Life insurance companies only

**2** This corporation has been a member of this group:

- a  For the entire year.
- b  From \_\_\_\_\_, 20\_\_\_\_\_, until \_\_\_\_\_, 20\_\_\_\_\_

**3** This corporation consents and represents to:

- a  Adopt an apportionment plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on \_\_\_\_\_, 20\_\_\_\_\_, and for all succeeding tax years.
- b  Amend the current apportionment plan. All the other members of this group are currently amending a previously adopted plan, which was in effect for the tax year ending \_\_\_\_\_, 20\_\_\_\_\_, and for all succeeding tax years.
- c  Terminate the current apportionment plan and not adopt a new plan. All the other members of this group are not adopting an apportionment plan.
- d  Terminate the current apportionment plan and adopt a new plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on \_\_\_\_\_, 20\_\_\_\_\_, and for all succeeding tax years.

**4** If you checked box 3c or 3d above, check the applicable box below to indicate if the termination of the current apportionment plan was:

- a  Elected by the component members of the group.
- b  Required for the component members of the group.

**5** If you did not check a box on line 3 above, check the applicable box below concerning the status of the group's apportionment plan (see instructions).

- a  No apportionment plan is in effect and none is being adopted.
- b  An apportionment plan is already in effect. It was adopted for the tax year ending \_\_\_\_\_, 20\_\_\_\_\_, and for all succeeding tax years.

**6** If all the members of this group are adopting a plan or amending the current plan for a tax year after the due date (including extensions) of the tax return for this corporation, is there at least one year remaining on the statute of limitations from the date this corporation filed its amended return for such tax year for assessing any resulting deficiency? See instructions.

- a  Yes.
  - (i)  The statute of limitations for this year will expire on \_\_\_\_\_, 20\_\_\_\_\_.
  - (ii)  On \_\_\_\_\_, 20\_\_\_\_\_, this corporation entered into an agreement with the Internal Revenue Service to extend the statute of limitations for purposes of assessment until \_\_\_\_\_, 20\_\_\_\_\_.

- b  No. The members may not adopt or amend an apportionment plan.

**7** Required information and elections for component members. Check the applicable box(es) (see instructions).

- a  The corporation will determine its tax liability by applying the maximum tax rate imposed by section 11 to the entire amount of its taxable income.
- b  The corporation and the other members of the group elect the FIFO method (rather than defaulting to the proportionate method) for allocating the additional taxes for the group imposed by section 11(b)(1).
- c  The corporation has a short tax year that does not include December 31.

**Part II Taxable Income Apportionment** (See instructions)

**Caution:** Each total in Part II, column (g) for each component member must agree with Form 1120, page 1, line 30 or the comparable line of such member's tax return.

| (a)<br>Group member's name and<br>employer identification number | (b)<br>Tax year end<br>(Yr-Mo) | Taxable Income Amount Allocated to<br>Each Bracket |            |            | (g)<br>Total (add columns<br>(c) through (f))                |
|--|--------------------------------|--|------------|------------|--|
|  |                                | (c)<br>15%   | (d)<br>25% | (e)<br>34% |  |
| 1 MOZILLA CORPORATION<br>AND SUBSIDIARIES                        | 20-3226186<br>2010 12          | 0  | 0          | 0          | 34,927,776<br>34,927,776.00                                  |
| 2 MOZILLA MESSAGING, INC.  | 26-1947919<br>2010 12          | 0  | 0          | 0          | 0.00   |
| 3 MOZILLA FOUNDATION   | 20-0097189<br>2010 12          | 0  | 0          | 0          | 9,346<br>9,346.00  |
| 4  |                                |  |            |            |  |
| 5  |                                |  |            |            |  |
| 6  |                                |  |            |            |  |
| 7  |                                |  |            |            |  |
| 8  |                                |  |            |            |  |
| 9  |                                |  |            |            |  |
| 10   |                                |  |            |            |  |
| <b>Total</b>   |                                | 0.00   | 0.00       | 0.00       | <b>34,937,122.00</b><br><b>Schedule O (Form 1120) (2010)</b> |

| Income Tax Apportionment                        |            |            |               |            |           |               |
|---|------------|------------|---------------|------------|-----------|---------------|
| (a)<br>Group member's name                      | (b)<br>15% | (c)<br>25% | (d)<br>34%    | (e)<br>35% | (f)<br>5% | (g)<br>3%     |
| 1 MOZILLA CORPORATION<br>AND SUBSIDIARIES ..... | 0          | 0          | 12,224,722    | 0          | 0         | 12,224,722.00 |
| 2 MOZILLA MESSAGING, INC. ....                  | 0          | 0          | 0             | 0          | 0         | 0.00          |
| 3 MOZILLA FOUNDATION .....                      | 0          | 0          | 3,271         | 0          | 0         | 3,271.00      |
| 4 .....   |            |            |               |            |           |               |
| 5 .....   |            |            |               |            |           |               |
| 6 .....   |            |            |               |            |           |               |
| 7 .....   |            |            |               |            |           |               |
| 8 .....   |            |            |               |            |           |               |
| 9 .....   |            |            |               |            |           |               |
| 10 .....  |            |            |               |            |           |               |
| <b>Total</b>                                    | 0.00       | 0.00       | 12,227,993.00 | 0.00       | 0.00      | 12,227,993.00 |

Schedule O (Form 1120) (2010)

