Form **990**

Department of the Treasury Internal Revenue Service

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.



A	For the	e 2021 calendar year, or tax year beginning and e	ending		
B	Check if applicabl	c Name of organization		D Employer identific	cation number
	Addre chang	MOZILLA FOUNDATION			
	Name chang	Doing business as		20-0097189	
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return		75	(650) 903-080	0 0
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	30,686,124.
	Amen return	SAN FRANCISCO, CA 94105		H(a) Is this a group re	turn
	Applic tion	F Name and address of principal officer: MARK Soldiari		for subordinates	? Yes 🛛 No
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
		empt status: X 501(c)(3) 501(c) () ((insert no.) 4947(a)(1) or	r 527	lf "No," attach a	list. See instructions
J	Websi	e: WWW.MOZILLA.ORG		H(c) Group exemption	n number 🕨
		organization: 🕱 Corporation Trust Association Other 🕨	L Year of	of formation: 2003 N	State of legal domicile: CA
Pa	art I	Summary			
đ	1	Briefly describe the organization's mission or most significant activities: IMPROVE	AND PRO	TECT THE INTERNET	1
uc n		AS A PUBLIC RESOURCE OPEN AND ACCESSIBLE TO ALL			
Activities & Governance	2	Check this box F if the organization discontinued its operations or dispose	ed of more		
No No	3				8
ۍ مې	4	Number of independent voting members of the governing body (Part VI, line 1b) \dots			6
es	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			47
iviti	6	Total number of volunteers (estimate if necessary)			10000
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			1,642,233.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		1,411,468.
				Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		9,564,873.	9,931,949.
Revenue	9	Program service revenue (Part VIII, line 2g)		16,500,194.	20,231,848.
Bev	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		458,678.	533,134.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	-10,807.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		26,523,745.	30,686,124.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		3,343,576.	4,416,000.
	1	Benefits paid to or for members (Part IX, column (A), line 4)			0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		10,023,948.	11,638,686.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		υ.	0.
	d _	Total fundraising expenses (Part IX, column (D), line 25)		4,793,253.	7,285,578.
	1 "	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		, ,	, ,
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		18,160,777.	23,340,264.
		Revenue less expenses. Subtract line 18 from line 12		8,362,968.	7,345,860.
Net Assets or				ginning of Current Year	End of Year
SSe	20	Total assets (Part X, line 16)		66,895,760. 2,443,080.	76,964,143.
let A	21	Total liabilities (Part X, line 26)		, ,	2,500,814.
		Net assets or fund balances. Subtract line 21 from line 20		64,452,680.	74,463,329.

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 compare the complete of the comp

Sign Here	Mark Surman, Signature of officer Mark Surman, EXECUTIVE DIRECTOR Type or print name and title	<i>A</i>		Date			
Paid	Print/Type preparer's name JOHN W. SADOFF JR.	Preparer's signature Soo		te /14/2022	Check if self-employed	PTIN P00540589	
Preparer	Firm's name 🕒 DELOITTE TAX LLP	0	107	Firm's	EIN 🕨 86	5-1065772	
Use Only	Firm's address 695 TOWN CENTER DRIVE,	SUITE 1200					
	COSTA MESA, CA 92626-19	24		Phone	9 NO.(714)	436-7100	
May the I	RS discuss this return with the preparer shown ab	ove? See instructions				X Yes	No
						- 000	(000.0)

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2021) MOZILLA FOUNDATION	20-0097189	Page 2
	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	MOZILLA FOUNDATION IMPROVES AND PROTECTS THE INTERNET AS A PUBLIC		
	RESOURCE BY WORKING WITH THOUSANDS OF VOLUNTEERS TO (1) KEEP THE		
	INTERNET A UNIVERSAL OPEN PLATFORM AND (2) PROMOTE MORE TRUSTWORTHY		
	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?	Y	es 🛛 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?	¥	
	If "Yes," describe these changes on Schedule O.	and by avaan	~~
4	Describe the organization's program service accomplishments for each of its three largest program services, as m Section $501(a)(4)$ and $501(a)(4)$ ergenizations are required to report the amount of grants and allocations to other		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others revenue, if any, for each program service reported.	, the total expenses	, anu
4a	(Code:) (Expenses \$ 788,525. including grants of \$) (Revenue	. ¢)
та	AGENDA SETTING	εφ)
	MOZILLA RESEARCHERS STUDY EMERGING ISSUES AT THE INTERSECTION OF THE		
	INTERNET AND SOCIETY, AND THEN SHEPHERD THEM INTO THE PUBLIC		
	CONVERSATION. IN 2021, WE PUBLISHED A NEW EDITION OF OUR INTERNET		
	HEALTH REPORT, INVESTIGATING BIAS, LABOR RIGHTS, AND TRANSPARENCY		
	ONLINE. OUR MRADI WORK HIGHLIGHTED THE ROLE AFRICAN COUNTRIES WILL PLAY		
	IN SHAPING THE FUTURE OF THE WEB. AND WE PUBLISHED SEVERAL RESEARCH		
	REPORTS EXAMINING ISSUES LIKE DISINFORMATION ON TWITTER AND TIKTOK. IN		
	2021, MOZILLA SPENT \$788,525 TO SUPPORT ITS AGENDA-SETTING WORK.		
4b	(Code:) (Expenses \$5, 241, 546. including grants of \$58, 500.) (Revenue)	\$)
	MOVEMENT BUILDING		
	MOZILLA USES SEVERAL STRATEGIES - FROM CAMPAIGNS TO PUBLICITY - TO		
	BUILD A CRITICAL MASS OF CONSUMERS THAT CAN HOLD TECH COMPANIES		
	ACCOUNTABLE. IN 2021, WE PUBLISHED TWO EDITIONS OF *PRIVACY NOT		
	INCLUDED, OUR PRIVACY-CENTRIC BUYER'S GUIDE. WE CATALYZED THOUSANDS OF		
	PEOPLE AROUND THE WORLD TO DONATE THEIR VOICES TO OUR OPEN-SOURCE		
	CROWDSOURCE RESEARCH INTO THE PLATFORM'S RECOMMENDATION ALGORITHM. IN		
	2021, MOZILLA SPENT \$5,241,546 TO SUPPORT ITS MOVEMENT-BUILDING WORK.		
	ZUZI, MOZILLA SPENI \$5,241,540 TO SUPPORT ITS MOVEMENT-BUILDING WORK.		
4c	(Code:) (Expenses \$11,053,298. including grants of \$4,357,500.) (Revenue	. ¢	37 500.)
40	LEADERSHIP DEVELOPMENT	Ψ	
	MOZILLA LEVERAGES FELLOWSHIPS AND AWARDS TO SUPPORT PEOPLE AND PROJECTS		
	AROUND THE WORLD WHO ARE STANDING UP FOR INTERNET HEALTH. IN 2021, WE		
	FUNDED DATA SCIENTISTS IN KENYA, ACTIVISTS IN BRAZIL, OPEN-SOURCE		
	DEVELOPERS IN THE U.S., AND SEVERAL OTHERS. OUR DATA FUTURES LAB FUNDED		
	BRIGHT IDEAS RETHINKING DATA STEWARDSHIP. AND OUR RESPONSIBLE COMPUTER		
	SCIENCE CHALLENGE CONTINUED TO SUPPORT EDUCATORS INTEGRATING ETHICS		
	INTO COMPUTER SCIENCE. IN 2021, MOZILLA SPENT \$11,052,498 TO SUPPORT		
	ITS LEADERSHIP DEVELOPMENT WORK.		
4-1	Other program conviews (Describe on Schedule O)		
μų	Other program services (Describe on Schedule O.)	١	
40	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 17,083,369.)	
75		For	n 990 (2021)
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	3		

	990 (2021) MOZILLA FOUNDATION 20-00971	89	P	age 3
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	Ť		
Ŭ	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			<u> </u>
'	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	+		
0				x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>		
.5	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			<u> </u>
19		10		x
00-	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		<u> </u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		v	
<u> </u>	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X QQA	(0001)
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Par	t IV Checklist of Required Schedules (continued)		•	ugo
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			<u> </u>
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		0	х	
04-	Schedule J	23		<u> </u>
248	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	0.4		x
	Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		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		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			<u> </u>
U T	Part V, line 1	34	х	1
35 -		35a	x	<u> </u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		<u> </u>
U U		35b	х	
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	000		<u> </u>
50		36		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 30		<u> </u>
31		27		x
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	20	х	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	25	Ĺ
	Check if Schedule O contains a response or note to any line in this Part V			X
			Vee	
4 -	Enter the number reported in box 3 of Form 1096. Enter -0 , if not applicable 48		Yes	No
		1		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		х	
	(gambling) winnings to prize winners?	<u>1c</u>		<u> </u> (2021)
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Form	990 (2021) MOZILLA FOUNDATION 20-009718	9	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 47			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Х	
b	If "Yes," enter the name of the foreign country > SEE SCHEDULE 0			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
-	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		x
a	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
Ũ	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	-		
a		9a		
b	Did the sponsoring organization make any taxable distributions under section 4966?	9b		
10	Section 501(c)(7) organizations. Enter:	55		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
, N				
1 2 2	amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	u		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.	Tou		
h	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			
с	Enter the amount of reserves on hand			
		14a		x
	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," <i>provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			<u> </u>
15		15		x
	excess parachute payment(s) during the year?	15		
10	If "Yes," see the instructions and file Form 4720, Schedule N.	16		x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
47	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	47		
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
46953	If "Yes," complete Form 6069.	Earra	990	(2021)
132005	12-09-21 O	LOLU	220	(2021)

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2021.05000 MOZILLA FOUNDATION

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	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			_
				X
Sec	ction 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	<u>1</u>		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3				
		3		X
4		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	o o ,	8a	Х	
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 on Schedule O	9		Х
Sec	Check if Schedule O contains a response or note to any line in this Part VI ction A. Governing Body and Management II I II II II II III IIII IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
-	The organization's CEO, Executive Director, or top management official	15a	Х	
а	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
b				Х
b	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16a		
b 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?	<u>16a</u>		
b 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? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	<u>16a</u>		
b 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? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	<u>16a</u> 16b		
b 16a b	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			
b 16a b Sec	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Ction C. Disclosure			
b 16a b <u>Sec</u> 17	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Exercise Status with which a copy of this Form 990 is required to be filed ▶AL, AR, CA, CT, FL, GA, HI, IL, KS, KY, MA, MD	16b	availal	ble
b 16a b <u>Sec</u> 17	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Example 1 List the states with which a copy of this Form 990 is required to be filed ▶AL, AR, CA, CT, FL, GA, HI, IL, KS, KY, MA, MD Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	16b	availal	ble
b 16a b <u>Sec</u> 17	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Extended C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶AL, AR, CA, CT, FL, GA, HI, IL, KS, KY, MA, MD Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply.	16b	availal	ble
b 16a b <u>Sec</u> 17 18	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? ction C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶AL, AR, CA, CT, FL, GA, HI, IL, KS, KY, MA, MD Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply. X Own website X Upon request Other (explain on Schedule O)	16b s only)		ble
b 16a b <u>Sec</u> 17 18	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Extinct C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶AL, AR, CA, CT, FL, GA, HI, IL, KS, KY, MA, MD Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	16b s only)		ble
b 16a b	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? ction C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶AL, AR, CA, CT, FL, GA, HI, IL, KS, KY, MA, MD Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply. X Own website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an statements available to the public during the tax year.	16b s only)		ble
b 16a b <u>Sec</u> 17 18	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Ction C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶AL, AR, CA, CT, FL, GA, HI, IL, KS, KY, MA, MD Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website Yupon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records ▶	16b s only)		ble
b 16a b Sec 17 18	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶AL, AR, CA, CT, FL, GA, HI, IL, KS, KY, MA, MD Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records ▲ ANGELA PLOHMAN - (650) 903-0800 —	16b s only)		ble

