

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2008 calendar year, or tax year beginning 07/01, 2008, and ending 06/30, 2009

| | | | | |
|---|---|--|---|--|
| B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | Please use IRS label or print or type. See Specific Instructions. | C Name of organization <u>WIKIMEDIA FOUNDATION</u> Doing Business As _____ Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>149 NEW MONTGOMERY, 3RD FLOOR</u> City or town, state or country, and ZIP + 4 <u>SAN FRANCISCO, CA 94105</u> | D Employer identification number <u>20-0049703</u> E Telephone number <u>(415) 839-6885</u> | |
| | F Name and address of principal officer: <u>VERONIQUE KESSLER</u> <u>149 NEW MONTGOMERY, 3RD FLOOR SAN FRANCISCO, CA 94107</u> | | G Gross receipts \$ <u>8,419,547.</u> H(a) Is this a group return for affiliates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> H(b) Are all affiliates included? Yes <input type="checkbox"/> No <input type="checkbox"/> If "No," attach a list. (see instructions) | |
| | I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (<u>3</u>) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | L Year of formation: <u>2003</u> M State of legal domicile: <u>FL</u> | |
| | J Website: ▶ <u>WWW.WIKIMEDIAFOUNDATION.ORG</u> K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | | |

Part I Summary

| | | | |
|-----|---|-------------------|--------------|
| 1 | Briefly describe the organization's mission or most significant activities: <u>THE WIKIMEDIA FOUNDATION SUPPORTS WIKIPEDIA AND EIGHT OTHER WIKI-BASED PROJECTS DESIGNED TO ENABLE PEOPLE AROUND THE WORLD TO COLLABORATIVELY DEVELOP EDUCATIONAL MATERIALS FOR THE BENEFIT OF ALL.</u> | | |
| 2 | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets. | | |
| 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 8 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 8 |
| 5 | Total number of employees (Part V, line 2a) | 5 | 26 |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 100,000 |
| 7a | Total gross unrelated business revenue from Part VIII, line 12, column (C) | 7a | NONE |
| 7b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | NONE |
| 8 | Contribution and grants (Part VIII, line 1h) | Prior Year | Current Year |
| 9 | Program service revenue (Part VIII, line 2g) | 6,533,539. | 7,664,458. |
| 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 100,203. | 422,906. |
| 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 33,382. | 17,954. |
| 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 72,246. | 31,917. |
| 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 6,739,370. | 8,137,235. |
| 14 | Benefits paid to or for members (Part IX, column (A), line 4) | NONE | 17,709. |
| 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | NONE | NONE |
| 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 1,147,679. | 2,073,313. |
| 16b | Total fundraising expenses, Part IX, column (D), line 25 ▶ <u>1,004,060.</u> | NONE | NONE |
| 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) | 2,059,920. | 2,992,613. |
| 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 3,207,599. | 5,083,635. |
| 19 | Revenue less expenses. Subtract line 18 from line 12 | 3,531,771. | 3,053,600. |
| 20 | Total assets (Part X, line 16) | Beginning of Year | End of Year |
| 21 | Total liabilities (Part X, line 26) | 5,664,606. | 8,602,135. |
| 22 | Net assets or fund balances. Subtract line 21 from line 20. | 486,438. | 370,368. |
| | | 5,178,168. | 8,231,767. |

Part II Signature Block

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

Sign Here ▶ Veronique Kessler Signature of officer Date 4/29/10

▶ Veronique Kessler, CFO Type or print name and title

| | | | | |
|--------------------------|---|-------------------------|---|---|
| Paid Preparer's Use Only | Preparer's signature ▶ <u>Valerie J Ball</u> | Date <u>4/26/10</u> | Check if self-employed <input type="checkbox"/> | Preparer's identifying number (see instructions) <u>P00178114</u> |
| | Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ <u>KPMG LLP</u> <u>55 SECOND STREET, #1400 SAN FRANCISCO, CA 94105</u> | EIN ▶ <u>13-5565207</u> | Phone no. ▶ <u>415-963-5100</u> | |

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2008)

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

SEE STATEMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes" describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,872,934. including grants of \$ NONE) (Revenue \$ 366,232.)

SUPPORT WIKIMEDIA.ORG (THE 5TH MOST POPULAR WEB PROPERTY IN THE WORLD) AND OTHER WEBSITES WHERE VOLUNTEERS CAN COLLABORATE TO DEVELOP FREE EDUCATIONAL RESOURCES. THE FOUNDATION'S PROJECTS ARE USED BY MORE THAN 350 MILLION PEOPLE A MONTH AND ARE AVAILABLE IN MORE THAN 270 LANGUAGES AND CONTAIN MORE THAN 14 MILLION VOLUNTEER-AUTHORED ARTICLES. THE OVERWHELMING MAJORITY OF THE FOUNDATION'S PROJECT ACTIVITIES ARE CARRIED OUT BY AN INTERNATIONAL NETWORK OF VOLUNTEERS WHOSE ACTIVITY IS NOT REFLECTED IN PART IX OF FUNCTIONAL EXPENSES.