**Part IV Other Apportionments (See instructions)**

| Other Apportionments                      |                                    |                             |  |   |              |
|---|------------------------------------|-----------------------------|--|---|--------------|
| (a)<br>Group member's name                | (b) Accumulated<br>earnings credit | (c) AMT<br>exemption amount | (d) Phaseout of<br>AMT exemption<br>amount | (e) Penalty for failure<br>to pay estimated tax | (f)<br>Other |
| 1 MOZILLA CORPORATION<br>AND SUBSIDIARIES | 0                                  | 0                           | 0  | 0   | 0            |
| 2 MOZILLA MESSAGING, INC.                 | 0                                  | 0                           | 0  | 0   | 0            |
| 3 MOZILLA FOUNDATION                      | 0                                  | 0                           | 0  | 0   | 0            |
| 4   |                                    |                             |  |   |              |
| 5   |                                    |                             |  |   |              |
| 6   |                                    |                             |  |   |              |
| 7   |                                    |                             |  |   |              |
| 8   |                                    |                             |  |   |              |
| 9   |                                    |                             |  |   |              |
| 10  |                                    |                             |  |   |              |
| <b>Total</b>                              | 0.00                               | 0.00                        | 0.00                                       | 0.00  | 0.00         |

MOZILLA FOUNDATION

20-0097189

| FORM 990-T                           | CONTRIBUTIONS                | STATEMENT 1 |
|--------------------------------------|------------------------------|-------------|
| DESCRIPTION/KIND OF PROPERTY         | METHOD USED TO DETERMINE FMV | AMOUNT      |
| CONTRIBUTION CARRYOVER               | N/A                          | 186,707.    |
| CONTRIBUTIONS 2010                   | N/A                          | 95,000.     |
| TOTAL TO FORM 990-T, PAGE 1, LINE 20 |                              | 281,707.    |

STATEMENT(S) 1

| FORM 990-T  | TAX COMPUTATION | STATEMENT | 2 |
|---|-----------------|-----------|---|
| 1. TAXABLE INCOME . . . . .                                     | 9,346           |           |   |
| 2. LESSER OF LINE 1 OR FIRST BRACKET AMOUNT .                   | 0               |           |   |
| 3. LINE 1 LESS LINE 2 . . . . .                                 | 9,346           |           |   |
| 4. LESSER OF LINE 3 OR SECOND BRACKET AMOUNT .                  | 0               |           |   |
| 5. LINE 3 LESS LINE 4 . . . . .                                 | 9,346           |           |   |
| 6. INCOME SUBJECT TO 34% TAX RATE . . . . .                     | 0               |           |   |
| 7. INCOME SUBJECT TO 35% TAX RATE . . . . .                     | 9,346           |           |   |
| 8. 15 PERCENT OF LINE 2 . . . . .                               | 0               |           |   |
| 9. 25 PERCENT OF LINE 4 . . . . .                               | 0               |           |   |
| 10. 34 PERCENT OF LINE 6 . . . . .                              | 0               |           |   |
| 11. 35 PERCENT OF LINE 7 . . . . .                              | 3,271           |           |   |
| 12. ADDITIONAL 5% SURTAX. . . . .                               | 0               |           |   |
| 13. ADDITIONAL 3% SURTAX . . . . .                              | 0               |           |   |
| 14. TOTAL OF LINES 8 THROUGH 13 TO FORM 990-T, PAGE 2, LINE 35C | 3,271           |           |   |

# TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING  
DECEMBER 31, 2010

|  |   |
|--|---|
| Prepared for                                 | MOZILLA FOUNDATION<br>650 CASTRO ST. SUITE 300<br>MOUNTAIN VIEW, CA 94041 |
| Prepared by                                  | DELOITTE TAX LLP<br>225 WEST SANTA CLARA STREET<br>SAN JOSE, CA 95113     |
| Amount due or refund                         | NO PAYMENT REQUIRED   |
| Make check payable to                        | NOT APPLICABLE  |
| Mail tax return and check (if applicable) to | FRANCHISE TAX BOARD<br>P.O. BOX 942857<br>SACRAMENTO, CA 94257-0700       |
| Return must be mailed on or before           | DECEMBER 15, 2011   |
| Special Instructions                         | THE RETURN SHOULD BE SIGNED AND DATED BY AN AUTHORIZED INDIVIDUAL.        |

TAXABLE YEAR

2010

# California Exempt Organization Annual Information Return

028941 12-16-10

FORM

199

Calendar Year 2010 or fiscal year beginning month day year, and ending month day year

|                       |                              |  |        |          |
|-----------------------|------------------------------|--|--------|----------|
| A First Return Filed? | <input type="checkbox"/> Yes | B Type of organization Exempt under Section 23701 <input checked="" type="checkbox"/> (insert letter)<br><input checked="" type="checkbox"/> IRC Section 4947(a)(1) trust <input type="checkbox"/> | CORP # | C2543436 |
|                       |                              |  | FEIN   |          |

|                               |                    |            |
|-------------------------------|--------------------|------------|
| Corporation/Organization Name | MOZILLA FOUNDATION | 20-0097189 |
| Address                       |                    |            |

|                          |      |       |          |
|--------------------------|------|-------|----------|
| 650 CASTRO ST. SUITE 300 | City | State | ZIP Code |
| MOUNTAIN VIEW            |      | CA    | 94041    |

|  |  |
|--|--|
| C Amended Return? <input checked="" type="radio"/> Yes <input type="radio"/> No  | H Accounting method used (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other  |
| D Are you a subordinate/affiliate in a group exemption? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  | I If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If "Yes," complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| (a) Is this a group filing for affiliates? See General Instruction L <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   | J Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If "Yes," complete an explanation and attach copies of revised documents <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |
| (b) If "Yes," enter the number of affiliates <input type="checkbox"/> Yes <input type="checkbox"/> No  | K Is the organization exempt under R&TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |
| (c) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No  | If "Yes," enter amount of gross receipts from nonmember sources \$ _____   |
| (d) Is this a separate return filed by an organization covered by a group ruling? <input type="checkbox"/> Yes <input type="checkbox"/> No   | L Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |
| (e) Federal Group Exemption Number _____   | M Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |
| (f) Is a roster of subordinates attached? <input type="checkbox"/> Yes <input type="checkbox"/> No   | N Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |
| E Final return? <input type="checkbox"/> Dissolved <input checked="" type="checkbox"/> Surrendered (Withdrawn)   |  |
| <input type="checkbox"/> Merged/Reorganized (attach explanation)   |  |
| If a box is checked, enter date _____  |  |
| F Check the box if the organization filed the following federal forms or schedule:   |  |
| (1) <input checked="" type="checkbox"/> 990T (2) <input type="checkbox"/> 990PF (3) <input type="checkbox"/> (Schedule H) 990  |  |
| G If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. See General Instruction F. No filing fee is required. <input checked="" type="checkbox"/> |  |