Form 990 (2021)	MOZILLA FOUNDATION	20-0097189 Page 7
Part VII Com	pensation of Officers, Directors, Trustees, Key Employe	ees, Highest Compensated
Empl	loyees, and Independent Contractors	
Check	if Schedule O contains a response or note to any line in this Part VII	
Section A. Office	ers, Directors, Trustees, Key Employees, and Highest Compensated	Employees
1a Complete this t	table for all persons required to be listed. Report compensation for the ca	alendar year ending with or within the organization's tax year.
List all of the	organization's current officers, directors, trustees (whether individuals of	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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos		ו than o	ane	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	is both	n an	compensation	compensation	amount of
	week		cer ar	ia a a	Irecto	or/trus	tee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	al trus		yee	mpen		1099-NEC)	1000 NEO	and related
	below	Individual trustee or director	Institutional trustee	5	Key employee	est co	er			organizations
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former			-
(1) MITCHELL BAKER, CHAIR	1.00									
PAID ONLY BY A RELATED FOR-PROFIT	40.00	х						0.	5,591,406.	56,696.
(2) J. BOB ALOTTA	40.00									
VP, GLOBAL PROGRAMS	0.00				х			294,489.	Ο.	76,733.
(3) MARK SURMAN	40.00									
EXECUTIVE DIRECTOR	0.00	Х		х				337,714.	Ο.	28,768.
(4) ASHLEY BOYD	40.00									
VP, ADVOCACY AND ENGAGEMENT	0.00				х			266,262.	Ο.	74,659.
(5) ANGELA PLOHMAN	40.00									
EXECUTIVE VICE PRESIDENT	0.00			х				242,929.	Ο.	19,715.
(6) ETHAN MILLER	40.00									
DIRECTOR OF OPERATIONS	0.00					x		161,431.	Ο.	87,958.
(7) JUAN BARAJAS	40.00									
DIRECTOR, FUNDRAISING	0.00					x		189,429.	Ο.	51,653.
(8) STEPHANIE WRIGHT	40.00									
SR. PROGRAM MANAGER, MOZFEST	0.00					Х		116,851.	Ο.	84,413.
(9) LAINIE DECOURSY	40.00									
DIRECTOR, ORGANIZATIONAL EFFECTIVENE	0.00					X		132,925.	0.	67,693.
(10) WILLIAM EASTON	40.00									
LEAD, FUNDRAISING AND EMAIL	0.00					X		117,724.	0.	81,670.
(11) BRIAN BEHLENDORFF	1.00									
DIRECTOR	0.00	Х						٥.	0.	0.
(12) HELEN TURVEY	1.00									
DIRECTOR	0.00	Х						٥.	0.	0.
(13) MOHAMED NANABHAY	1.00									
DIRECTOR	0.00	Х						٥.	0.	0.
(14) NAVRINA SINGH	1.00									
DIRECTOR	0.00	Х						٥.	0.	0.
(15) NICOLE WONG	1.00									
DIRECTOR	0.00	Х						٥.	0.	0.
(16) WAMBUI KINYA	1.00									
DIRECTOR (BEGIN 02/21)	0.00	Х						٥.	0.	0.
										000

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132007 12-09-21

Form 990 (2021)

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Form 990 (2021) MOZILLA FOUNI	DATION								20-00	97189		Pa	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	ploy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week	(do box	not c , unle	(C Posi heck i ss per	C) ition more rson i		ne an	(D) Reportable compensation from	(E) Reportable compensatio from related	n	an	(F) timate nount other	
	(list any hours for related organizations below line)	In dividual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	SC/	fr org and	pensa om the anizat d relate nizatie	e ion ed
		-											
		-											
		-											
1b Subtotal								1,859,754.	5,591,4			629,	
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)								0.	5,591,4	0. 406.		629,	0. 958.
2 Total number of individuals (including but n compensation from the organization ▶							o re		000 of reportable	;			51
												Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s				•							3		х
4 For any individual listed on line 1a, is the su											-		
and related organizations greater than \$150											4	Х	
5 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." <i>com</i>											5		х
Section B. Independent Contractors	piele Schedule	<u> </u>	or st	<u>ICH </u>	Jers	<u>on</u> .				·····	5		
1 Complete this table for your five highest co	mpensated ind	lepe	nde	nt co	ontra	actor	s tł	hat received more than \$	100,000 of comp	pensati	on fro	m	
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wit	hin	n the organization's tax y	ear.				
(A) Name and business								(B) Description of s	ervices	Cc	(C omper	;) nsatio	n
UPWORK GLOBAL INC., 475 BRANNAN STREI	ET,											074	206
SUITE 430, SAN FRANCISCO, CA 94107 BEE AGENCY B.V, HORTENSIASTRAAT 20,							-	CONTRACT SERVICES				0/4,	286.
AMSTERDAM, CJ, NETHERLANDS 1032								CONTRACT SERVICES				426,	729.
TORCHBOX LTD., SOUTHILL BARN BUSINES	S												
PARK, CHARLBURY, OXF , UNITED KINGDO								CONTRACT SERVICES				402,	690.
MCKENSIE MACK GROUP, 1507 EAST 53RD :	STREET											207	
<pre>#276, CHICAGO, IL 60615 MOZILLA CORPORATION, 2 HARRISON STREE</pre>	RT						-	CONTRACT SERVICES				387,	900.
SUITE 175, SAN FRANCISCO, CA 94105	,							SERVICE AGREEMENT				321,	874.
2 Total number of independent contractors (ii	ncluding but no	ot lin	nited	d to t	thos	se lis			ore than			,	
\$100,000 of compensation from the organiz	•				16								

132008 12-09-21

Form 990 (2021)

01341112 149058 MOZILLA

		Statement of Re	VCII	ue						-
		Check if Schedule O	conta	ins a resp	onse	or note to any lin	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclud from tax undo sections 512 - 1
ts	1 a	Federated campaigns		1a						
and Other Similar Amounts	b	Membership dues		1b						
ŭ	с	Fundraising events		1c						
ar A		Related organizations								
Ē	е	Government grants (contr	ibutio	ons) 1e		600,000.				
ົກ	f	All other contributions, gifts,	grant	s, and						
the		similar amounts not included	abov	e 1f		9,331,949.				
Ó	g	Noncash contributions included in	lines 1	a-1f 1g	\$	800.				
anc	h	Total. Add lines 1a-1f				►	9,931,949.			
						Business Code				
	2 a	LICENSING ROYALTIES			900099	20,011,978.		1,642,233.	18,369,7	
0	b	SERVICE AGREEMENT				900099	182,370.			182,3
nu	с	ADVISORY FEES				900099	37,500.	37,500.		
eve	d									
Revenue	е									
	f	All other program service	rever	nue						
	g	Total. Add lines 2a-2f				►	20,231,848.			
	3	Investment income (includ								
		other similar amounts)					532,734.			532,7
	4	Income from investment of								
	5	Royalties				►				
				(i) Rea		(ii) Personal				
	6 a	Gross rents	6a				1			
	b	Less: rental expenses	6b				1			
		Rental income or (loss)	6c							
		Net rental income or (loss)			>				
		Gross amount from sales of	, Line and	(i) Secur	ities	(ii) Other				
		assets other than inventory	7a	.,		400.				
	b	Less: cost or other basis								
2		and sales expenses	7b			0.				
	c	Gain or (loss)				400.				
		Net gain or (loss)				••••	400.			4
		Gross income from fundraisi								
	•	including \$								
		contributions reported on								
		Part IV, line 18			8a					
	b	Less: direct expenses								
		Net income or (loss) from				>				
		Gross income from gamin		-						
		Part IV, line 19								
	b	Less: direct expenses								
		Net income or (loss) from				•				
1		Gross sales of inventory, I								
'	-	and allowances			10a	3				
	b	Less: cost of goods sold								
		Net income or (loss) from				>				
	~		30,00	5	.,	Business Code				
] 1	11 a	FOREIGN EXCHANGE LO	SS			900099	-10,807.			-10,8
oue.	b						, , ,		1	,
Ne	c							1	1	
н Ч	Ч					1				
Levenue		All other revenue					-10,807.			

10 2021.05000 MOZILLA FOUNDATION

MOZILLA1

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a respons	e or note to any line in t	this Part IX	, , , , ,	
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21	2,596,075.	2,596,075.		
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22	342,122.	342,122.		
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16	1,477,803.	1,477,803.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors,				
trustees, and key employees	1,341,269.	570,281.	500,178.	270,810.
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	7,344,930.	5,424,506.	1,086,670.	833,754.
8 Pension plan accruals and contributions (include				•
section 401(k) and 403(b) employer contributions)	611,074.	425,849.	107,887.	77,338.
9 Other employee benefits	1,694,706.	1,117,872.	260,035.	316,799.
10 Payroll taxes	646,707.	467,215.	104,616.	74,876.
11 Fees for services (nonemployees):	,	,	, ,	,
a Management	4,853,990.	3,271,498.	1,473,372.	109,120.
b Legal	174,497.	, , -	167,541.	6,956.
c Accounting	385,171.		385,171.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25,				
column (A), amount, list line 11g expenses on Sch 0.)				
12 Advertising and promotion	116,983.	66,507.	29,521.	20,955.
13 Office expenses	325,155.	188,607.	71,881.	64,667.
14 Information technology	525,155.	100,007.	,1,001.	04,007.
15 Royalties	31,975.	22,861.	5,185.	3,929.
16 Occupancy	12,835.	12,087.	90.	658.
17 Travel	12,033.	12,007.	50.	050.
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	733,384.	722,551.	9,333.	1,500.
19 Conferences, conventions, and meetings	735,304.	122,551.	9,333.	1,500.
20 Interest				
21 Payments to affiliates	3,267.	2,241.	585.	441.
22 Depreciation, depletion, and amortization	3,267. 17,034.	3,272.	7,976.	441. 5,786.
23 Insurance	17,034.	5,272.	1,9/0.	5,786.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
line 24e amount exceeds 10% of line 25, column (A),				
amount, list line 24e expenses on Schedule 0.)	254 076	222.007	4 700	116 202
A MARKETING AND COMMUNICA	354,976.	233,907.	4,786.	116,283.
b FEDERAL AND STATE TAX	201,311.	138,115.	36,042.	27,154.
c BAD DEBT	75,000.		75,000.	
d				
e All other expenses	00.040.000	18 000 000	4 205 252	1 001 005
25 Total functional expenses. Add lines 1 through 24e	23,340,264.	17,083,369.	4,325,869.	1,931,026.
26 Joint costs. Complete this line only if the organization				
reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation.				
Check here Figure 16 Infollowing SOP 98-2 (ASC 958-720)				
132010 12-09-21	11			Form 990 (2021)