4b (Code:) (Expenses \$ 753,127. including grants of \$ NONE) (Revenue \$ NONE)

DEVELOP AND MAINTAIN OPEN SOURCE SOFTWARE USED TO RUN WIKIMEDIA.ORG AND OTHER WEBSITES OPERATED BY WIKIMEDIA FOUNDATION WITH THE GOAL OF CONTINUING INNOVATION TO FACILITATE THE DEVELOPMENT OF MORE AND HIGHER QUALITY EDUCATIONAL RESOURCES.

4c (Code:) (Expenses \$ 603,333. including grants of \$ NONE) (Revenue \$ NONE)

FOSTER THE DEVELOPMENT OF INTERNATIONAL WIKIMEDIA CHAPTER ORGANIZATIONS, ADVISE AND FACILITATE VOLUNTEER EFFORTS, AND BUILD PARTNERSHIPS WITH LIKE-MINDED ORGANIZATIONS IN ORDER TO RECRUIT NEW VOLUNTEERS, ASSESS AND IMPROVE THE QUALITY OF EXISTING CONTENT, REACH NEW READERS, AND IMPORT NEW EDUCATIONAL CONTENT.

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

(Expenses \$ 79,152. including grants of \$ 17,709.) (Revenue \$ 15,674.)

4e Total program service expenses \$ 3,308,546. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Question Text, Yes, No. Rows include questions 1 through 27 regarding organizational requirements, lobbying, reporting, and financial statements.

Part IV Checklist of Required Schedules (continued)

| | | Yes | No |
|-----------|--|-----|----|
| 28 | During the tax year, did any person who is a current or former officer, director, trustee, or key employee: | | |
| a | Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| b | Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| c | Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | X | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> | | X |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | X |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | | X |

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a through 12b regarding IRS filings and tax compliance.

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include questions about voting members, family relationships, management delegation, organizational changes, asset diversions, members/stockholders, governing body decisions, meeting documentation, local chapters, Form 990 review, and officer reachability.

Section B. Policies

Table with 3 columns: Question, Yes, No. Rows include questions about conflict of interest policy, whistleblower policy, document retention, compensation review, joint ventures, and policy adoption for joint ventures.

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include questions about state filing requirements, public inspection of forms, website availability, and disclosure of governing documents.

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

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

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

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|-------------------------------|--|-----------------------|---------|--------------|------------------------------|----------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| MICHAEL SNOW CHAIR | 10. | X | X | | | | NONE | NONE | NONE | |
| JAN BART DE VREEDE VICE CHAIR | 10. | X | X | | | | NONE | NONE | NONE | |
| DOMAS MITUZAS EXECUTIVE SECRETARY | 10. | X | X | | | | NONE | NONE | NONE | |
| STU WEST TREASURER | 10. | X | X | | | | NONE | NONE | NONE | |
| FLORENCE DEVOUARD CHAIR (THROUGH 7/2008) | 10. | X | X | | | | NONE | NONE | NONE | |
| FRIEDA BRIOSCHI TRUSTEE (THROUGH 9/2008) | 10. | X | | | | | NONE | NONE | NONE | |
| TING CHEN TRUSTEE | 10. | X | | | | | NONE | NONE | NONE | |
| ARNE KLEMPERT TRUSTEE | 10. | X | | | | | NONE | NONE | NONE | |
| JIMMY WALES TRUSTEE | 10. | X | | | | | NONE | NONE | NONE | |
| KAT WALSH TRUSTEE | 10. | X | | | | | NONE | NONE | NONE | |
| SUE GARDNER EXECUTIVE DIRECTOR | 40. | | | X | | | 168,700. | NONE | 6,350. | |
| VERONIQUE KESSLER CFOO | 40. | | | X | | | 105,527. | NONE | 16,332. | |
| MIKE GODWIN GENERAL COUNSEL | 40. | | | | | X | 120,450. | NONE | 7,689. | |
| | | | | | | | | | | |
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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|-----------------------|-------------------------------|--|-----------------------|---------|--------------|------------------------------|----------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
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| | | | | | | | | | | |
| 1b Total | | | | | | | 394,677. | NONE | 30,371. | |

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization **3**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| SEE STATEMENT 4 | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization **1**