**Part I Complete Part I unless not required to file this form. See General Instructions B and C.**

|                       |   |                  |
|-----------------------|---|------------------|
| Receipts and Revenues | 1 Gross sales or receipts from other sources. From Side 2, Part II, line 8  | • 1 580,574.00   |
|                       | 2 Gross dues and assessments from members and affiliates  | • 2 00           |
|                       | 3 Gross contributions, gifts, grants, and similar amounts received  | • 3 1,354,085.00 |
|                       | 4 Total gross receipts for filing requirement test. Add line 1 through line 3.<br>This line must be completed. If the result is less than \$25,000, see General Instruction B | • 4 1,934,659.00 |
|                       | 5 Cost of goods sold  | • 5 00           |
|                       | 6 Cost or other basis, and sales expenses of assets sold  | • 6 00           |
|                       | 7 Total costs. Add line 5 and line 6  | 7 00             |
|                       | 8 Total gross income. Subtract line 7 from line 4   | • 8 1,934,659.00 |
| Expenses              | 9 Total expenses and disbursements. From Side 2, Part II, line 18   | • 9 3,268,474.00 |
|                       | 10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8  | • 10 <1333815.00 |
| Filing Fee            | 11 Filing fee \$10 or \$25. See General Instruction F   | 11 N/A 00        |
|                       | 12 Total payments   | 12 00            |
|                       | 13 Penalties and Interest. See General Instruction J  | 13 00            |
|                       | 14 Use tax. See General Instruction K   | • 14 00          |
|                       | 15 Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result  | 15 00            |

|                          |  |   |   |
|--------------------------|--|---|---|
| Sign Here                | 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 taxpayer) is based on all information of which preparer has any knowledge. |   |   |
|                          | Title<br>CFO   | Date<br>10/5/11                                   | <input checked="" type="checkbox"/> Telephone<br>650-903-0800<br><input type="checkbox"/> Preparer's PTIN/SSN<br>P00125475<br><input type="checkbox"/> FEIN<br>86-1065772<br><input type="checkbox"/> Telephone<br>408-704-4000 |
| Paid Preparer's Use Only | Preparer's signature ► Sharon Jordach  | Check if self-employed ► <input type="checkbox"/> |   |
|                          | Firm's name (or yours, if self-employed) and address ► DELOITTE TAX LLP<br>225 WEST SANTA CLARA STREET<br>SAN JOSE, CA 95113   |   |   |
|                          | May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |   |   |

## MOZILLA FOUNDATION

26 J097189

**Part II** Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information. See Specific Line Instructions. SEE PART II SUBSTITUTE ATTACHMENT

028951 12-16-10

|                             |  |      |    |
|-----------------------------|--|------|----|
| Receipts from Other Sources | 1 Gross sales or receipts from all business activities. See instructions .....   | • 1  | 00 |
|                             | 2 Interest .....   | • 2  | 00 |
|                             | 3 Dividends .....  | • 3  | 00 |
|                             | 4 Gross rents .....  | • 4  | 00 |
|                             | 5 Gross royalties .....  | • 5  | 00 |
|                             | 6 Gross amount received from sale of assets (See instructions) .....   | • 6  | 00 |
|                             | 7 Other income .....   | • 7  | 00 |
|                             | 8 Total gross sales or receipts from other sources. Add line 1 through line 7.<br>Enter here and on Side 1, Part I, line 1 ..... | 8    | 00 |
| Expenses and Disbursements  | 9 Contributions, gifts, grants, and similar amounts paid .....   | • 9  | 00 |
|                             | 10 Disbursements to or for members .....   | • 10 | 00 |
|                             | 11 Compensation of officers, directors, and trustees .....   | • 11 | 00 |
|                             | 12 Other salaries and wages .....  | • 12 | 00 |
|                             | 13 Interest .....  | • 13 | 00 |
|                             | 14 Taxes .....   | • 14 | 00 |
|                             | 15 Rents .....   | • 15 | 00 |
|                             | 16 Depreciation and depletion (See instructions) .....   | • 16 | 00 |
|                             | 17 Other .....   | • 17 | 00 |
|                             | 18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 .....                  | 18   | 00 |