	2	Savings and temporary cash investments			20,102,555.	2	25,535,147.
	3	Pledges and grants receivable, net			2,300,945.	3	1,782,176.
	4	Accounts receivable, net			5,463,417.	4	8,521,324.
	5 Loans and other receivables from any current or former officer, director,						
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the	se persons			5	
	6	Loans and other receivables from other disqual					
		under section 4958(f)(1)), and persons describe			6		
s l	7	Notes and loans receivable, net				7	
Assels	8	Inventories for sale or use				8	
2	9				78,551.	9	115,725.
		Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	42,507.			
	b	Less: accumulated depreciation		41,419.	4,354.	10c	1,088.
1	1	Investments - publicly traded securities			26,711,123.		34,814,581.
	2	Investments - other securities. See Part IV, line		2,417,320.		2,410,089.	
	3	Investments - program-related. See Part IV, line			3,636,618.	13	3,636,618.
	4	Intangible assets				14	
	5	Other assets. See Part IV, line 11				15	
	6	Total assets. Add lines 1 through 15 (must equ			66,895,760.	16	76,964,143.
	7	Accounts payable and accrued expenses			2,159,187.		2,299,814.
	8	Grants payable			229,982.	18	201,000.
	9	Deferred revenue		53,911.	19	0.	
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete		21			
1	2	Loans and other payables to any current or forr					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the		22			
i 2	3	Secured mortgages and notes payable to unrel		es		23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on line					
		of Schedule D				25	
2	6	Takal Bakillian Add Basa 47 dawarda OC			2,443,080.	26	2,500,814.
		Organizations that follow FASB ASC 958, cho					
ŝ		and complete lines 27, 28, 32, and 33.					
2 Dalalices	27	Net assets without donor restrictions			57,191,750.	27	66,566,423.
2 2	8	Net assets with donor restrictions			7,260,930.	28	7,896,906.
2		Organizations that do not follow FASB ASC 9	958, check hei	re 🕨 🗌 👘			
		and complete lines 29 through 33.					
2 2	9	Capital stock or trust principal, or current funds				29	
ž 3	0	Paid-in or capital surplus, or land, building, or e				30	
Ž 3	1	Retained earnings, endowment, accumulated ir				31	
	2	Total net assets or fund balances			64,452,680.	32	74,463,329.
	3	Total liabilities and net assets/fund balances			66,895,760.	33	76,964,143.

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

Cash - non-interest-bearing

Savings and temporary cash investments

(B) End of year

147,395.

25,535,147.

(A) Beginning of year

180,879.

26,102,553.

1

2

Form 990 (2021) Part X Balance Sheet

1

2

Form 990	0 (2021) MOZILLA FOUNDATION	20-009718	9	Pad	_{ge} 12
Part X					4
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1 Tot	tal revenue (must equal Part VIII, column (A), line 12)	1	30,	686,	124.
2 Tot	al expenses (must equal Part IX, column (A), line 25)	2	23,	340,	264.
3 Rev	venue less expenses. Subtract line 2 from line 1	3	7,	345,	860.
4 Net	t assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	64,	452,	680.
5 Net	t unrealized gains (losses) on investments	5	2,	880,	868.
	nated services and use of facilities	6			
	estment expenses	7	-	216,	079.
	or period adjustments	8			
9 Oth	ner changes in net assets or fund balances (explain on Schedule O)	9			0.
10 Net	t assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
col	umn (B))	10	74,	463,	329.
Part X	II Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
		r		Yes	No
1 Acc	counting method used to prepare the Form 990: Cash X Accrual Other				
lf th	ne organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a We	ere the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
lf "`	Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
sep	parate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
	re the organization's financial statements audited by an independent accountant?		2b	Х	<u> </u>
	Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
cor	nsolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
	Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	iew, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	ne organization changed either its oversight process or selection process during the tax year, explain on Sche				
	a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	and OMB Circular A-133?		3a		X
	Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requir				
or a	audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		(2021)

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047	
2021	

Open to Public

	Inspection				
nnlover	identification number	٦r			

Namo	of the	organization
Name	or the	organization

Name	of t	he organization						Employer	identification number
			A FOUNDATION						20-0097189
Part		Reason for Public (Charity Status.	(All organizations must c	omplete tł	nis part.) S	ee instruction	S.	
The or	gani	zation is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)			
1 [A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	ו 990).)				
3		A hospital or a cooperative	hospital service orga	nization described in s	ection 170	(b)(1)(A)(ii	i).		
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	lege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in
_		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6 _		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7 🗋	x	An organization that norma	lly receives a substa	ntial part of its support fi	om a gove	ernmental	unit or from th	ie general j	oublic described in
_	_	section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8 _		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)				
9 🗌		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	e or
_	_	university:							
10 🗌		An organization that norma							
		activities related to its exem	• • •	•	. ,				0
		income and unrelated busir		(less section 511 tax) fro	m busines	ses acquii	red by the org	anization a	after June 30, 1975.
г	_	See section 509(a)(2). (Con							
11 L	\dashv	An organization organized a	•						
12 🗌		An organization organized a	-	-	-			•	
		more publicly supported or	-						Jneck the box on
•		lines 12a through 12d that	• •			-		-	aivina
а		Type I. A supporting orga		-	• • • •	-			
		the supported organization			majority c				ipporting
b		organization. You must c Type II. A supporting org	-		ion with it	e cupporto	d organizatio	a(c) by bay	<i>vina</i>
b	L	control or management o	-				-		•
		organization(s). You mus			ame perso	ns that coi		je trie supp	Joned
с		Type III functionally inte			in connect	tion with a	and functional	lv integrate	ed with
Ū	L	its supported organization						ly integrate	, with,
d		Type III non-functionally						ted organiz	zation(s)
		that is not functionally int	• •						
		requirement (see instructi	•		•		-		
е		Check this box if the orga	•	•	-			II, Type III	
		functionally integrated, or							
f	Ente	r the number of supported of	organizations						
g	Prov	vide the following informatior							
	(i	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your govern	anization listed ng document?	(v) Amount of	,	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)
Total									

20-0097189

Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	9,913,657.	13,991,926.	11,713,240.	9,564,873.	9,931,949.	55,115,645.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 3	9,913,657.	13,991,926.	11,713,240.	9,564,873.	9,931,949.	55,115,645.
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,						0 252 670
•	column (f)						9,253,670.
	Public support. Subtract line 5 from line 4. ction B. Total Support						45,861,975.
	• •	(a) 2017	(1-) 0010	(a) 2010	(4) 2020	(e) 2021	
	ndar year (or fiscal year beginning in)	(a) 2017 9,913,657.	(b) 2018 13,991,926.	(c) 2019 11,713,240.	(d) 2020 9,564,873.	9,931,949.	(f) Total 55,115,645.
	Amounts from line 4	5,515,057.	10,001,020.	11,713,240.	5,301,073.	5,551,545.	33,113,043.
0	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources	458,546.	390,654.	659,885.	457,113.	532,734.	2,498,932.
٥	Net income from unrelated business	100,010.			107,110.		2,150,552.
9	activities, whether or not the						
	business is regularly carried on			462.	596,068.	1,642,233.	2,238,763.
10	Other income. Do not include gain					_,,-	-,,
10	or loss from the sale of capital						
	assets (Explain in Part VI.)	92,628.	1,037.	44,513.			138,178.
11	Total support. Add lines 7 through 10	, -	, -	, -			59,991,518.
	Gross receipts from related activities,	etc. (see instructio	uns)			12	73,505,580.
	First 5 years. If the Form 990 is for th			ourth, or fifth tax y	ear as a section 5	· · · · ·	
	organization, check this box and stor	8		, ,			
See	ction C. Computation of Publi						
14	Public support percentage for 2021 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	76.45 %
	Public support percentage from 2020		•			15	76.62 %
	33 1/3% support test - 2021. If the o					ore, check this bo	and
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the o	organization did no	t check a box on li				
	and stop here. The organization qual	ifies as a publicly s	supported organiza	tion			
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te			-			
b	0 10% -facts-and-circumstances test	- 2020. If the org	anization did not c	heck a box on line			
	more, and if the organization meets th	ne facts-and-circum	nstances test, cheo	k this box and st	op here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	on did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	
						Cabadula A	(Form 990) 2021

Schedule A (Form 990) 2021

132022 01-04-22

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

Se	ction A. Public Support					·	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8 See	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975					+	
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	e organization's fi	irst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) orgar	nization,
	check this box and stop here						
See	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2021 (I	ine 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2020		1			16	%
See	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20)21 (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	2020 Schedule A,	Part III, line 17			18	%
19 a	33 1/3% support tests - 2021. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than 3	33 1/3%, and I	ine 17 is not
	more than 33 1/3%, check this box ar	nd stop here. The	e organization qual	ifies as a publicly s	supported organiza	ation	►
k	33 1/3% support tests - 2020. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/	3%, and
	line 18 is not more than 33 1/3%, che	ck this box and s t	top here. The orga	anization qualifies	as a publicly supp	orted organiza	tion ▶□
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	
1320	23 01-04-22			_		Scheo	lule A (Form 990) 2021
			16)			

1

2

3a

3b

3c

4a

4b

4c

5a

<u>5b</u> 5<u>c</u>

6

7

8

9a

9b

9c

10a

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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17

а	has the organization accepted a gift of contribution normally of the following persons:			
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations		 _	
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
sect	ion D. All Type III Supporting Organizations		 _	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
ect	ion E. Type III Functionally Integrated Supporting Organizations			
1 a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.	;) .		
D	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ii)	
~	Activities Test. Answer lines 2a and 2b below.	Istruction	Yes	No
с Л	Activities rest. Answer lines za and zu below.		162	NO
2	Did autostantially all of the executionic set uities during the tay year divestly further the execution represent			
2 a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
2 a	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
2 a	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
2 a	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
2 a	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
2 a b	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	2a		
2 a b	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
2 a b	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	<u>2a</u>		
2 a b	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in	2a 2b		
2 a b	the supported organization(s) to which the organization was responsive? <i>If</i> "Yes," <i>then in</i> Part VI identify those supported organizations and explain <i>how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI <i>the reasons for the organization's position that its supported organization(s) would have engaged in</i>			
2 a b	the supported organization(s) to which the organization was responsive? <i>If</i> "Yes," <i>then in</i> Part VI identify those supported organizations and explain <i>how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI <i>the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
2 a b 3 a	the supported organization(s) to which the organization was responsive? <i>If</i> "Yes," <i>then in</i> Part VI identify those supported organizations and explain <i>how these activities directly furthered their exempt purposes,</i> <i>how the organization was responsive to those supported organizations, and how the organization determined</i> <i>that these activities constituted substantially all of its activities.</i> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, <i>one or more of the organization's supported organization(s) would have been engaged in? If</i> "Yes," <i>explain in</i> Part VI <i>the reasons for the organization's position that its supported organization(s) would have engaged in</i> <i>these activities but for the organization's involvement.</i> Parent of Supported Organizations. Answer lines 3a and 3b below.			
2 a b 3 a	the supported organization(s) to which the organization was responsive? <i>If</i> "Yes," <i>then in</i> Part VI identify those supported organizations and explain <i>how these activities directly furthered their exempt purposes,</i> <i>how the organization was responsive to those supported organizations, and how the organization determined</i> <i>that these activities constituted substantially all of its activities.</i> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If</i> "Yes," <i>explain in</i> Part VI <i>the reasons for the organization's position that its supported organization(s) would have engaged in</i> <i>these activities but for the organization's involvement.</i> Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2b		

11 Has the organization accepted a gift or contribution from any of the following persons?

Schedule A (Form 990) 2021

Part IV Supporting Organizations (continued)

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MOZILLA1

20 - 0097189

Page 5

Yes No

¹⁸ 2021.05000 MOZILLA FOUNDATION

	dule A (Form 990) 2021 MOZILLA FOUNDATION			20-0097189 Pag
	rt V Type III Non-Functionally Integrated 509(a)(3) Support			
1	Check here if the organization satisfied the Integral Part Test as a qualify		•	$_{\gamma}$ Part VI). See instruction
	All other Type III non-functionally integrated supporting organizations mu	ist complete S	Sections A through E.	
Secti	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

Schedule A (Form 990) 2021

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instructions).