Part VIII Statement of Revenue

20-0049703

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
|---|---|----------------|----------------------|----------------------|--|---|---|
| Contributions, gifts, grants and other similar amounts | 1a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) . . | 1e | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above . . | 1f | 7,664,458. | | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | | 386,095. | | | | |
| h Total. Add lines 1a-1f ▶ | | | 7,664,458. | | | | |
| Program Service Revenue | | | Business Code | | | | |
| | 2a DATA PROVIDER SERVICES | | 518210 | 366,232. | 366,232. | | |
| | b WIKIMANIA CONFERENCE | | 611600 | 56,674. | 56,674. | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f All other program service revenue | | | | | | |
| g Total. Add lines 2a-2f ▶ | | | 422,906. | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) STMT 5 ▶ | | | 31,034. | | | 31,034. |
| | 4 Income from investment of tax-exempt bond proceeds . . . ▶ | | | NONE | | | |
| | 5 Royalties ▶ | | | 1,500. | | | 1,500. |
| | | (i) Real | (ii) Personal | | | | |
| | 6a Gross Rents | | | | | | |
| | b Less: rental expenses | | | | | | |
| | c Rental income or (loss) | | | | | | |
| | d Net rental income or (loss) ▶ | | | | NONE | | |
| | | (i) Securities | (ii) Other | | | | |
| | 7a Gross amount from sales of assets other than inventory | | | 269,232. | | | |
| | b Less: cost or other basis and sales expenses | | | 282,312. | | | |
| | c Gain or (loss) | | | -13,080. | | | |
| | d Net gain or (loss) ▶ | | | | -13,080. | | -13,080. |
| | 8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18. a | | | | | | |
| | b Less: direct expenses b | | | | | | |
| | c Net income or (loss) from fundraising events ▶ | | | | NONE | | |
| | 9a Gross income from gaming activities. See Part IV, line 19. a | | | | | | |
| b Less: direct expenses b | | | | | | | |
| c Net income or (loss) from gaming activities ▶ | | | | NONE | | | |
| 10a Gross sales of inventory, less returns and allowances a | | | | | | | |
| b Less: cost of goods sold b | | | | | | | |
| c Net income or (loss) from sales of inventory. ▶ | | | | NONE | | NONE | |
| Miscellaneous Revenue | | | Business Code | | | | |
| 11a FOREIGN EXCHANGE LOSS | | | 900099 | -7,962. | | | -7,962. |
| b MISCELLANEOUS INCOME | | | 900099 | 38,379. | | | 38,379. |
| c | | | | | | | |
| d All other revenue | | | | | | | |
| e Total. Add lines 11a-11d ▶ | | | | 30,417. | | | |
| 12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶ | | | | 8,137,235. | 422,906. | NONE | 49,871. |

Part IX Statement of Functional Expenses

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

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

| <i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i> | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . . | NONE | | | |
| 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 | NONE | | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 | 17,709. | 17,709. | | |
| 4 Benefits paid to or for members | NONE | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 358,549. | 89,039. | 182,687. | 86,823. |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . | NONE | | | |
| 7 Other salaries and wages | 1,423,524. | 777,754. | 235,432. | 410,338. |
| 8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions) . . | NONE | | | |
| 9 Other employee benefits | 153,741. | 83,997. | 25,427. | 44,317. |
| 10 Payroll taxes | 137,499. | 67,534. | 31,505. | 38,460. |
| 11 Fees for services (non-employees): | | | | |
| a Management | NONE | | | |
| b Legal | 176,471. | 132,353. | 26,471. | 17,647. |
| c Accounting | 45,839. | 22,461. | 10,543. | 12,835. |
| d Lobbying | NONE | | | |
| e Professional fundraising services. See Part IV, line 17 | NONE | | | |
| f Investment management fees | NONE | | | |
| g Other | 678,553. | 474,257. | 37,043. | 167,253. |
| 12 Advertising and promotion | NONE | | | |
| 13 Office expenses | 354,909. | 173,905. | 81,629. | 99,375. |
| 14 Information technology | 822,405. | 822,405. | | |
| 15 Royalties | NONE | | | |
| 16 Occupancy | 170,704. | 83,645. | 39,262. | 47,797. |
| 17 Travel | 223,193. | 98,254. | 69,229. | 55,710. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | NONE | | | |
| 19 Conferences, conventions, and meetings | 32,200. | 32,200. | | |
| 20 Interest | NONE | | | |
| 21 Payments to affiliates | NONE | | | |
| 22 Depreciation, depletion, and amortization | 470,095. | 423,085. | 23,505. | 23,505. |
| 23 Insurance | 8,296. | | 8,296. | |
| 24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) | | | | |
| a VOLUNTEER DEVELOPMENT ----- | 9,948. | 9,948. | | |
| b ----- | | | | |
| c ----- | | | | |
| d ----- | | | | |
| e ----- | | | | |
| f All other expenses ----- | | | | |
| 25 Total functional expenses. Add lines 1 through 24f | 5,083,635. | 3,308,546. | 771,029. | 1,004,060. |
| 26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |

Part X Balance Sheet

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 189,182. | 1 | NONE |
| | 2 Savings and temporary cash investments | 2,809,453. | 2 | 6,243,471. |
| | 3 Pledges and grants receivable, net | 1,994,279. | 3 | 1,300,000. |
| | 4 Accounts receivable, net | 27,259. | 4 | 72,589. |
| | 5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L | | 5 | |
| | 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sales or use | | 8 | |
| | 9 Prepaid expenses and deferred charges SFMT. 6 | 85,424. | 9 | 186,489. |
| | 10a Land, buildings, and equipment: cost basis 10a 1,921,899. | | | |
| | b Less: accumulated depreciation. Complete Part VI of Schedule D. 10b 1,122,313. | 521,107. | 10c | 799,586. |
| | 11 Investments - publicly traded securities | 37,902. | 11 | NONE |
| | 12 Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | | 15 | |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 5,664,606. | 16 | 8,602,135. | |
| Liabilities | 17 Accounts payable and accrued expenses | 305,147. | 17 | 264,368. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 181,291. | 19 | 106,000. |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable | | 24 | |
| | 25 Other liabilities. Complete Part X of Schedule D | | 25 | |
| | 26 Total liabilities. Add lines 17 through 25. | 486,438. | 26 | 370,368. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 3,123,539. | 27 | 6,164,309. |
| | 28 Temporarily restricted net assets | 2,054,629. | 28 | 2,067,458. |
| | 29 Permanently restricted net assets | | 29 | |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| | 33 Total net assets or fund balances | 5,178,168. | 33 | 8,231,767. |
| 34 Total liabilities and net assets/fund balances | 5,664,606. | 34 | 8,602,135. | |