**Schedule L** Balance Sheets

|  |     | Beginning of taxable year |     |     |     |
|--|-----|---------------------------|-----|-----|-----|
| Assets   |     | (a)                       | (b) | (c) | (d) |
| 1 Cash .....   |     |                           |     |     | •   |
| 2 Net accounts receivable .....                            |     |                           |     |     | •   |
| 3 Net notes receivable .....                               |     |                           |     |     | •   |
| 4 Inventories .....  |     |                           |     |     | •   |
| 5 Federal and state government obligations .....           |     |                           |     |     | •   |
| 6 Investments in other bonds .....                         |     |                           |     |     | •   |
| 7 Investments in stock .....                               |     |                           |     |     | •   |
| 8 Mortgage loans (number of loans _____)                   |     |                           |     |     | •   |
| 9 Other investments .....                                  |     |                           |     |     | •   |
| 10 a Depreciable assets .....                              |     |                           |     |     |     |
| b Less accumulated depreciation .....                      | ( ) |                           | ( ) |     |     |
| 11 Land .....  |     |                           |     |     | •   |
| 12 Other assets .....                                      |     |                           |     |     | •   |
| 13 Total assets .....                                      |     |                           |     |     |     |
| Liabilities and net worth                                  |     |                           |     |     |     |
| 14 Accounts payable .....                                  |     |                           |     |     | •   |
| 15 Contributions, gifts, or grants payable .....           |     |                           |     |     | •   |
| 16 Bonds and notes payable .....                           |     |                           |     |     | •   |
| 17 Mortgages payable .....                                 |     |                           |     |     | •   |
| 18 Other liabilities .....                                 |     |                           |     |     |     |
| 19 Capital stock or principle fund .....                   |     |                           |     |     | •   |
| 20 Paid-in or capital surplus. Attach reconciliation ..... |     |                           |     |     | •   |
| 21 Retained earnings or income fund .....                  |     |                           |     |     | •   |
| 22 Total liabilities and net worth .....                   |     |                           |     |     |     |

**Schedule M-1** Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000

|  |   |   |   |
|--|---|---|---|
| 1 Net income per books .....   | • | 7 Income recorded on books this year not included in this return .....      |   |
| 2 Federal income tax .....   | • |   | • |
| 3 Excess of capital losses over capital gains .....                      | • |   |   |
| 4 Income not recorded on books this year .....                           | • |   |   |
| 5 Expenses recorded on books this year not deducted in this return ..... | • |   | • |
| 6 Total.<br>Add line 1 through line 5 .....                              |   | 8 Deductions in this return not charged against book income this year ..... |   |
|  |   | 9 Total. Add line 7 and line 8 .....  |   |
|  |   | 10 Net income per return.<br>Subtract line 9 from line 6 .....              |   |

## TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 109

FOR THE YEAR ENDING  
DECEMBER 31, 2010

|  |   |
|--|---|
| Prepared for                                 | MOZILLA FOUNDATION<br>650 CASTRO ST. SUITE 300<br>MOUNTAIN VIEW, CA 94041 |
| Prepared by                                  | DELOITTE TAX LLP<br>225 WEST SANTA CLARA STREET<br>SAN JOSE, CA 95113     |
| Amount due or refund                         | NO PAYMENT REQUIRED   |
| Make check payable to                        | NOT APPLICABLE  |
| Mail tax return and check (if applicable) to | FRANCHISE TAX BOARD<br>P.O. BOX 942857<br>SACRAMENTO, CA 94257-0700       |
| Return must be mailed on or before           | DECEMBER 15, 2011   |
| Special Instructions                         | THE RETURN SHOULD BE SIGNED AND DATED BY AN AUTHORIZED INDIVIDUAL.        |

TAXABLE YEAR

2010

# California Exempt Organization Business Income Tax Return

028961 12-16-10

FORM

**109**

Calendar Year 2010 or fiscal year beginning month      day      year      , and ending month      day      year

|   |  |                           |
|---|--|---------------------------|
| A First Return Filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | B Is this an education IRA within the meaning of R&TC Section 23712? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | CORP #<br><b>C2543436</b> |
|---|--|---------------------------|

|                               |      |
|-------------------------------|------|
| Corporation/Organization Name | FEIN |
|-------------------------------|------|

|                    |            |
|--------------------|------------|
| MOZILLA FOUNDATION | 20-0097189 |
|--------------------|------------|

|         |  |
|---------|--|
| Address |  |
|---------|--|

|                          |  |
|--------------------------|--|
| 650 CASTRO ST. SUITE 300 |  |
|--------------------------|--|

|      |                    |                          |
|------|--------------------|--------------------------|
| City | State<br><b>CA</b> | ZIP Code<br><b>94041</b> |
|------|--------------------|--------------------------|

|   |  |
|---|--|
| C Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  | H Is the organization a non-exempt charitable trust as described in IRC Section 4947(a)(1)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |
| D Final Return?   | I Is this organization claiming any Enterprise Zone (EZ), Los Angeles Revitalization Zone (LARZ), Local Agency Military Base Recovery Area (LAMRA), Targeted Tax Area (TTA), or Manufacturing Enhancement Area (MEA) tax benefits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Dissolved <input checked="" type="checkbox"/> Surrendered (Withdrawn)</li> <li><input type="checkbox"/> Merged/Reorganized (attach explanation)</li> </ul> If a box is checked, enter date      • | J Is this organization a qualified pension, profit-sharing, or stock bonus plan as described in IRC Section 401(a)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |
| E Amended Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  | K Unrelated Business Activity (UBA) Code • <b>454110</b>   |
| F Accounting Method Used: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> other  |  |
| G Nature of trade or business <b>SEE STATEMENT 2</b>  |  |