Sche	dule A (Form 990) 2021 MOZILLA FOUNDATION				20-0097189	Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continu	ıed)		
Secti	on D - Distributions		1		Current Y	ear
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2021 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	IS	(iii) Distributa Amount for	
1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
а	From 2016					
b	From 2017					
с	From 2018					
d	From 2019					
е	From 2020					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2021 distributable amount					
i	Carryover from 2016 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2021 distributable amount					
с	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2021. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
	Excess from 2017					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
е	Excess from 2021					

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 MOZILLA FOUNDATION	20-0097189	Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a o	r 17b; Part III, line 12;	U
Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V	1 and 2; Part IV, Sectior	n C, art V
Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additio	nal information.	art v,
(See instructions.)		
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:		
OTHER INCOME		
2017 AMOUNT: \$ 92,628.		
2018 AMOUNT: \$ 1,037.		
2019 AMOUNT: \$ 44,513.		
2015 ANOUNT: \$ 44,515.		
SCHEDULE A, PART II, SECTION B, LINE 10		
OTHER INCOME MAINLY INCLUDES ISOLATED PAYMENTS IN CONNECTION WITH THE		
TRANSITION OF MOZILLA'S THUNDERBIRD AND CORAL PROJECTS TO AND FROM THE		
FOUNDATION, RESPECTIVELY, AS WELL AS MISCELLANEOUS ITEMS LIKE CORPORATE		
CREDIT CARD POINTS CREDITS.		
132028 01-04-22	Schedule A (Form	990) 2024
		,

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Schedule B

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Organization type (check one):

** PUBLIC DISCLOSURE CO	OPY **
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Schedule of Contributors

Attach to Form 990 or Form 990-PF.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Employer identification number

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MOZILLA	FOUNDATION

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2021)

	B (Form 990) (2021)		Page 2
Name of or	rganization		Employer identification number
MOZILLA	FOUNDATION		20-0097189
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
1		\$2,400,	,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
2		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
3		\$,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
4		\$,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
5		\$1,500,	,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
6		\$500,	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

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2021.05000 MOZILLA FOUNDATION

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Page 2

	3 (Form 990) (2021)	1-	Page 2
Name of or	rganization	Emp	loyer identification number
MOZILLA	FOUNDATION		20-0097189
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$600,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$343,106.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
123452 11-11		\$	Person Payroll Payroll Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

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	B (Form 990) (2021)		Page 3
Name of o	rganization		Employer identification number
MOZILLA	FOUNDATION		20-0097189
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed	d.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions	
		\$	

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Schedule B (Form 990) (2021)

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Schedule B (Form 990) (2021)

ame of orgar	nization		Employer identification num		
ZILLA FOU	UNDATION		20-0097189		
Part III E) through (e) and the following line ent charitable, etc., contributions of \$1,000 or l	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the y		
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, ar	nd ZIP + 4	Relationship of transferor to transferee		
-		[
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gift			
	(e) Transfer of gift				
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee		
-					
a) No. from Part I 	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift				
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee		
-					
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift				
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee		
_					
3454 11-11-21			Schedule B (Form 990) (

Internal Revenue Service		Go to www.irs.gov/Form990 for i	nstructions and the	latest information.		Inspecti	ion
If the organization ans	wered "Yes," on	n Form 990, Part IV, line 3, or For	m 990-EZ, Part V, li	ne 46 (Political Campaig	gn Activiti	es), then	
 Section 501(c)(3) or 	ganizations: Com	plete Parts I-A and B. Do not com	plete Part I-C.				
 Section 501(c) (other 	er than section 50	01(c)(3)) organizations: Complete F	Parts I-A and C below	. Do not complete Part I-I	В.		
 Section 527 organiz 	ations: Complete	e Part I-A only.					
If the organization ans	wered "Yes," on	n Form 990, Part IV, line 4, or For	m 990-EZ, Part VI, li	ine 47 (Lobbying Activit	ies), then		
 Section 501(c)(3) or 	ganizations that h	have filed Form 5768 (election unc	ler section 501(h)): Co	omplete Part II-A. Do not	complete	Part II-B.	
 Section 501(c)(3) or 	ganizations that h	nave NOT filed Form 5768 (election	n under section 501(ł	h)): Complete Part II-B. De	o not com	plete Part II-A	۹.
-		n Form 990, Part IV, line 5 (Proxy	Tax) (See separate	instructions) or Form 99	90-EZ, Par	rt V, line 35c	; (Proxy
Tax) (See separate ins	tructions), then						
), or (6) organizat	tions: Complete Part III.					
Name of organization				E		dentification	number
	MOZILLA FOU		504 (a)			0-0097189	
Part I-A Compl	ete if the org	anization is exempt under	r section 501(c)	or is a section 527	organiza	ation.	
 Describe a described 		and a set of the set of the structure of the set					
		ation's direct and indirect political			•		
2 Political campaign	, ,				►\$		
3 Volunteer hours for	r political campai	gn activities					
Part I-B Comp	ete if the org	anization is exempt under	r section 501(c)((3).			
-		incurred by the organization unde			► \$		
	,	incurred by organization manager					
		n 4955 tax, did it file Form 4720 fo				Yes	No
					_	Yes	
b If "Yes," describe i					L		
		anization is exempt under	r section 501(c),	except section 50 ⁻	1(c)(3).		
-	-	by the filing organization for sect		-	►\$		
		ization's funds contributed to othe			•		
exempt function a			-		▶\$		
•		. Add lines 1 and 2. Enter here an			·		
	-				▶\$		
		1120-POL for this year?				Yes	No
		nployer identification number (EIN)				ing organizat	ion
		tion listed, enter the amount paid					
contributions recei	ved that were pro	omptly and directly delivered to a s	separate political org	anization, such as a sepa	arate segre	gated fund c	or a
political action con	nmittee (PAC). If	additional space is needed, provid	le information in Part	IV.			
(a) Nam	e	(b) Address	(c) EIN	(d) Amount paid from	m (e)	Amount of p	olitical
				filing organization's		ibutions rece	
				funds. If none, enter -		omptly and d ivered to a se	
						litical organiz	
						lf none, enter	

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

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

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SCHEDULE C

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(Form 990)

Schedule C (Form 990) 2021

OMB No. 1545-0047

2021 Open to Public Inspection

	MOZILLA F					097189	Page 2
Part II-A Complete if the org	janization	is exen	npt under sectior	n 501(c)(3) and file	d Form 5768 (ele	ection und	er
section 501(h)).							
A Check > if the filing organiza	ation belongs	to an affil	iated group (and list ir	Part IV each affiliated	group member's nam	ie, address, E	IN,
expenses, and sha	re of excess	obbying e	expenditures).				
B Check > if the filing organiza	ation checked	box A ar	d "limited control" pro	ovisions apply.			
	to on Lobby		ditures		(a) Filing	(b) Affiliate	d group
	ts on Lobby ditures" mea		nts paid or incurred.)		organization's	total	S
		ns amou			totals		
1a Total lobbying expenditures to influ	uence public	opinion (g	grassroots lobbying)				
b Total lobbying expenditures to influ	uence a legis	ative bod	y (direct lobbying)				
c Total lobbying expenditures (add li	ines 1a and 1	b)					
d Other exempt purpose expenditure	es						
e Total exempt purpose expenditure	es (add lines f	c and 1d)				
f Lobbying nontaxable amount. Ente	er the amoun	t from the	following table in bot	h columns.			
If the amount on line 1e, column (a) o	or (b) is:	The lob	bying nontaxable am	ount is:			
Not over \$500,000		20% of 1	he amount on line 1e.				
Over \$500,000 but not over \$1,000	0,000	\$100,00	0 plus 15% of the exc	ess over \$500,000.			
Over \$1,000,000 but not over \$1,5	600,000	\$175,00	0 plus 10% of the exc	ess over \$1,000,000.			
Over \$1,500,000 but not over \$17,	,000,000	\$225,00	0 plus 5% of the exce	ss over \$1,500,000.			
Over \$17,000,000		\$1,000,0	000.				
g Grassroots nontaxable amount (en		,					
h Subtract line 1g from line 1a. If zer							
i Subtract line 1f from line 1c. If zero							
j If there is an amount other than ze		ne 1h or l	ine 1i, did the organiza	ation file Form 4720		<u> </u>	—
reporting section 4911 tax for this						Yes	NoNo
(Some organizations t			raging Period Under		f tha five columna h	alaw	
(Some organizations th			ate instructions for li			elow.	
			ditures During 4-Yea				
Calendar year	(a) 20	18	(b) 2019	(c) 2020	(d) 2021	(e) To	otal
(or fiscal year beginning in)							
2a Lobbying nontaxable amount							
b Lobbying ceiling amount							
(150% of line 2a, column(e))							
c Total lobbying expenditures							
d Grassroots nontaxable amount							
e Grassroots ceiling amount							
(150% of line 2d, column (e))							
f Grassroots lobbying expenditures							
					Schod	ule C (Form 9	2001 2021

Schedule C (Form 990) 2021

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

For e	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(;	a)	(b)
	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
	Volunteers?		X		
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X			
	Media advertisements?		X		
	Mailings to members, legislators, or the public?	x	X		20 947
	Publications, or published or broadcast statements?		x		29,847.
	Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body?	x	A		283.
-	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		x		
	Other activities?	x			15,354.
	Total. Add lines 1c through 1i				45,484.
, 2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		х		
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)(5), or sec	tion	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the			tion	
Fai	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				3 ie
	answered "Yes."				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi	cal			
	expenses for which the section 527(f) tax was paid).				
	Current year				
	Carryover from last year				
c 2					
3 4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc		3		
-	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p				
		ontical	4		
5	Taxable amount of lobbying and political expenditures. See instructions				
	t IV Supplemental Information				
Prov	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list): Part II-	A. lines 1 a	nd 2 (See	
instr	uctions); and Part II-B, line 1. Also, complete this part for any additional information.			,	
IN 2	2021, MOZILLA CONDUCTED AND PUBLISHED RESEARCH REGARDING LARGE				
TECH	NOLOGY PLATFORMS WHICH INCLUDED RECOMMENDATIONS FOR POLICYMAKERS.				
MOZI	LLA ALSO HELPED FORMER FELLOWS WITH FEDERAL LOBBYING ACTIVITIES IN				
THE	U.S. IN ADDITION, MOZILLA MET WITH COALITION PARTNERS AND				
POLI	CYMAKERS TO DISCUSS POTENTIAL LEGISLATION THAT WOULD PROMOTE				

132043 11-03-21

Schedule C (Form 990) 2021

Part IV Supplemental Information (continued)

TRANSPARENCY AROUND DATA USAGE BY LARGE TECHNOLOGY PLATFORMS.

Schedule C (Form 990) 2021

132044 11-03-21

Department of the Treasury

Internal Revenue Service Name of the organization

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.