Part XI Financial Statements and Reporting

| | | Yes | No |
|-----------|---|-----|----|
| 1 | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | X |
| b | Were the organization's financial statements audited by an independent accountant? | X | |
| c | If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | X | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | X |
| b | If "Yes," did the organization undergo the required audit or audits? | | |

Public Charity Status and Public Support

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

| | |
|---|---|
| Name of the organization WIKIMEDIA FOUNDATION | Employer identification number 20-0049703 |
|---|---|

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

The organization is not a private foundation because it is: (Please check only **one** organization.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally Integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box _____
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

| | | |
|--------|-----|----|
| | Yes | No |
| 11g(i) | | X |
 - (ii) A family member of a person described in (i) above?

| | | |
|---------|-----|----|
| | Yes | No |
| 11g(ii) | | X |
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

| | | |
|----------|-----|----|
| | Yes | No |
| 11g(iii) | | X |
- h Provide the following information about the organizations the organization supports.

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in col. (i) listed in your governing document? | | (v) Did you notify the organization in col. (i) of your support? | | (vi) Is the organization in col. (i) organized in the U.S.? | | (vii) Amount of support |
|------------------------------------|----------|---|---|----|--|----|---|----|-------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | |
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| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | |

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.)

Section A. Public Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1-3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (See instructions.) 12 660,233.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 14: Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 77.62 %
Row 15: Public support percentage from 2007 Schedule A, Part IV-A, line 26f 15 92.57 %

16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
17a 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "fact-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization
b 10%-facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line Number, Percentage. Rows include: 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)); 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line Number, Percentage. Rows include: 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)); 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h.

- 19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

SCHEDULE A, PART II - OTHER INCOME

| DESCRIPTION | 2004 | 2005 | 2006 | 2007 | 2008 | TOTAL |
|--------------|------|--------|--------|---------|---------|----------|
| OTHER INCOME | | 2,517. | 6,541. | 72,246. | 30,417. | 111,721. |
| TOTALS | | 2,517. | 6,541. | 72,246. | 30,417. | 111,721. |

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

Name of the organization

WIKIMEDIA FOUNDATION

Employer identification number

20-0049703

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

General Rule

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

Special Rules

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33¹/₃% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

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

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

| | |
|--|---|
| Name of organization WIKIMEDIA FOUNDATION | Employer identification number 20-0049703 |
|--|---|

Part I Contributors (see instructions)

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|------------|-----------------------------------|--------------------------------|---|
| 1 | _____ _____ _____ | \$ 257,495. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 2 | _____ _____ _____ | \$ 177,376. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 3 | _____ _____ _____ | \$ 300,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 4 | _____ _____ _____ | \$ 1,152,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

Name of organization WIKIMEDIA FOUNDATION

Employer identification number

20-0049703

Part II Noncash Property (see instructions)

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|---------------------|--|--|-------------------|
| 1 | 9576 SH OF LEVEL 3; 3604 SH OF NUVASIVE 22,610 SHARES OF PLU POWER 1,948 SHARES OF UNITED ONLINE 1,888 SHARES OF VERISIGN | \$ 257,495. | 10/31/2008 |
| _____ | _____ _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ _____ | \$ _____ | _____ |

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization

Employer identification number

WIKIMEDIA FOUNDATION

20-0049703

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?

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

Form with multiple sections: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Includes sub-sections a-d with a table 'Held at the End of the Year' and questions 3-9 regarding monitoring, expenses, and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form with questions 1a-1b regarding reporting of art, historical treasures, or other similar assets, and 2 regarding reporting of revenues and assets for financial gain.

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

- 3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|---|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV.

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

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

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment ▶ _____ %
 - b Permanent endowment ▶ _____ %
 - c Term endowment ▶ _____ %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

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

| Description of investment | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------|----------------|
| 1a Land | | NONE | | NONE |
| b Buildings | | NONE | NONE | NONE |
| c Leasehold improvements | | NONE | NONE | NONE |
| d Equipment | | 1,921,899. | 1,122,313. | 799,586. |
| e Other | | NONE | NONE | NONE |
| Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶ | | | | 799,586. |

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

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|--|
| Financial derivatives and other financial products | | |
| Closely-held equity interests | | |
| Other _____ | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.) ▶ | | |

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

| (a) Description of investment type | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|--|
| | | |
| | | |
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| | | |
| | | |
| | | |
| | | |
| Total. (Column (b) should equal Form 990, Part X, col. (B) line 13.) ▶ | | |

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

| (a) Description | (b) Book value |
|---|----------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.) ▶ | |

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

| (a) Description of liability | (b) Amount |
|---|------------|
| Federal income taxes | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.) ▶ | |