|   |  |       |           |
|---|--|-------|-----------|
| Taxable Corporation                             | 1 Unrelated business taxable income from Side 2, Part II, line 30  | • 1   | 10,154.00 |
|   | 2 Multiply line 1 by the average apportionment percentage % from the Schedule R, Apportionment Formula Worksheet, line 6. See instructions | • 2   | 10,154.00 |
|   | 3 Enter the lesser amount from line 1 or line 2. If line 2 is zero, enter the amount from line 1   | • 3   | 10,154.00 |
| Taxable Trust                                   | 4 Unrelated business taxable income from Side 2, Part II, line 30  | • 4   | 00        |
| Tax Computation                                 | 5 Unrelated business taxable income from line 3 or line 4  | • 5   | 10,154.00 |
|   | 6 Enterprise zone, LAMBRA, LARZ, TTA, or Pierce's disease losses   | • 6   | 00        |
|   | 7 Net Operating Loss deduction. See General Information N  | • 7   | 00        |
|   | 8 Add line 6 and line 7  | • 8   | 0.00      |
|   | 9 Net unrelated business taxable income. Subtract line 8 from line 5   | • 9   | 10,154.00 |
|   | 10 Tax <b>8.84</b> % x line 9. See General Information J   | • 10  | 898.00    |
|   | 11 a New jobs credit, amount generated. • a) _____ b) Amount claimed _____   | • 11b | 00        |
|   | c Tax credits from Schedule B. See instructions  | • 11c | 00        |
|   | d Total Credits. Add line 11b and 11c  | • 11d | 00        |
|   | 12 Balance. Subtract line 11d from line 10. If line 11d is greater than line 10, enter -0-   | • 12  | 898.00    |
| Total Tax                                       | 13 Alternative minimum tax. See General Information Q  | • 13  | 00        |
|   | 14 Total tax. Add line 12 and line 13  | • 14  | 898.00    |
| Payments  | 15 Overpayment from a prior year allowed as a credit   | • 15  | 1,756.00  |
|   | 16 2010 estimated tax payments. See instructions   | • 16  | 00        |
|   | 17 2010 withholding (Form 592-B and/or 593). See Instructions  | • 17  | 00        |
|   | 18 Amount paid with extension (form FTB 3539)  | • 18  | 2,000.00  |
| Refund (Direct Deposit of Refund) or Amount Due | 19 Total payments and credits. Add line 15 through line 18   | • 19  | 3,756.00  |
|   | 20 Tax due. Subtract line 19 from line 14. Pay entire amount with return   | • 20  | 00        |
|   | 21 Overpayment. Subtract line 14 from line 19  | • 21  | 2,858.00  |
|   | 22 Enter amount of line 21 to be applied to 2011 estimated tax   | • 22  | 2,858.00  |
|   | 23 Use tax. See instructions   | • 23  | 00        |
|   | 24 Refund. If the sum of line 22 and line 23 is less than line 21, then subtract the total from line 21                                    | • 24  | 00        |
|   | a Fill in the account information to have the refund directly deposited. Routing number  | • 24a |           |
|   | b Type: Checking • <input type="checkbox"/> Savings • <input type="checkbox"/> c Account Number  | • 24c |           |
|   | 25 Penalties and interest. See General Information M   | • 25  | 00        |
|   | 26 • <input type="checkbox"/> Check if estimate penalty computed using Exception B or C and attach form FTB 5806.                          |       |           |
|   | 27 Total amount due. Add line 20, line 22, line 23, and line 25, then subtract line 21 from the result                                     | • 27  | 00        |

MOZILLA FOUNDATION  
Unrelated Business Taxable Income

20097189

028971 12-16-10

**Part I Unrelated Trade or Business Income**

|  |         |                               |         |      |           |
|--|---------|-------------------------------|---------|------|-----------|
| 1 a Gross receipts or gross sales  | 12,282. | b Less returns and allowances | Balance | • 1c | 12,282.00 |
| 2 Cost of goods sold and/or operations (Schedule A, line 7)  |         |                               |         | • 2  | 00        |
| 3 Gross profit. Subtract line 2 from line 1c   |         |                               |         | • 3  | 12,282.00 |
| 4 a Capital gain net income. See Specific Line Instructions - Trusts attach Schedule D (541)   |         |                               |         | • 4a | 00        |
| b Net gain (loss) from Part II, Schedule D-1   |         |                               |         | • 4b | 00        |
| c Capital loss deduction for trusts  |         |                               |         | • 4c | 00        |
| 5 Income (or loss) from partnerships, limited liability companies, or S corporations. See specific line instructions.<br>Attach Schedule K-1 (565, 568, or 100S) or similar schedule |         |                               |         | • 5  | 00        |
| 6 Rental income (Schedule C)   |         |                               |         | • 6  | 00        |
| 7 Unrelated debt-financed income (Schedule D)  |         |                               |         | • 7  | 00        |
| 8 Investment income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E)   |         |                               |         | • 8  | 00        |
| 9 Interest, Annuities, Royalties and Rents from controlled organizations (Schedule F)  |         |                               |         | • 9  | 00        |
| 10 Exploited exempt activity income (Schedule G)   |         |                               |         | • 10 | 00        |
| 11 Advertising income (Schedule H, Part III, Column A)   |         |                               |         | • 11 | 00        |
| 12 Other income. Attach schedule   |         |                               |         | • 12 | 00        |
| 13 Total unrelated trade or business income. Add line 3 through line 12  |         |                               |         | • 13 | 12,282.00 |

**Part II Deductions Not Taken Elsewhere** (Except for contributions, deductions must be directly connected with the unrelated business income.)

|  |              |           |
|--|--------------|-----------|
| 14 Compensation of officers, directors, and trustees from Schedule I   | • 14         | 00        |
| 15 Salaries and wages  | • 15         | 00        |
| 16 Repairs   | • 16         | 00        |
| 17 Bad debts   | • 17         | 00        |
| 18 Interest  | • 18         | 00        |
| 19 Taxes   | • 19         | 00        |
| 20 Contributions   | • 20         | 1,128.00  |
| 21 a Depreciation (Corporations and Associations - Schedule J) (Trusts - form FTB 3885F)<br>b Less: depreciation claimed on Schedule A | • 21a<br>21b | 00<br>00  |
| 22 Depletion   | • 22         | 00        |
| 23 a Contributions to deferred compensation plans<br>b Employee benefit programs   | 23a<br>23b   | 00<br>00  |
| 24 Other deductions  | • 24         | 00        |
| 25 Total deductions. Add line 14 through line 24   | 25           | 1,128.00  |
| 26 Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13                          | • 26         | 11,154.00 |
| 27 Excess advertising costs (Schedule H, Part III, Column B)   | • 27         | 00        |
| 28 Unrelated business taxable income before specific deduction. Subtract line 27 from line 26  | • 28         | 11,154.00 |
| 29 Specific deduction  | • 29         | 1,000.00  |
| 30 Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28                               | 30           | 10,154.00 |