Employer identification number

	MOZILLA FOUNDATION			20-0097189
Par			inds or Ad	ccounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.		
		(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor	advised fun	ds
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds c	an be used c	only
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other pur	pose conferi	ring
	impermissible private benefit?			Yes No
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form	990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (for example, recrea			orically important land area
	Protection of natural habitat	Preserva	tion of a cert	ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the	form of a co	
	day of the tax year.			Held at the End of the Tax Year
	Total number of conservation easements			2a
b				2b
С	Number of conservation easements on a certified historic stru-			2c
d	Number of conservation easements included in (c) acquired a			
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated	by the organ	ization during the tax
	year ▶			
4	Number of states where property subject to conservation eas			
5	Does the organization have a written policy regarding the per			
	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing	g conservatio	on easements during the year
_				
7	Amount of expenses incurred in monitoring, inspecting, hance	lling of violations, and enforcing cor	servation ea	isements during the year
•			170/h)/////D	A (3)
8	Does each conservation easement reported on line 2(d) abov			
•	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footr	lote to the organization's infancial si	atements th	at describes the
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art. Historical Treasures.	or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 95		nent and hal	ance sheet works
14	of art, historical treasures, or other similar assets held for put			
	service, provide in Part XIII the text of the footnote to its finar			
b	If the organization elected, as permitted under FASB ASC 95			e sheet works of
~	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:		riarchorario	
	(i) Revenue included on Form 990, Part VIII, line 1			▶ \$
				N N
2	If the organization received or held works of art, historical tre			
_	the following amounts required to be reported under FASB A			
а	Revenue included on Form 990, Part VIII, line 1	-		▶ \$
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2021
	10-28-21			
		32		

Sche	dule D (Form 990) 2021 MOZILLA FOU							-00971		Pa	age 2
Par	t III Organizations Maintaining C	ollections of Art	t, Hist	orical Tre	easures, o	r Other S	Similar As	sets	(contin	ued)	
3	Using the organization's acquisition, accessi	on, and other records	s, checl	k any of the f	following that	t make sigr	nificant use c	of its			
	collection items (check all that apply):										
а	Public exhibition	d		Loan or exc	hange progra	am					
b	Scholarly research	е		Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	plections and explain	how th	ney further th	ne organizatio	on's exemp	t purpose in	Part XII	I.		
5	During the year, did the organization solicit of	r receive donations o	of art, hi	istorical treas	sures, or othe	er similar a	ssets				
	to be sold to raise funds rather than to be ma	aintained as part of th	ne orga	nization's co	llection?			· .	Yes		No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the	e organizatio	n answered '	"Yes" on F	orm 990, Pa	rt IV, line	e 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.		-							
1a	Is the organization an agent, trustee, custodi	an or other intermedi	ary for	contribution	s or other ass	sets not inc	cluded				
	on Form 990, Part X?							<u> </u>	Yes		No
b	If "Yes," explain the arrangement in Part XIII										
		•	Ũ					A	mount		
с	Beginning balance						1c				
	Additions during the year						1d				
	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on F						·?		Yes		No
	If "Yes," explain the arrangement in Part XIII.										Ī
Par											
	· · ·	(a) Current year		Prior year	(c) Two year		I) 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										
	Other expenditures for facilities										
· ·	and programs										
f	Administrative expenses										
g											
2	End of year balance Provide the estimated percentage of the curr		line 1	a column (a)) held as:			I			
-	Board designated or quasi-endowment	•	%	g, column (a	<i>))</i> 11010 d3.						
b	Permanent endowment		_^0								
		<u> </u>									
U	The percentages on lines 2a, 2b, and 2c sho	, -									
20	Are there endowment funds not in the posse	•	tion the	at are hold ar	ad administor	od for the	organization				
Ja		SSION OF THE OFGATILZA		at are neiù ar			organization		ſ	Yes	No
	by: (i) Unrelated organizations							ſ	3a(i)		
									3a(ii)		
Ь	(ii) Related organizations								3b		
4	Describe in Part XIII the intended uses of the							L	30		L
	t VI Land, Buildings, and Equipm		MILIEII	iunus.							
	Complete if the organization answere		Part I	V. line 11a. S	See Form 990	. Part X. lir	ne 10.				
	Description of property	(a) Cost or of			or other		umulated	6		(volu	
	Description of property	basis (investm		• •	(other)		eciation	(0	I) Bool	value	E
10	Land			54013		dopr		1			
	Land							-			
	Buildings							+			
	Leasehold improvements				42,507.		41,419	+		1	088.
	Equipment				=2,507.		41,419	•		±,	550.
	Other			() · · · · ·			•	+		1	088.
<u>i ota</u>	. Add lines 1a through 1e. (Column (d) must e	<u>qual Form 990, Part)</u>	x, colur	<u>тп (В), line 1</u>	UC.)	<u></u>	····· P		/ -		
							Sch	edule D	(Form	1 990)	2021

01341112 149058 MOZILLA

Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)			
(2)			
(3)			
<u>(4)</u>			
(5)			
<u>(6)</u>			
(8)			
<u>(9)</u>			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	<u> </u>		
Complete if the organization answered "Yes" of	on Form 000 Part IV line	110 or 11f Soo Form 000 Part X line 25	
(a) Description of lightlike		The of Th. See Form 390, Fart X, line 23.	(b) Book value
<u> </u>			(b) BOOK value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
<u>(9)</u>			
Total. (Column (b) must equal Form 990, Part X, col. (B) line			
2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote to	o the organization's financial statements th	hat reports the

Schedule D (Form 990) 2021

Part VII Investments - Other Securities.

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2021

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Page 3

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Sche	dule D (Form 990) 2021 MOZILLA FOUNDATION		20-0097189 Page 4
	t XI Reconciliation of Revenue per Audited Financial State	ments With Reven	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)	omonto With Evno	
Pa	t XII Reconciliation of Expenses per Audited Financial Stat	-	nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line		
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		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII.)		
-	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIII.)		45
	Add lines 4a and 4b		
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18., T XIII Supplemental Information.		
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Dort IV lines the and Oh	Part V line 4: Part V line 2: Part VI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any		rart v, me 4, $rart A$, me 2, $rart A$,
11165	20 and 40, and Fart XII, lines 20 and 40. Also complete this part to provide any		
PARI	X, LINE 2:		
	,		
THE	FOUNDATION QUALIFIES AS A PUBLIC BENEFIT CHARITABLE ORGANI	ZATION	
EXEM	IPT FROM INCOME TAXES ON RELATED INCOME UNDER SECTION 501(C)(3) OF THE	
INTE	RNAL REVENUE CODE AND APPLICABLE SECTIONS OF THE CALIFORNI	A REVENUE	
AND	TAXATION CODE. THE FOUNDATION PROVIDES FOR TAX, IF ANY, ON	UNRELATED	
	. , ,		
BUSI	NESS INCOME.		

IN ACCORDANCE WITH THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY

IN INCOME TAXES, NO PORTION OF AN UNCERTAIN TAX POSITION WILL BE

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

SUSTAINED UPON AUDIT BY THE RELEVANT TAXING AUTHORITY. ALSO, INTEREST

EXPENSE, IF ANY, IS RECOGNIZED ON THE FULL AMOUNT OF DEFERRED BENEFITS FOR

132054 10-28-21

Schedule D (Form 990) 2021

UNCERTAIN TAX POSITIONS.

Schedule D (Form 990) 2021

132055 10-28-21

Statement of Activities Outside the United States

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

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

Go to www.irs.gov/Form990 for instructions and the latest information.

Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, X Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? No For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the 2 United States 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (b) Number of (e) If activity listed in (d) (c) Number of (d) Activities conducted in the region (f) Total (a) Region employees, (by type) (such as, fundraising, proexpenditures offices is a program service, agents, and for and in the region gram services, investments, grants to describe specific type independent investments contractors of service(s) in the region recipients located in the region) in the region in the region GRANTS AND STIPENDS TO RECIPIENTS LOCATED IN THE REGION, MANAGEMENT NORTH AMERICA 1 74 PROGRAM SERVICES OPERATIONS, EVENTS 3,004,494. GRANTS AND STIPENDS TO RECIPIENTS LOCATED IN THE REGION, MANAGEMENT, EUROPE (INCLUDING ICELAND & GREENLAND) 159 PROGRAM SERVICES OPERATIONS, EVENTS 5,119,285. 1 GRANTS AND STIPENDS TO RECIPIENTS LOCATED IN PROGRAM SERVICES SOUTH AMERICA 0 THE REGION, CONSULTANTS 10 129,765. GRANTS AND STIPENDS TO MIDDLE EAST AND RECIPIENTS LOCATED IN THE REGION, CONSULTANTS NORTH AFRICA 7 PROGRAM SERVICES 0 84,911. GRANTS AND STIPENDS TO RECIPIENTS LOCATED IN SUB-SAHARAN AFRICA 0 33 PROGRAM SERVICES THE REGION, CONSULTANTS 350,057. GRANTS AND STIPENDS TO RECIPIENTS LOCATED IN EAST ASTA AND THE PACIFIC 0 20 PROGRAM SERVICES THE REGION, CONSULTANTS 192,351. 2 303 8,880,863. 3 a Subtotal b Total from continuation 0 0 0. sheets to Part I Totals (add lines 3a С 2 303 8,880,863. and 3b) Schedule F (Form 990) 2021

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART V FOR COLUMN (E) DESCRIPTIONS

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Employer identification number

20-0097189

Department of the Treasury Internal Revenue Service

SCHEDULE F (Form 990)

Name of the organization

MOZILLA FOUNDATION

Part I

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
					ELECTRONIC			
			FELLOWSHIPS (HOST		FUND/WIRE			
		SOUTH AMERICA	ORGANIZATION)	19,964.	TRANSFER	0.		CASH VALUE
		EUROPE (INCLUDING			ELECTRONIC			
		ICELAND &	MOZILLA TECHNOLOGY		FUND/WIRE			
		GREENLAND)	FUND	43,850.	TRANSFER	0.		CASH VALUE
					ELECTRONIC			
			FELLOWSHIPS (HOST		FUND/WIRE			
		NORTH AMERICA	ORGANIZATION)	20,000.	TRANSFER	0.		CASH VALUE
		EUROPE (INCLUDING			ELECTRONIC			
		ICELAND &			FUND/WIRE			
		GREENLAND)	DISCRETIONARY	54 000	TRANSFER	ο.		CASH VALUE
		,						
					ELECTRONIC			
			FELLOWSHIPS (HOST		FUND/WIRE			
		NORTH AMERICA	ORGANIZATION)	20,000.	TRANSFER	0.		CASH VALUE
					ELECTRONIC			
			FELLOWSHIPS (HOST		FUND/WIRE			
		NORTH AMERICA	ORGANIZATION)	20,000.	TRANSFER	ο.		CASH VALUE
				,				
					ELECTRONIC			
			FELLOWSHIPS (HOST		FUND/WIRE			
		SOUTH AMERICA	ORGANIZATION)	20,000.	TRANSFER	0.		CASH VALUE
		EUROPE (INCLUDING			ELECTRONIC			
		ICELAND &	FELLOWSHIPS (HOST		FUND/WIRE			
		GREENLAND)	ORGANIZATION)	20.000.	TRANSFER	0.		CASH VALUE
2 Enter total number of		,	ecognized as charities by the	,				
			or counsel has provided a sec		-	► _		18
3 Enter total number of	other organizations of	or entities				►		1