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

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

| | | | |
|----|--|----|------------|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 8,137,235. |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 5,083,635. |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | 3 | 3,053,600. |
| 4 | Net unrealized gains (losses) on investments | 4 | |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV) | 8 | |
| 9 | Total adjustments (net). Add lines 4-8 | 9 | |
| 10 | Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 | 10 | 3,053,600. |

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

| | | | |
|---|---|----|------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 8,670,836. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains on investments | 2a | |
| b | Donated services and use of facilities | 2b | 578,279. |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIV) | 2d | -44,678. |
| e | Add lines 2a through 2d | 2e | 533,601. |
| 3 | Subtract line 2e from line 1 | 3 | 8,137,235. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIV) | 4b | |
| c | Add lines 4a and 4b | 4c | |
| 5 | Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.) | 5 | 8,137,235. |

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

| | | | |
|---|--|----|------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 5,617,236. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | 578,279. |
| b | Prior year adjustments | 2b | |
| c | Losses reported on Form 990, Part IX, line 25 | 2c | |
| d | Other (Describe in Part XIV) | 2d | -44,678. |
| e | Add lines 2a through 2d | 2e | 533,601. |
| 3 | Subtract line 2e from line 1 | 3 | 5,083,635. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIV) | 4b | |
| c | Add lines 4a and 4b | 4c | |
| 5 | Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.) | 5 | 5,083,635. |

Part XIV Supplemental Information

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

PART XIV

PART XII LINE 2D AND PART XIII LINE 2D: RECLASS WIKIMANIA CONFERENCE

EXPENSES TO FUNCTIONAL EXPENSES.

**Schedule F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

WIKIMEDIA FOUNDATION

20-0049703

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

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

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

3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.)

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures in region |
|------------------------------|-------------------------------------|---|--|--|----------------------------------|
| EUROPE | NONE | NONE | FUNDRAISING | NA | NONE |
| EAST ASIA AND THE PACIFIC | NONE | NONE | FUNDRAISING | NA | NONE |
| MIDDLE EAST AND NORTH AFRICA | NONE | NONE | FUNDRAISING | NA | NONE |
| EUROPE | NONE | 2 | PROGRAM SERVICES | SUPPORT WIKIPEDIA | 167,000. |
| EUROPE | NONE | NONE | PROGRAM SERVICES | OPEN SOURCE | 103,430. |
| EUROPE | NONE | 1 | PROGRAM SERVICES | FOSTER VOLUNTEERS | 58,588. |
| EUROPE | NONE | 1 | PROGRAM SERVICES | WIKIMANIA | 14,574. |
| EAST ASIA AND THE PACIFIC | NONE | 1 | PROGRAM SERVICES | SUPPORT WIKIPEDIA | 34,396. |
| EAST ASIA AND THE PACIFIC | NONE | 1 | PROGRAM SERVICES | OPEN SOURCE | 30,477. |
| MIDDLE EAST AND NORTH AFRICA | NONE | NONE | PROGRAM SERVICES | WIKIMANIA | 32,200. |
| EUROPE | NONE | NONE | GRANTMAKING | WIKIMANIA | 4,813. |
| EAST ASIA AND THE PACIFIC | NONE | NONE | GRANTMAKING | WIKIMANIA | 3,065. |
| SOUTH ASIA | NONE | NONE | GRANTMAKING | WIKIMANIA | 800. |
| SOUTH AMERICA | NONE | NONE | GRANTMAKING | WIKIMANIA | 2,185. |
| RUSSIA/INDEPENDENT STATES | NONE | NONE | GRANTMAKING | WIKIMANIA | 520. |
| MIDDLE EAST AND NORTH AFRICA | NONE | NONE | GRANTMAKING | WIKIMANIA | 595. |
| EAST ASIA AND THE PACIFIC | NONE | NONE | GRANTMAKING | WIKIMANIA | 5,232. |
| Totals ▶ | NONE | 6 | | | 457,875. |

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

Schedule F (Form 990) 2008

JSA

8E1274 1.000

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000
 Use Schedule F-1 (Form 990) if additional space is needed.

| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|---|--------------------------|--|-------------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | | EAST ASIA/PACIFIC | CONFERENCE | 5,232. | WIRE | NONE | N/A | N/A |
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2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **1**

3 Enter total number of other organizations or entities **NONE**

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Use Schedule F-1 (Form 990) 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 non-cash assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|--------------------------|--------------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| SCHOLARSHIP | EUROPE/ICELAND/GREENLAND | 8 | 4,813. | WIRE | NONE | N/A | N/A |
| SCHOLARSHIP | EAST ASIA/PACIFIC | 4 | 3,065. | WIRE | NONE | N/A | N/A |
| SCHOLARSHIP | SOUTH ASIA | 1 | 800. | CASH | NONE | N/A | N/A |
| SCHOLARSHIP | SOUTH AMERICA | 2 | 2,185. | WIRE | NONE | N/A | N/A |
| SCHOLARSHIP | RUSSIA | 1 | 520. | CASH | NONE | N/A | N/A |
| SCHOLARSHIP | MIDDLE EAST/NORTH AFRICA | 2 | 595. | CASH | NONE | N/A | N/A |
| SCHOLARSHIP | EAST ASIA/PACIFIC | 1 | 5,232. | WIRE | NONE | N/A | N/A |
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Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any other additional information.