|                          |  |   |   |  |
|--------------------------|--|---|---|--|
| Sign Here                | 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 taxpayer) is based on all information of which preparer has any knowledge. |   |   |  |
|                          | Signature of officer ►   | Title<br>CFO  | Date  | • Telephone<br>650-903-0800  |
| Paid Preparer's Use Only | Preparer's signature ► <i>Sharon Zebach</i>  | Date<br>10/5/11   | Check if self-employed ► <input type="checkbox"/> | • Paid Preparer's PTIN/SSN<br>P00125475  |
|                          | Firm's name (or yours, if self-employed)<br>and address  | ► DELOITTE TAX LLP<br>225 WEST SANTA CLARA STREET<br>SAN JOSE, CA 95113 |   | • FEIN<br>86-1065772   |
|                          | May the FTB discuss this return with the preparer shown above? See instructions  |   |   | • Telephone<br>408-704-4000<br>• Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

**Schedule A Cost of Goods Sold and/or Operations.** Method of inventory valuation (specify) N/A

|   |    |    |
|---|----|----|
| 1 Inventory at beginning of year .....  | 1  | 00 |
| 2 Purchases .....   | 2  | 00 |
| 3 Cost of labor .....   | 3  | 00 |
| 4 a Additional IRC Section 263A costs. Attach schedule .....  | 4a | 00 |
| b Other costs. Attach schedule .....  | 4b | 00 |
| 5 Total. Add line 1 through line 4b .....   | 5  | 00 |
| 6 Inventory at end of year .....  | 6  | 00 |
| 7 Cost of goods sold and/or operations. Subtract line 6 from line 5. Enter here and on Side 2, Part I, line 2 ..... | 7  | 00 |

Do the rules of IRC Section 263A (with respect to property produced or acquired for resale) apply to this organization?  Yes  X  No**Schedule B Tax Credits.** Do not complete if you must file Schedule P (100 or 541) Do not claim the New Jobs Credit on Schedule B.

|  |                |   |    |  |
|--|----------------|---|----|--|
| 1 Enter credit name .....  | code no. ..... | 1 | 00 |  |
| 2 Enter credit name .....  | code no. ..... | 2 | 00 |  |
| 3 Enter credit name .....  | code no. ..... | 3 | 00 |  |
| 4 Total. Add line 1 through line 3. Enter here and on Side 1, line 11c ..... |                | 4 | 00 |  |

**Schedule K Add-On Taxes or Recapture of Tax.**

|   |   |    |    |
|---|---|----|----|
| 1 Interest computation under the look-back method for completed long-term contracts. Attach form FTB 3834 ..... | • | 1  | 00 |
| 2 Interest on tax attributable to installment: a Sales of certain timeshares or residential lots .....          | • | 2a | 00 |
| b Method for non-dealer installment obligations .....   | • | 2b | 00 |
| 3 IRC Section 197(f)(9)(B)(ii) election to recognize gain on the disposition of intangibles .....               | • | 3  | 00 |
| 4 Credit recapture. Credit name .....   | • | 4  | 00 |
| 5 Total. Combine the amounts on line 1 through line 4 .....   | • | 5  | 00 |

**Schedule R Apportionment Formula Worksheet**

| Use only for unrelated trade or business amounts  | (a) Total within and outside California | (b) Total within California | (c) Percent within California (b) ÷ (a) |
|---|---|-----------------------------|---|
| 1 Property factor: .....  | •                                       | •                           | •                                       |
| 2 Payroll factor: Wages and other compensation of employees .....   | •                                       | •                           | •                                       |
| 3 Sales factor: Gross sales and/or receipts less returns and allowances .....   | •                                       | •                           | •                                       |
| 4 Multiply the factor on line 3, column (c) by 2 .....  |   |                             |   |
| 5 Total percentage: Add the percentages in column (c), line 1, line 2, and line 4 .....   |   |                             |   |
| 6 Average apportionment percentage: Divide the factor on line 5 by 4 and enter the result here and on Form 109, Side 1, line 2. See instructions for exceptions ..... |   |                             |   |

**Schedule C Rental Income from Real Property and Personal Property Leased with Real Property**

For rental income from debt-financed property, use Schedule D, R&amp;TC Section 23701g, Section 23701i, and Section 23701n organizations. See instructions for exceptions.

| 1 Description of property | 2 Rent received or accrued | 3 Percentage of rent attributable to personal property |
|---------------------------|----------------------------|--|
|                           |                            | %  |
|                           |                            | %  |
|                           |                            | %  |

4 Complete if any item in column 3 is more than 50%, or for any item if the rent is determined on the basis of profit or income

| (a) Deductions directly connected | (b) Income includible, column 2 less column 4(a) | (a) Gross income reportable, column 2 x column 3 | (b) Deductions directly connected with personal property | (c) Net income includible, column 5(a) less column 5(b) |
|-----------------------------------|--|--|--|---|
|                                   |  |  |  |   |
|                                   |  |  |  |   |
|                                   |  |  |  |   |
|                                   |  |  |  |   |

Add columns 4(b) and column 5(c). Enter here and on Side 2, Part I, line 6 .....