Schedule F (Form 990) 2021

Schedule F (Form 990)	MOZILLA	FOUNDATION			20-009	7189		Page 2
Part II Continuation of	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)		-1
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	COMMUNITY BUILDING GRANTS	20,000.	ELECTRONIC FUND/WIRE TRANSFER	0.		CASH VALUE
		SUB-SAHARAN AFRICA	COMMUNITY BUILDING GRANTS	9,850.	ELECTRONIC FUND/WIRE TRANSFER	0.		CASH VALUE
		MIDDLE EAST AND NORTH AFRICA	FELLOWSHIPS (HOST ORGANIZATION)	20,000.	ELECTRONIC FUND/WIRE TRANSFER	0.		CASH VALUE
		SOUTH ASIA	FELLOWSHIPS (HOST ORGANIZATION)	20,000.	ELECTRONIC FUND/WIRE TRANSFER	0.		CASH VALUE
		EUROPE (INCLUDING ICELAND & GREENLAND)	MOZILLA TECHNOLOGY FUND	39,540.	ELECTRONIC FUND/WIRE TRANSFER	0.		CASH VALUE
		EUROPE (INCLUDING ICELAND & GREENLAND)	DISCRETIONARY	250,000.	ELECTRONIC FUND/WIRE TRANSFER	0.		CASH VALUE
		SUB-SAHARAN AFRICA	FELLOWSHIPS (HOST ORGANIZATION)	20,000.	ELECTRONIC FUND/WIRE TRANSFER	0.		CASH VALUE
		EUROPE (INCLUDING ICELAND & GREENLAND)	COMMUNITY BUILDING GRANTS	15,000.	ELECTRONIC FUND/WIRE TRANSFER	0.		CASH VALUE
		EUROPE (INCLUDING ICELAND & GREENLAND)	DISCRETIONARY	45,000.	ELECTRONIC FUND/WIRE TRANSFER	0.		CASH VALUE

Schedule F (Form 990)		FOUNDATION			Page 2			
Part II Continuation of 1 (a) Name of organization	f Grants and Other A (b) IRS code section and EIN (if applicable)	(a) Degion	tions or Entities Outside the (d) Purpose of grant	(e) Amount	(Schedule F (Form 9 (f) Manner of cash disbursement	90), Part II, line 1 (g) Amount of non-cash assistance) (h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	DISCRETIONARY	35,000.	ELECTRONIC FUND/WIRE TRANSFER	0.		CASH VALUE
		EUROPE (INCLUDING ICELAND & GREENLAND)	COMMUNITY BUILDING GRANTS	109,481.	ELECTRONIC FUND/WIRE TRANSFER	0.		CASH VALUE

Schedule F (Form 990) 2021

MOZILLA FOUNDATION

20-0097189

Part III	Grants and Other Assistance to Individuals Outside the United States.	Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
	Part III can be duplicated if additional space is needed	

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
	SOUTH AMERICA -						
	ARGENTINA,						
	BOLIVIA, BRAZIL,			ELECTRONIC FUND/WIRE			
FELLOWSHIPS	CHILE, COLUMBIA,	2	85,301.	TRANSFER	0.		
	SUB-SAHARAN						
	AFRICA - ANGOLA,						
	BENIN, BOTSWANA,			ELECTRONIC FUND/WIRE			
FELLOWSHIPS	BURKINA FASO,	4	71,905.	TRANSFER	0.		
	NORTH AMERICA -						
	CANADA AND						
	MEXICO, BUT NOT			ELECTRONIC FUND/WIRE			
FELLOWSHIPS	THE UNITED STATES	2	203,492.	TRANSFER	0.		
	SUB-SAHARAN						
	AFRICA - ANGOLA,						
	, BENIN, BOTSWANA,			ELECTRONIC FUND/WIRE			
COMMUNITY BUILDING AWARDS	BURKINA FASO,	2	29,210.	TRANSFER	0.		
	EUROPE (INCLUDING						
	ICELAND &						
	GREENLAND) -			ELECTRONIC FUND/WIRE			
FELLOWSHIPS	ALBANIA, ANDORRA,	2	26,416.	TRANSFER	0.		
	EUROPE (INCLUDING		,				
	ICELAND &						
	GREENLAND) -			ELECTRONIC FUND/WIRE			
MOZILLA TECHNOLOGY FUND	ALBANIA, ANDORRA,	3	150,000.	TRANSFER	0.		
	SOUTH ASIA -		,				
	AFGHANISTAN,						
	, BANGLADESH,			ELECTRONIC FUND/WIRE			
FELLOWSHIPS	, BHUTAN, INDIA,	2	36,752.	TRANSFER	0.		
	MIDDLE EAST AND		,				
	NORTH AFRICA -						
	ALGERIA, BAHRAIN,			ELECTRONIC FUND/WIRE			
FELLOWSHIPS	DJIBOUTI, EGYPT,	3		TRANSFER	0.		
			,				

Schedule F (Form 990) 2021

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately 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; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	X Yes	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If "Yes,"</i> the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2021

 Part V
 Supplemental Information

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

PART I, LINE 2:

WE MAINTAIN INFORMATION ON GRANTS, INCLUDING SUPPORTING DOCUMENTATION

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

FOR FELLOWSHIP GRANTEES, GRANTS ARE MADE PURSUANT TO AGREEMENTS WITH THE

FELLOWS AND/OR HOST INSTITUTIONS TO ENSURE THAT THE FELLOWSHIP RECIPIENTS

WILL BE PURSUING A DEFINED RESEARCH PROGRAM THAT WILL AID THE DEVELOPMENT

OF THE FELLOWSHIP RECIPIENT AS WELL AS ADVANCING RESEARCH IN AREAS

MATCHING MOZILLA'S EXEMPT PURPOSES. IN OTHER CASES, WE ENTER INTO

APPROPRIATE CONTRACTUAL AGREEMENTS WITH INDIVIDUAL OR CORPORATE GRANTEES

REQUIRING THEM TO ACCOMPLISH CHARITABLE WORK OF DIRECT BENEFIT TO THE

PUBLIC AND SPECIFICALLY DESCRIBED IN A STATEMENT OF WORK.

FOR GRANTS TO NON-U.S. ORGANIZATIONS, WE GENERALLY USE A GRANT AGREEMENT

THAT RESTRICTS THE USE OF THE FUNDS TO SPECIFIC CHARITABLE PROJECTS AND

INCLUDES REQUIREMENTS FOR RECORDKEEPING AND REPORTING ON THE USE OF

FUNDS. IF WE WISH TO PROVIDE GENERAL UNRESTRICTED SUPPORT, WE DO SO ONLY

AFTER DETERMINING THAT THE GRANTEE QUALIFIES AS THE EQUIVALENT OF A U.S.

SECTION 501(C)(3) ORGANIZATION, TYPICALLY BY RELYING ON THE ADVICE OF A

QUALIFIED TAX PRACTITIONER SUCH AS THAT PROVIDED BY NGOSOURCE.ORG. THE

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

USE OF THE FUNDS.

PART I, LINE 3, COLUMN (E):

REGION: NORTH AMERICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: GRANTS AND STIPENDS TO

RECIPIENTS LOCATED IN THE REGION, MANAGEMENT, OPERATIONS, EVENTS,

132075 12-20-21

43 2021.05000 MOZILLA FOUNDATION

Part V Supplemental Information

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

CONSULTANTS, SALARIES

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(E) SPECIFIC TYPES OF SERVICES IN REGION: GRANTS AND STIPENDS TO

RECIPIENTS LOCATED IN THE REGION, MANAGEMENT, OPERATIONS, EVENTS

CONSULTANTS, SALARIES

Schedule F (Form 990) 2021

132075 12-20-21

SCHEDULE I (Form 990)			arants and Oth vernments, ar					OMB No. 1545-0047
			ete if the organizatio					2021
Department of the Treasury		p-		Attach to For		,		Open to Public
Internal Revenue Service			Go to www.ir	s.gov/Form990 fo	r the latest inform	nation.		Inspection
Name of the organization	MOZILLA FOUNDA	ATION						Employer identification number 20-0097189
Part I General Informa	ition on Grants a	nd Assistance						
1 Does the organization								
criteria used to award t	he grants or assis	tance?						X Yes No
2 Describe in Part IV the								
		•	zations and Domestic be duplicated if additi		1 0	anization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address or governme	of organization	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ACCESS NOW								
34 WEST 27TH STREET,	5TH FLOOR							
NEW YORK, NY 10001		27-0597430	501(C)(3)	60,000.	0.			COMMUNITY BUILDING GRANTS
ACTION RESEARCH COLLA 2400 DAVIDSON AVE A23	BORATIVE							
BRONX, NY 10468		82-5252889	501(C)(3)	100,000.	0.			DATA FUTURES LAB
ALLEGHENY COLLEGE 520 NORTH MAIN ST MEADVILLE, PA 16335		25-0965212	501(C)(3)	64,800.	0.			RESPONSIBLE COMPUTER SCIENCE
BEMIDJI STATE UNIVERS 1500 BIRCHMONT DRIVE I BEMIDJI, MN 56601		41-1687554	government Entity	54,000.	0.			RESPONSIBLE COMPUTER SCIENCE
BOWDOIN COLLEGE 5400 COLLEGE STATION BRUNSWICK, ME 04011		01-0215213	501(C)(3)	64,800.	0.			RESPONSIBLE COMPUTER SCIENCE
CONSUMER REPORTS, INC 101 TRUMAN AVENUE YONKERS, NY 10703		13-1776434	501(C)(3)	150,000.	0.			DATA FUTURES LAB
2 Enter total number of s	ection 501(c)(3) a	nd government or	anizations listed in the	e line 1 table			1	30.
3 Enter total number of c								2.

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

Schedule I (Form 990) MOZILLA FOUNDATION
Part II Continuation of Grants and Other Assista

20-0097189 Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DIGITAL DEMOCRACY							
2443 FILLMORE ST #380-17460							
SAN FRANCISCO, CA 94115	26-3761772	501(C)(3)	100,000.	0.			DATA FUTURES LAB
DRIVERS SEAT COOPERATIVE							
4110 S.E. HAWTHORNE BLVD., #281							
PORTLAND, OR 97214	84-2547311		100,000.	0.			DATA FUTURES LAB
GEORGETOWN UNIVERSITY 3700 O STREET NW							RESPONSIBLE COMPUTER
WASHINGTON, DC 20057	53-0196603	501(C)(3)	64,800.	0.			SCIENCE
GEORGIA TECH RESEARCH CORPORATION							
PO BOX 100117							RESPONSIBLE COMPUTER
ATLANTA, GA 30384	58-0603146	501(C)(3)	54,000.	0.			SCIENCE
MC TECHNICAL, INC							
330 DECATUR ST							
BROOKLYN, NY 11233	83-4151308		30,000.	0.			DISCRETIONARY
MIAMI DADE COLLEGE							
11011 SOUTHWEST 104TH STREET ROOM	9						RESPONSIBLE COMPUTER
MIAMI, FL 33176	59-1210485	GOVERNMENT ENTIT	54,000.	0.			SCIENCE
NEW AMERICA							
740 15TH ST NW SUITE 900							RANKING DIGITAL RIGHTS
WASHINGTON, DC 20005	52-2096845	501(C)(3)	100,000.	0.			PROJECT
NEW VENTURE FUND							
1201 CONNECTICUT AVE. NW SUITE 300							
WASHINGTON, DC 20036	20-5806345	DUT(C)(3)	375,000.	0.			DISCRETIONARY
NORTHEASTERN UNIVERSITY							
360 HUNTINGTON AVE 540-177							RESPONSIBLE COMPUTER
BOSTON, MA 02115	04-1679980	501(C)(3)	53,866.	Ο.			SCIENCE

Schedule I (Form 990)

Schedule I (Form 990) MOZILLA FOUNDATION . .