PROCEDURE FOR MONITORING USE OF GRANT FUNDS OUTSIDE U.S.

POTENTIAL GRANTEES PARTICIPATE IN A GRANTS APPLICATION PROCESS BY PROVIDING A PROPOSAL. THE PROPOSAL CONTAINS A DESCRIPTION OF THE MISSION-RELATED WORK THEY ARE PROPOSING, A BUDGET, A TIMELINE AND HOW THIS WILL IMPACT THE MISSION GOALS. ONCE AN APPLICANT IS AWARDED A GRANT, THEY RECEIVE AN EMAIL STIPULATING THAT BY ACCEPTING FUNDS, THEY AGREE TO THE REPORTING REQUIREMENTS WHICH INCLUDE MAINTAINING RECEIPTS/DOCUMENTATION OF EXPENSES, AGREEING TO RETURN UNUSED FUNDS AND/OR SUBMIT A REQUEST FOR RE-ALLOCATION OF FUNDS, AND SUBMISSION OF A FINAL REPORT WHICH INCLUDES AN ESTIMATE OF THE IMPACT OF THE FUNDED ACTIVITIES ON MISSION GOALS AND A SUMMARY OF BEST PRACTICES AND LESSONS LEARNED. THESE REPORTS ARE SUBMITTED TO AND REVIEWED BY THE DEPUTY DIRECTOR.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

WIKIMEDIA FOUNDATION

Employer identification number

20-0049703

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

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

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

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

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

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

a Receive a severance payment or change of control payment?

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

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

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

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

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

a The organization?

b Any related organization?

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

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

a The organization?

b Any related organization?

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

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

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

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

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

Schedule J (Form 990) 2008

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

| (A) Name | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|-------------|------|--|-------------------------------------|-------------------------------------|---------------------------|-------------------------|---------------------------------|--|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| SUE GARDNER | (i) | 150,000. | NONE | 18,700. | NONE | 6,350. | 175,050. | NONE |
| | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
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| | (i) | | | | | | | |
| | (ii) | | | | | | | |

Part III Supplemental Information

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

HOUSING ALLOWANCE FOR EXECUTIVE DIRECTOR

THE ORGANIZATION PAID RENT ON BEHALF OF THE EXECUTIVE DIRECTOR UNTIL

JANUARY 2009. THIS WAS INCLUDED IN HER TAXABLE COMPENSATION.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Non-Cash Contributions

▶ To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No. 1545-0047

2008

**Open To Public
Inspection**

Name of the organization

WIKIMEDIA FOUNDATION

Employer identification number

20-0049703

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions | (c) Revenues reported on Form 990, Part VIII, line 1g | (d) Method of determining revenues |
|--|-------------------------------|--------------------------------|---|--|
| 1 Art-Works of art | | | | |
| 2 Art-Historical treasures | | | | |
| 3 Art-Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities-Publicly traded | X | 1 | 257,495. | FMV |
| 10 Securities-Closely held stock | | | | |
| 11 Securities-Partnership, LLC, or trust interests | | | | |
| 12 Securities-Miscellaneous | | | | |
| 13 Qualified conservation contribution (historic structures) | | | | |
| 14 Qualified conservation contribution (other) | | | | |
| 15 Real estate-Residential | | | | |
| 16 Real estate-Commercial | | | | |
| 17 Real estate-Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ▶ (<u>SERVERS</u>) | X | 1 | 128,600. | FMV |
| 26 Other ▶ (_____) | | | | |
| 27 Other ▶ (_____) | | | | |
| 28 Other ▶ (_____) | | | | |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

| | Yes | No |
|---|-----|----|
| 30 a During the year, did the organization receive by contribution any property reported in Part I, line 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? | | X |
| b If "Yes," describe the arrangement in Part II. | | |
| 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? | | X |
| 32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | | X |
| b If "Yes," describe in Part II. | | |
| 33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II. | | |

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

Schedule M (Form 990) 2008

JSA

8E1298 1.000

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

[The main body of the page is a large area with horizontal dashed lines, intended for supplemental information.]

| | |
|--|--|
| Name of the organization WIKIMEDIA FOUNDATION | Employer identification number 20-0049703 |
|--|--|

FORM 990 PART III LINE 4D

SUPPORT THE PLANNING AND IMPLEMENTATION OF AN ANNUAL CONFERENCE,
 WIKIMANIA, TO BRING TOGETHER VOLUNTEER CONTRIBUTORS TO THE EDUCATIONAL
 PROJECTS OPERATED BY THE WIKIMEDIA FOUNDATION.