## MOZILLA FOUNDATION

20-0097189

028991 12-16-10

**Schedule D Unrelated Debt-Financed Income**

| 1 Description of debt-financed property  |  |  | 2 Gross income from or allocable to debt-financed property | 3 Deductions directly connected with or allocable to debt-financed property |   |
|--|--|--|--|---|---|
|  |  |  | (a) Straight-line depreciation                             | (b) Other deductions  |   |
| 4 Amount of average acquisition indebtedness on or allocable to debt-financed property | 5 Average adjusted basis of or allocable to debt-financed property | 6 Debt basis percentage, column 4 ÷ column 5 | 7 Gross income reportable, column 2 x column 6             | 8 Allocable deductions, total of columns 3(a) and 3(b) x column 6           | 9 Net income (or loss) includible, column 7 less column 8 |
|  |  | %  |  |   |   |
|  |  | %  |  |   |   |
|  |  | %  |  |   |   |

Total. Enter here and on Side 2, Part I, line 7 .....

**Schedule E Investment Income of an R&TC Section 23701g, Section 23701i, or Section 23701n Organization**

| 1 Description | 2 Amount | 3 Deductions directly connected | 4 Net investment income, column 2 less column 3 | 5 Set-asides | 6 Balance of investment income, column 4 less column 5 |
|---------------|----------|---------------------------------|---|--------------|--|
|               |          |                                 |   |              |  |
|               |          |                                 |   |              |  |
|               |          |                                 |   |              |  |

Total. Enter here and on Side 2, Part I, line 8 .....

Enter gross income from members (dues, fees, charges, or similar amounts) .....

**Schedule F Interest, Annuities, Royalties and Rents from Controlled Organizations**

| 1 Name of Controlled Organization | 2 Employer Identification Number | 3 Net unrelated income (loss) | 4 Total of specified payments made | 5 Part of column (4) that is included in the controlling organization's gross income | 6 Deductions directly connected with income in column (5) |
|-----------------------------------|----------------------------------|-------------------------------|------------------------------------|--|---|
| 1                                 |                                  |                               |                                    |  |   |
| 2                                 |                                  |                               |                                    |  |   |
| 3                                 |                                  |                               |                                    |  |   |

**Nonexempt Controlled Organizations**

| 7 Taxable Income  | 8 Net unrelated income (loss) | 9 Total of specified payments made | 10 Part of column (9) that is included in the controlling organization's gross income | 11 Deductions directly connected with income in column (10) |
|---|-------------------------------|------------------------------------|---|---|
| 1   |                               |                                    |   |   |
| 2   |                               |                                    |   |   |
| 3   |                               |                                    |   |   |
| 4 Add columns 5 and 10 .....  |                               |                                    |   |   |
| 5 Add columns 6 and 11 .....  |                               |                                    |   |   |
| 6 Subtract line 5 from line 4. Enter here and on Side 2, Part I, line 9 ..... |                               |                                    |   |   |

**Schedule G Exploited Exempt Activity Income, other than Advertising Income**

| 1 Description of exploited activity (attach schedule if more than one unrelated activity is exploiting the same exempt activity) | 2 Gross unrelated business income from trade or business | 3 Expenses directly connected with production of unrelated business income | 4 Net income from unrelated trade or business, column 2 less column 3 | 5 Gross income from activity that is not unrelated business income | 6 Expenses attributable to column 5 | 7 Excess exempt expense, column 6 less column 5 but not more than column 4 | 8 Net income includible, column 4 less column 7 but not less than zero |
|--|--|--|---|--|-------------------------------------|--|--|
|  |  |  |   |  |                                     |  |  |
|  |  |  |   |  |                                     |  |  |
|  |  |  |   |  |                                     |  |  |
|  |  |  |   |  |                                     |  |  |

Total. Enter here and on Side 2, Part I, line 10 .....

## MOZILLA FOUNDATION

20-0097189

028171 12-16-10

**Schedule H Advertising Income and Excess Advertising Costs****Part I Income from Periodicals Reported on a Consolidated Basis**

| 1 Name of periodical | 2 Gross advertising income | 3 Direct advertising costs | 4 Advertising income or excess advertising costs. If column 2 is greater than column 3, complete columns 5, 6, and 7. If column 3 is greater than column 2, enter the excess in Part III, column B(b). Do not complete columns 5, 6, and 7. | 5 Circulation income | 6 Readership costs | 7 If column 5 is greater than column 6, enter the income shown in column 4, in Part III, column A(b). If column 6 is greater than column 5, subtract the sum of column 6 and column 3 from the sum of column 5 and column 2. Enter amount in Part III, column A(b). If the amount is less than zero, enter -0-. |
|----------------------|----------------------------|----------------------------|---|----------------------|--------------------|---|
| Totals .....         |                            |                            |   |                      |                    |   |
|                      |                            |                            |   |                      |                    |   |
|                      |                            |                            |   |                      |                    |   |
|                      |                            |                            |   |                      |                    |   |

**Part II Income from Periodicals Reported on a Separate Basis**

|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Part III Column A - Net Advertising Income**

|  |   |  |   |
|--|---|--|---|
| (a) Enter "consolidated periodical" and/or names of non-consolidated periodicals | (b) Enter total amount from Part I, column 4 or 7, and amounts listed in Part II, cols. 4 and 7 | (a) Enter "consolidated periodical" and/or names of non-consolidated periodicals | (b) Enter total amount from Part I, column 4, and amounts listed in Part II, column 4 |
|  |   |  |   |
|  |   |  |   |
|  |   |  |   |
|  |   |  |   |

Enter total here and on Side 2, Part I, line 11

Enter total here and on Side 2, Part II, line 27

**Schedule I Compensation of Officers, Directors, and Trustees**

| 1 Name of Officer | 2 SSN or ITIN | 3 Title | 4 Percent of time devoted to business | 5 Compensation attributable to unrelated business | 6 Expense account allowances |
|-------------------|---------------|---------|---------------------------------------|---|------------------------------|
|                   |               |         | %                                     |   |                              |
|                   |               |         | %                                     |   |                              |
|                   |               |         | %                                     |   |                              |
|                   |               |         | %                                     |   |                              |
|                   |               |         | %                                     |   |                              |

Total. Enter here and on Side 2, Part II, line 14 .....