20-0097189 Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PIONEER WORKS							
159 PIONEER STREET							
BROOKLYN, NY 11231	46-1097738	501(C)(3)	8,500.	0.			SPONSORSHIP
PRESIDENT AND FELLOWS OF HARVARD							
COLLEGE HARVARD UNIVERSITY - 1033							
MASSACHUSETTS AVE 5TH FLOOR -							RESPONSIBLE COMPUTER
CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	54,000.	0.			SCIENCE
REGENTS OF THE UNIVERSITY OF							
CALIFORNIA AT BERKELEY - 2195							
HEARST AVE RM 130 - BERKELEY, CA							RESPONSIBLE COMPUTER
94720	94-6002123	501(C)(3)	64,800.	0.			SCIENCE
REGENTS OF UNIVERSITY OF COLORADO							
2055 REGENT DR. ROOM 175, 41 UCB							RESPONSIBLE COMPUTER
BOULDER, CO 80309	84-6000555	501(C)(3)	53,538.	0.			SCIENCE
RESEARCH FOUNDATION FOR STATE							
UNIVERSITY OF NEW YORK - 35 STATE							RESPONSIBLE COMPUTER
STREET - ALBANY, NY 12207	14-1368361	501(C)(3)	54,000.	0.			SCIENCE
	14 1500501	501(0)(3)	51,000.				
SANTA CLARA UNIVERSITY							
500 EL CAMINO REAL							RESPONSIBLE COMPUTER
SANTA CLARA, CA 95053	94-1156617	501(C)(3)	54,000.	0.			SCIENCE
SPELMAN COLLEGE							
350 SPELMAN LANE							RESPONSIBLE COMPUTER
ATLANTA, GA 30314	58-0566243	501(C)(3)	50,000.	0.			SCIENCE
TEAM COMMUNITY							
1110 VERMONT AVENUE NORTHWEST SUIT							
WASHINGTON, DC 20005	27-1337098	501(C)(3)	60,100.	0.			COMMUNITY BUILDING GRAN
THE ACCOLLATION FOR DECORECTIVE							
THE ASSOCIATION FOR PROGRESSIVE							
COMMUNICATIONS - 1013 TORNEY AVENUE - SAN FRANCISCO, CA 94129	94-3287156	501(C)(3)	15,000.	0.			COMMUNITY BUILDING GRAN
AVENUE SAN FRANCISCO, CA 94129	54-2201120	201(0)(3)	1 13,000.	٥.			CONTROLLET BOTTOTING GRAD

Schedule I (Form 990)

Schedule I (Form 990) MOZILLA FOUNDATION . .

20-0097189 Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE FUTURE SOCIETY							
867 BOYLSTON STREET 5TH FLOOR							
BOSTON, MA 02116	81-3568099	501(C)(3)	15,000.	0.			COMMUNITY BUILDING GRANTS
THE PROCESSING FOUNDATION, INC.							
400 JAY STREET #175							
BROOKLYN, NY 11201	46-0830259	501(C)(3)	13,000.	0.			COMMUNITY BUILDING GRANTS
THISISPLACE FOUNDATION							
1875 K STREET NW SUITE 426							
WASHINGTON, DC 20006	84-3744867	501(C)(3)	100,000.	Ο.			DATA FUTURES LAB
TRUSTEES OF COLUMBIA UNIVERSITY IN				- •			
THE CITY OF NEW YORK - SPONSORED							
PROJECTS FINANCE PO BOX 29789 -							RESPONSIBLE COMPUTER
NEW YORK, NY 10087	13-5598093	501(C)(3)	54,000.	0.			SCIENCE
UNIVERSITY OF MARYLAND BALTIMORE COUNTY - 1000 HILLTOP CIRCLE ADMIN							RESPONSIBLE COMPUTER
4TH FLOOR - BALTIMORE, MD 21250		GOVERNMENT ENTIT	64,800.	Ο.			SCIENCE
4TH FLOOR - BALTIMORE, MD 21250	52-6002033	GOVERNMENT ENTIT	64,800.	υ.			SCIENCE
UNIVERSITY OF UTAH							
201 S PRESIDENT CIRCLE RM 406 PARK							RESPONSIBLE COMPUTER
SALT LAKE, UT 84112	87-6000525	GOVERNMENT ENTIT	162,000.	0.			SCIENCE
WASHINGTON UNIVERSITY							
700 ROSEDALE AVENUE BOX 1045							RESPONSIBLE COMPUTER
SAINT LOUIS, MO 63112	43-0653611	501(C)(3)	54,000.	0.			SCIENCE
HOVEN WIN FOUNDATION INC							
WOMEN WIN FOUNDATION, INC.							
20 SOUTHWIND DRIVE	26-4645645	501(0)(2)	200 000	0.			FEMINIST TECH ECOSYSTEM
BELLEAIR BLUFFS, FL 33770	20-4043045	501(C)(3)	300,000.	υ.			FEMINIST TECH ECOSISTEM
						1	

Schedule I (Form 990)

Schedule I (Form 990) 2021

MOZILLA FOUNDATION

20-0097189

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
ELLOWSHIP	5	336,122.	0.		
OMMUNITY BUILDING AWARD	1	6,000.	0.		
Part IV Supplemental Information. Provide the informatio	n required in Part I. lin	e 2. Part III. column	(b): and any other ac	ditional information	
ART I, LINE 2:	intequied intract, int		(b), and any other ac		
OZILLA FOUNDATION MAINTAINS INFORMATION ON GRA	NTS INCLUDING S	UPPORTING			
OCUMENTATION SUCH AS GRANT PROPOSALS, SIGNED A					
RANTEES, ETC. FOR FELLOWSHIP GRANTEES, GRANTS					
GREEMENTS WITH THE FELLOWS AND/OR HOST INSTITU	TIONS TO ENSURE	THAT THE			

FELLOWSHIP RECIPIENTS WILL BE PURSUING A DEFINED RESEARCH PROGRAM THAT WILL

AID THE DEVELOPMENT OF THE FELLOWSHIP RECIPIENT AS WELL AS ADVANCING

RESEARCH IN AREAS MATCHING MOZILLA FOUNDATION'S EXEMPT PURPOSES. ALTHOUGH

MOST OF OUR OTHER GRANTS ARE TO IRS-RECOGNIZED 501(C)(3) ORGANIZATIONS, WE

Part IV Supplemental Information

SOMETIMES MAKE GRANTS TO OTHER ENTITIES AND INDIVIDUALS TO ACCOMPLISH

SPECIFIC WORK IN FURTHERANCE OF MOZILLA FOUNDATION'S PURPOSES. IN THOSE

CASES, WE ENTER INTO APPROPRIATE CONTRACTUAL AGREEMENTS REQUIRING THE

GRANTEE TO ACCOMPLISH CHARITABLE WORK OF DIRECT BENEFIT TO THE PUBLIC AND

SPECIFICALLY DESCRIBED IN THE STATEMENT OF WORK. THESE AGREEMENTS REQUIRE

THE GRANTEE TO REPORT ON THEIR USE OF FUNDS.

Schedule I (Form 990)

132291 04-01-21

> 50 2021.05000 MOZILLA FOUNDATION

SC	HEDULE J	Compensation Information		I	OMB No.	1545-00	47
	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highe	st	-	20	91	
	-	Compensated Employees			20		1
Depar	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line Attach to Form 990.	; 23.		Open to	o Publ	ic
Intern	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest informat			-	ection	
Nam	e of the organization			Employer i		on nu	mber
Pa		MOZILLA FOUNDATION		20-0	097189		
Га		s Regarding Compensation					
4-	Chaoli the energy	into hav/aa) if the eventiation provided any of the following to as for a nerson listed on		000		Yes	No
1 a		iate box(es) if the organization provided any of the following to or for a person listed on line 1a. Complete Part III to provide any relevant information regarding these items.	FOUL	990,			
	First-class or c		nersor	naluse			
	Travel for com		•				
		cation and gross-up payments Health or social club dues or initiation					
		spending account	auffeur	r, chef)			
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment of	or				
	reimbursement or p	provision of all of the expenses described above? If "No," complete Part III to explain			1b		
2	Did the organization	n require substantiation prior to reimbursing or allowing expenses incurred by all director	ors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?			2		
3		ny, of the following the organization used to establish the compensation of the organization					
		ector. Check all that apply. Do not check any boxes for methods used by a related orga	nizatio	n to			
	·	ation of the CEO/Executive Director, but explain in Part III.					
	Compensation						
		compensation consultant					
	X Form 990 of o	ther organizations X Approval by the board or compensations	ition co	ommittee			
4	During the year did	d any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
•	organization or a re						
а	0	e payment or change-of-control payment?			4a		x
b		ceive payment from a supplemental nonqualified retirement plan?			41		x
с	Participate in or rec	ceive payment from an equity-based compensation arrangement?			4c		X
	If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	Only section 501(c	c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compe	nsatior	ו			
	contingent on the r						
							X
b		ration?			<u>5b</u>		X
		or 5b, describe in Part III.					
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compe	nsatior	٦			
_	contingent on the n	5			0		x
							X
a		ration? or 6b, describe in Part III.			<u>6b</u>		
7		or 60, describe in Part III. on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payl	mente				
'		nes 5 and 6? If "Yes," describe in Part III			7		x
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject					
0	-				8		x
9		lid the organization also follow the rebuttable presumption procedure described in			····· L		
-		n 53.4958-6(c)?					
LHA		eduction Act Notice, see the Instructions for Form 990.			dule J (Forr	n 990) 2021

132111 11-02-21

20-0097189

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

For each individual whose compensation must be reported on 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 aren't listed on Form 990, Part VII.

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

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MITCHELL BAKER, CHAIR	(i)	0.	0.	0.	0.	0.	0.	0.
PAID ONLY BY A RELATED FOR-PROFIT	(ii)	750,000.	4,841,406.	0.	26,000.	30,696.	5,648,102.	0.
(2) J. BOB ALOTTA	(i)	294,489.	0.	0.	18,335.	58,398.	371,222.	0.
VP, GLOBAL PROGRAMS	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MARK SURMAN	(i)	337,714.	0.	0.	23,432.	5,336.	366,482.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ASHLEY BOYD	(i)	266,262.	0.	0.	46,300.	28,359.	340,921.	0.
VP, ADVOCACY AND ENGAGEMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ANGELA PLOHMAN	(i)	242,929.	0.	0.	16,841.	2,874.	262,644.	0.
EXECUTIVE VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ETHAN MILLER	(i)	161,431.	0.	0.	11,353.	76,605.	249,389.	0.
DIRECTOR OF OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) JUAN BARAJAS	(i)	189,429.	0.	0.	34,475.	17,178.	241,082.	0.
DIRECTOR, FUNDRAISING	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) STEPHANIE WRIGHT	(i)	116,851.	0.	0.	27,707.	56,706.	201,264.	0.
SR. PROGRAM MANAGER, MOZFEST	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) LAINIE DECOURSY	(i)	132,925.	0.	0.	22,165.	45,528.	200,618.	0.
DIRECTOR, ORGANIZATIONAL EFFECTIVENE		0.	0.	0.	0.	0.	0.	0.
(10) WILLIAM EASTON	(i)	117,724.	0.	0.	29,535.	52,135.	199,394.	0.
LEAD, FUNDRAISING AND EMAIL	(ii)	Ο.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

Schedule J (Form 990) 2021

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

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 Form 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number 20-0097189

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

MOZILLA FOUNDATION

AUSTRALIA, CANADA, CHINA, FINLAND,

FRANCE, GERMANY, JAPAN, LUXEMBOURG

NEW ZEALAND, SPAIN, TAIWAN, UNITED KINGDOM

FORM 990, PART VI, SECTION A, LINE 8B:

THE INVESTMENT AND AUDIT COMMITTEES PERIODICALLY MEET IN EXECUTIVE SESSION.