FORM 990 PART VI, LINE 10

REVIEW OF FORM 990:

THE FIRST DRAFT OF THE 990 WAS DEVELOPED BY AN EXTERNAL ACCOUNTING FIRM
 UNDER THE DIRECTION OF THE CHIEF FINANCIAL AND OPERATING OFFICER. IT WAS
 REVIEWED FOR ACCURACY AND COMPLETENESS BY THE CFOO, AND THEN BY THE
 EXECUTIVE DIRECTOR. THEN, A MEETING OF THE AUDIT COMMITTEE WAS HELD AT
 WHICH THE CFOO WALKED THROUGH THE DRAFT IN DETAIL FOR THE AUDIT
 COMMITTEE'S APPROVAL. ONCE THE AUDIT COMMITTEE APPROVED A FINAL VERSION,
 THE TREASURER PROVIDED IT TO THE BOARD MEMBERS PRIOR TO IT BEING FILED
 WITH THE IRS

| | |
|--|--|
| Name of the organization WIKIMEDIA FOUNDATION | Employer identification number 20-0049703 |
|--|--|

FORM 990 PART VI, LINE 12

CONFLICT OF INTEREST:

THE ORGANIZATION'S BOARD MEMBERS COMPLETE ANNUALLY A CONFLICT OF INTEREST STATEMENT THE PURPOSE OF WHICH IS TO IDENTIFY ANY PERSONAL, FAMILY AND/OR BUSINESS RELATIONSHIPS AND/OR TRANSACTIONS THAT MAY POSE A POTENTIAL CONFLICT. THESE FORMS ARE SUBMITTED TO THE GENERAL COUNSEL AND ARE REVIEWED BY THE BOARD. ADDITIONALLY, THE BOARD MEMBERS ALSO COMPLETE ANNUALLY A PLEDGE OF PERSONAL COMMITMENT THAT AFFIRMS THAT THE INDIVIDUAL IS IN COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY AND THAT THE INDIVIDUAL WILL PROMPTLY NOTIFY THE EXECUTIVE DIRECTOR AND THE BOARD CHAIR WHEN A CONFLICT OR POTENTIAL CONFLICT ARISES. FURTHERMORE, IN THE CASE OF A CONFLICT, THE INDIVIDUAL AGREES TO REFRAIN FROM USING HIS OR HER PERSONAL INFLUENCE TO ENCOURAGE THE FOUNDATION TO ENTER THE TRANSACTION AND MUST PHYSICALLY EXCUSE HIMSELF OR HERSELF FROM ANY FURTHER DISCUSSIONS OTHER THAN TO ANSWER QUESTIONS ABOUT THE TRANSACTION.

IN THE CASE OF POTENTIAL CONFLICT, THE REMAINING BOARD MEMBERS REVIEW THE POTENTIAL TRANSACTION TO DETERMINE WHETHER SAID TRANSACTION IS FAIR AND REASONABLE TO THE FOUNDATION AND LEGAL COUNSEL IS CONSULTED AS NECESSARY TO ENSURE THAT SUCH A TRANSACTION WOULD NOT CONSTITUTE SELF DEALING.

| | |
|--|--|
| Name of the organization WIKIMEDIA FOUNDATION | Employer identification number 20-0049703 |
|--|--|

FORM 990 PART VI LINE 15A AND 15B

FORM 990 PART VI LINE 15A

THE WIKIMEDIA FOUNDATION BOARD OF TRUSTEES IS RESPONSIBLE FOR DETERMINING THE COMPENSATION OF THE EXECUTIVE DIRECTOR, AND HAS DELEGATED THAT RESPONSIBILITY TO THE ED EVALUATION COMMITTEE AND BOARD TREASURER WHICH IS COMPRISED OF INDEPENDENT BOARD MEMBERS. IN SETTING THE ED'S COMPENSATION, THE EVALUATION COMMITTEE HAS SECURED AND REVIEWED COMPARABILITY DATA ABOUT NON-PROFIT CEO COMPENSATION FOR ORGANIZATIONS OF SIMILAR SIZE AND SCOPE TO THE WIKIMEDIA FOUNDATION, INCLUDING SALARY, BONUS SCHEMES AND NON-MONETARY BENEFITS AND PERQUISITES. THE INFORMATION CAME FROM A VARIETY OF SOURCES INCLUDING GUIDESTAR, BOARDSOURCE, THE CENTER FOR NON-PROFIT MANAGEMENT, AND THE NON-PROFIT TIMES. ADDITIONALLY, RECRUITERS AT RUSSELL REYNOLDS, KORN/FERRY, AND SPENCER STUART WERE CONSULTED WITH TO REVIEW POTENTIAL COMPENSATION PACKAGES AND TO PROVIDE FEEDBACK. THE COMMITTEE ALSO CONSULTED WITH INDEPENDENT EXPERTS IN THE FIELD. THE EVALUATION COMMITTEE ALSO ANNUALLY SETS PERFORMANCE GOALS WITH THE EXECUTIVE DIRECTOR, AND WORKS WITH HER TO EVALUATE PERFORMANCE AGAINST THOSE GOALS. BOTH COMPENSATION AND PERFORMANCE ASSESSMENT INFORMATION IS SHARED WITH THE FULL BOARD FOR ITS REVIEW AND APPROVAL. AT VARIOUS POINTS IN THE PROCESS, DISCUSSIONS AND DELIBERATIONS ARE REVIEWED VIA EMAIL. ONCE DELIBERATIONS ARE COMPLETE, THE FINAL DETERMINATION IS SUMMARIZED BY THE BOARD TREASURER IN WRITING.

| | |
|--|--|
| Name of the organization WIKIMEDIA FOUNDATION | Employer identification number 20-0049703 |
|--|--|