**Schedule J Depreciation (Corporations and Associations only. Trusts use form FTB 3885F.)**

| 1 Group and guideline class or description of property                                    | 2 Date acquired | 3 Cost or other basis | 4 Depreciation allowed or allowable in prior years | 5 Method of computing depreciation | 6 Life or rate | 7 Depreciation for this year |
|---|-----------------|-----------------------|--|------------------------------------|----------------|------------------------------|
| 1 Total additional first-year depreciation (do not include in items below) .....          |                 |                       |  |                                    |                |                              |
| 2 Other depreciation:   |                 |                       |  |                                    |                |                              |
| Buildings .....   |                 |                       |  |                                    |                |                              |
| Furniture and fixtures .....  |                 |                       |  |                                    |                |                              |
| Transportation equipment .....  |                 |                       |  |                                    |                |                              |
| Machinery and other equipment .....   |                 |                       |  |                                    |                |                              |
| Other (specify) .....   |                 |                       |  |                                    |                |                              |
| 3 Other depreciation .....  |                 |                       |  |                                    |                |                              |
| 4 Total .....   |                 |                       |  |                                    |                |                              |
| 5 Amount of depreciation claimed elsewhere on return .....                                |                 |                       |  |                                    |                |                              |
| 6 Balance. Subtract line 5 from line 4. Enter here and on Side 2, Part II, line 21a ..... |                 |                       |  |                                    |                |                              |

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FORM 109

NATURE OF TRADE OR BUSINESS

STATEMENT 2

---

AFFILIATION FEES - PRODUCT SALES

TO FORM 109, PAGE 1

MOZILLA FOUNDATION

20-0097189

FORM 109

CASH & CARRYOVER CHARITABLE CONTRIBUTIONS

STATEMENT 3

DESCRIPTION

AMOUNT

|  |                     |
|--|---------------------|
| CONTRIBUTION CARRYOVER<br>CONTRIBUTIONS 2010 | 185,786.<br>95,000. |
|--|---------------------|

TOTAL INCLUDED ON FORM 109, PAGE 2, LINE 20

280,786.

# TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

FOR THE YEAR ENDING

DECEMBER 31, 2010

|                                    |  |
|------------------------------------|--|
| Prepared for                       | MOZILLA FOUNDATION<br>650 CASTRO ST. SUITE 300<br>MOUNTAIN VIEW, CA 94041  |
| Prepared by                        | DELOITTE TAX LLP<br>225 WEST SANTA CLARA STREET<br>SAN JOSE, CA 95113  |
| Mail tax return to                 | REGISTRY OF CHARITABLE TRUSTS<br>P.O. BOX 903447<br>SACRAMENTO, CA 94203-4470  |
| Return must be mailed on or before | NOVEMBER 15, 2011  |
| Special Instructions               | THE RETURN SHOULD BE SIGNED AND DATED BY AN AUTHORIZED INDIVIDUAL.<br><br>ENCLOSE A CHECK FOR \$150 MADE PAYABLE TO ATTORNEY GENERAL'S REGISTRY OF CHARITABLE TRUSTS. INCLUDE "FORM RRF-1," THE REPORT YEAR AND THE ORGANIZATION'S STATE CHARITY REGISTRATION NUMBER AND/OR ORGANIZATION NUMBER ON THE REMITTANCE. |

MAIL TO:  
Registry of Charitable Trusts  
P.O. Box 903447  
Sacramento, CA 94203-4470  
Telephone: (916) 445-2021

WEB SITE ADDRESS:  
<http://ag.ca.gov/charities/>

ANNUAL  
REGISTRATION RENEWAL FEE REPORT  
TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code  
11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

|   |   |
|---|---|
| State Charity Registration Number: <b>CT 121862</b>         | Check if:                                     |
| <input type="checkbox"/> Change of address                  |   |
| <input type="checkbox"/> Amended report                     |   |
| MOZILLA FOUNDATION<br>Name of Organization                  | Corporate or Organization No. <b>C2543436</b> |
| 650 CASTRO ST. SUITE 300<br>Address (Number and Street)     | Federal Employer I.D. No. <b>20-0097189</b>   |
| MOUNTAIN VIEW, CA 94041<br>City or Town, State and ZIP Code |   |

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)  
Make Check Payable to Attorney General's Registry of Charitable Trusts

| Gross Annual Revenue           | Fee  | Gross Annual Revenue              | Fee  | Gross Annual Revenue                  | Fee   |
|--------------------------------|------|-----------------------------------|------|---------------------------------------|-------|
| Less than \$25,000             | 0    | Between \$100,001 and \$250,000   | \$50 | Between \$1,000,001 and \$10 million  | \$150 |
| Between \$25,000 and \$100,000 | \$25 | Between \$250,001 and \$1 million | \$75 | Between \$10,000,001 and \$50 million | \$225 |
|                                |      |                                   |      | Greater than \$50 million             | \$300 |

PART A - ACTIVITIES

For your most recent full accounting period (beginning 01/01/2010 ending 12/31/2010) list:  
Gross annual revenue \$ 1,934,659. Total assets \$ 27,591,052.

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

| 1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest? | Yes | No |
|---|-----|----|
|   | X   |    |
| 2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?   | X   |    |
| 3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?   | X   |    |
| 4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.  | X   |    |
| 5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.   | X   |    |
| 6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.   | X   |    |
| 7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.  | X   |    |
| 8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.  | X   |    |
| 9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?  | X   |    |

Organization's area code and telephone number 650-903-0800

Organization's e-mail address \_\_\_\_\_

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

JIM COOK

CFO

Signature of authorized officer

Printed Name

Title

Date