ALTHOUGH SEPARATE MEETING MINUTES ARE NOT KEPT, THEY REPORT BACK TO THE

FULL BOARD WHERE MINUTES ARE KEPT.

FORM 990, PART VI, SECTION B, LINE 11B:

SEVERAL INDIVIDUALS ASSOCIATED WITH THE ORGANIZATION DILIGENTLY GATHER AND

PREPARE ALL DATA AND NARRATIVE EXPLANATIONS TO ACCURATELY COMPLETE THE IRS

FORM 990. SEVERAL DRAFTS OF THE FORM 990 ARE REVIEWED AND EDITED BY

MANAGEMENT, OFFICERS, INTERNAL COUNSEL, OUTSIDE COUNSEL, AND ACCOUNTANTS.

ALL DIRECTORS RECEIVE A FINAL COPY OF THE 990 PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE FOUNDATION ANNUALLY ASKS BOARD MEMBERS AND KEY EMPLOYEES TO RESPOND TO

A QUESTIONNAIRE DETAILING POTENTIAL CONFLICTS OF INTEREST. INDIVIDUALS ARE

TO REPORT ANY POTENTIAL CONFLICTS WITH RESPECT TO PARTICULAR DECISIONS AS

THEY ARISE, AND IF THE BOARD DETERMINES THAT A CONFLICT EXISTS, THE

CONFLICTED INDIVIDUAL DOES NOT PARTICIPATE IN VOTING ON THAT DECISION (AND

IN SOME CASES THE FOUNDATION MAY NOT PURSUE THE TRANSACTION AT ALL). WHILE

THE FOUNDATION HAS NOT ENGAGED IN ADDITIONAL MONITORING OR ENFORCEMENT

BEYOND THIS, IT BELIEVES ITS EXISTING MECHANISMS HAVE BEEN ADEQUATE TO

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

Schedule O (Form 990) 2021

01341112 149058 MOZILLA

2021.05000 MOZILLA FOUNDATION

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Schedule O (Form 990) 2021	Page
Name of the organization	Employer identification number
MOZILLA FOUNDATION	20-0097189
PROTECT AGAINST CONFLICTS OF INTEREST AFFECTING THE BOARD'S DECISION	
MAKING.	
FORM 990, PART VI, SECTION B, LINE 15A:	
THE BOARD OF DIRECTORS DETERMINED THE EXECUTIVE DIRECTOR'S COMPENSATION	
AFTER TAKING INTO ACCOUNT ASSESSMENTS OF HIS INDIVIDUAL PERFORMANCE AND	

THAT OF THE ORGANIZATION AS A WHOLE, ALONG WITH MARKET DATA ABOUT EXECUTIVE

COMPENSATION AT SIMILAR ORGANIZATIONS DRAWN FROM BOTH GENERAL SURVEYS AND

THE FORMS 990 FOR A SET OF PEER INSTITUTIONS. THE EXECUTIVE DIRECTOR AND

INTERESTED PARTIES WERE ABSENT FROM THE FINAL BOARD DISCUSSION, AND THE

DETERMINATION WAS ULTIMATELY APPROVED DURING A PART OF A MEETING OF THE

BOARD OF DIRECTORS NOT INCLUDING ANYONE WITH A CONFLICT OF INTEREST

REGARDING THE COMPENSATION PACKAGE. THE PROCESS AND THE DATA ON WHICH THE

DECISION WAS MADE IS DOCUMENTED IN THE MINUTES OF THE ORGANIZATION.

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

AL, AR, CA, CT, FL, GA, HI, IL, KS, KY, MA, MD, MI, MN, MS, NC, ND, NH, NJ, NM, NY, OR, PA, RI, SC

TN,UT,VA,WI,WV

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

THE FORMS 990, 990-T, AND THE FORM 1023 IN THEIR ORIGINAL FORM ARE

AVAILABLE UPON REQUEST. WE ALSO MAKE THESE FORMS AVAILABLE ONLINE, ALONG

WITH OUR FINANCIAL STATEMENTS AND GOVERNING DOCUMENTS, EXCEPT THAT TO

PROTECT INDIVIDUAL PRIVACY SOME PERSONAL ADDRESS INFORMATION IS REDACTED

FROM THE VERSION MADE AVAILABLE ONLINE.

132212 11-11-21

	(For	m 990)
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SCHEDULE R

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

21 **Open to Public** Inspection

Name of the organization

MOZILLA FOUNDATION

Employer identification number 20-0097189

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

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

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

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

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

Schedule R (Form 990) 2021

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

	· · · · · · · · · · · · · · · · · · ·	· ,							1		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	h)	(i)	(i)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	alloca	ortionate tions?			^{II or} Percentaç ^{ing} ownershi er?
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	No
	1										
	1										
	-										
	-										
										$\left \right $	
	-										
	4										
	4										

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on 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) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(cont ent	(i) ction b)(13) rolled tity? No
MZLA TECHNOLOGIES CORPORATION - 84-3352661									
2 HARRISON STREET, SUITE 175			MOZILLA						
SAN FRANCISCO, CA 94105	INTERNET TECHNOLOGIES	CA	FOUNDATION	C CORP	2,796,996.	3,768,671.	100%	Х	
MOZILLA CORPORATION - 20-3226186									
2 HARRISON STREET, SUITE 175			MOZILLA						
SAN FRANCISCO, CA 94105	INTERNET SERVICE	CA	FOUNDATION	C CORP	584,599,274.	1095331625.	100%	Х	
	-								
	-								
	-								

Schedule R (Form 990) 2021 MOZILLA FOUNDATION

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

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s N
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	1a	X	
b Gift, grant, or capital contribution to related organization(s)			
c Gift, grant, or capital contribution from related organization(s)			
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)			-
f Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)	1g		
 Purchase of assets from related organization(s) 	1 h		
Exchange of assets with related organization(s)	1i		
Lease of facilities, equipment, or other assets to related organization(s)			_
Lease of facilities, equipment, or other assets from related organization(s)	1k		
Performance of services or membership or fundraising solicitations for related organization(s)		X	
n Performance of services or membership or fundraising solicitations by related organization(s)	1m	X	
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
Sharing of paid employees with related organization(s)	_		_
Reimbursement paid to related organization(s) for expenses			
Reimbursement paid by related organization(s) for expenses			1
Other transfer of cash or property to related organization(s)	1r	x	
Conter transfer of cash or property from related organization(s)	1s		T

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) MOZILLA CORPORATION	А	19,928,068.	TRADEMARK LICENSE AGREEMENT
(2) MOZILLA CORPORATION	м	210,602.	SERVICE AGREEMENT
(3) MZLA TECHNOLOGIES CORPORATION	A	83,910.	TRADEMARK LICENSE AGREEMENT
(4) MZLA TECHNOLOGIES CORPORATION	L	182,370.	SERVICE AGREEMENT
<u>(5)</u>			
_(6)			

Schedule R (Form 990) 2021 MOZILLA FOUNDATION

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

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

(a)	(b)	(c)	(d)	(0)	(f)	(g)	(h	、	(i)	(j)	(k)			
Name, address, and EIN	Primary activity	Legal domicile	(U) Predominant income	(e) Are all partners s 501(c)(3 orgs.?	Sec. Share of	Share of) por-	(I) Code V-UBI	(J) General (
of entity	Finnary activity	(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	501(c)(3	³⁾ total	end-of-year	Dispro tion allocati	ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managin				
or onary		country)	excluded from tax under	orgs.?		assets		ons?	of Schedule K-1	partner				
			360110113 3 12-3 14)	Yes N			Yes	No	(101111003)	Yes No				
										\vdash	+			

Schedule R (Form 990) 2021

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

SCHEDULE R, PART V, LINE 1

THE FOUNDATION LICENSES CERTAIN TRADEMARKS TO ITS WHOLLY-OWNED

SUBSIDIARIES, MOZILLA CORPORATION AND MZLA TECHNOLOGIES CORPORATION, IN

RETURN FOR LICENSE FEES. THE AMOUNT ACTUALLY ACCRUED BY THE FOUNDATION

IS REPORTED ON PART V LINE 2(1) AND PART V LINE 2(3).

THE FOUNDATION ALSO HAS AN ADMINISTRATIVE SERVICES AGREEMENT UNDER

WHICH MOZILLA CORPORATION PROVIDES LEGAL AND CERTAIN OTHER SERVICES.

ITS PAYMENT FOR SERVICES IS REPORTED ON PART V LINE 2(2).

THE FOUNDATION PROVIDES CERTAIN LEGAL AND OTHER ADMINISTRATIVE SERVICES

TO MZLA TECHNOLOGIES CORPORATION WHICH IS REPORTED ON LINE 2(4).

132165 11-17-21

(Rev. January 2022)

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

Department of the Treasury Internal Revenue Service

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request 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/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (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	Name of exempt organization or other filer, see instru-	Taxpayer	Taxpayer identification number (TIN)							
print	MOZILLA FOUNDATION	20-00	97189							
File by the due date fo filing your	or Number, street, and room or suite no. If a P.O. box, see instructions.									
return. See instructions	City, town or post office, state, and ZIP code. For a t SAN FRANCISCO, CA 94105	foreign addı	ress, see instructions.							
Enter the	Return Code for the return that this application is for (fi	le a separat	te application for each return)			0 1				
Applicat	ion	Return	Application			Return				
ls For		Code	Is For			Code				
Form 99	0 or Form 990-EZ	01	Form 1041-A			08				
Form 47	20 (individual)	03	Form 4720 (other than individual)			09				
Form 99	0-PF	04	Form 5227			10				
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11				
Form 99	0-T (trust other than above)	06	Form 8870			12				
Form 99	0-T (corporation)	07								
 If the If this box 1 1 1 the the 	hone No. ► (650) 903-0800 organization does not have an office or place of business is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box ► (equest an automatic 6-month extension of time until corganization named above. The extension is for the org x calendar year 2021 or tax year beginning he tax year entered in line 1 is for less than 12 months, of Change in accounting period	Group Exe and atta NOVEMBE ganization's , an	mption Number (GEN) ch a list with the names and TINs o <u>R 15, 2022</u> , to fi return for: d ending	If this is fo f all membe	r the whole ers the extension of the ext	group, check this				
	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a									
	bIf this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.3b\$					0.				
	ing EFTPS (Electronic Federal Tax Payment System). Se	•		3c	\$	0.				
Caution instruction	: If you are going to make an electronic funds withdrawa	II (direct det	bit) with this Form 8868, see Form 8		d Form 887					

123841 01-12-22