FORM 990 PART VI LINE 15B

THE WIKIMEDIA FOUNDATION EXECUTIVE DIRECTOR IS RESPONSIBLE FOR DETERMINING THE COMPENSATION OF ALL WIKIMEDIA FOUNDATION OFFICERS AND KEY EMPLOYEES (WITH THE EXCEPTION OF HERSELF). IN SETTING COMPENSATION FOR WIKIMEDIA FOUNDATION OFFICERS AND KEY EMPLOYEES, THE EXECUTIVE DIRECTOR HAS SECURED AND REVIEWED COMPARABILITY DATA ABOUT COMPENSATION AT ORGANIZATIONS OF SIMILAR SIZE AND SCOPE TO THE WIKIMEDIA FOUNDATION, INCLUDING SALARY, BONUS SCHEMES AND NON-MONETARY BENEFITS AND PERQUISITES. THE INFORMATION CAME FROM A VARIETY OF SOURCES INCLUDING GUIDESTAR, BOARDSOURCE, THE CENTER FOR NON-PROFIT MANAGEMENT, THE NON-PROFIT TIMES, THE SAN FRANCISCO BUSINESS TIMES, COMPASSPOINT NONPROFIT SERVICES AND THE MEYER FOUNDATION. ADDITIONALLY, THE EXECUTIVE DIRECTOR AND HER STAFF HAVE CONSULTED WITH INDEPENDENT EXPERTS IN THE FIELD, INCLUDING THOSE WITH SPECIFIC SUBJECT-MATTER EXPERTISE IN AREAS OF NON-MONETARY COMPENSATION SUCH AS HEALTH AND DENTAL COVERAGE AND RETIREMENT SAVING PLANS. THE EXECUTIVE DIRECTOR ALSO ANNUALLY SETS PERFORMANCE GOALS WITH OFFICERS AND KEY EMPLOYEES, AND WORKS WITH THEM TO EVALUATE PERFORMANCE BASED ON THOSE GOALS. BOTH COMPENSATION AND PERFORMANCE ASSESSMENT INFORMATION IS SHARED AT A HIGH LEVEL WITH THE BOARD OF TRUSTEES, BUT THE BOARD DOES NOT REVIEW THIS INFORMATION IN DETAIL, NOR DOES IT APPROVE SPECIFICS.

| | |
|--|--|
| Name of the organization WIKIMEDIA FOUNDATION | Employer identification number 20-0049703 |
|--|--|

FORM 990 PART VI, LINE 19

THE ORGANIZATION'S WEBSITE INCLUDES LINKS TO ITS GOVERNING DOCUMENTS, ITS
CONFLICT OF INTEREST POLICY AND ITS AUDITED FINANCIAL STATEMENTS.

[HTTP://WIKIMEDIAFOUNDATION.ORG/WIKI/BYLAWS](http://wikimediafoundation.org/wiki/bylaws)

[HTTP://WIKIMEDIAFOUNDATION.ORG/WIKI/CONFLICT_OF_INTEREST_POLICY](http://wikimediafoundation.org/wiki/conflict_of_interest_policy)

[HTTP://WIKIMEDIAFOUNDATION.ORG/WIKI/FINANCIAL_REPORTS](http://wikimediafoundation.org/wiki/financial_reports)

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION
=====

THE MISSION OF THE WIKIMEDIA FOUNDATION IS TO EMPOWER AND ENGAGE PEOPLE AROUND THE WORLD TO COLLECT AND DEVELOP EDUCATIONAL CONTENT UNDER A FREE LICENSE OR IN THE PUBLIC DOMAIN AND TO DISSEMINATE IT EFFECTIVELY AND GLOBALLY.

IN COLLABORATION WITH A NETWORK OF CHAPTERS, THE FOUNDATION PROVIDES THE ESSENTIAL INFRASTRUCTURE AND AN ORGANIZATIONAL FRAMEWORK FOR THE SUPPORT AND DEVELOPMENT OF MULTILINGUAL WIKI PROJECTS AND OTHER ENDEAVORS WHICH SERVE THIS MISSION. THE FOUNDATION WILL MAKE AND KEEP USEFUL INFORMATION FROM ITS PROJECTS AVAILABLE ON THE INTERNET FREE OF CHARGE, IN PERPETUITY.

FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES
=====

BELGIUM
UNITED KINGDOM

FORM 990, PART VI, LINE 17 - STATES
=====

AL, AK, AZ, AR, CA, CO, CT,
FL, GA, HI, IL, KS, KY, ME, MD, MA, MI,
MN, MS, MO, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,
RI, SC, TN, UT, VA, WA, WV, WI,

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

=====

NAME AND ADDRESS

DESCRIPTION OF SERVICES COMPENSATION

SQUIRE SANDERS AND DEMPSEY LLP
8000 TOWERS CRESCENT DRIVE, 14 FLOOR
TYSONS CORNER, VA 22182

LEGAL SERVICES

131,564.

TOTAL COMPENSATION

131,564.
=====

FORM 990, PART VIII - INVESTMENT INCOME

=====

| DESCRIPTION | (A) TOTAL REVENUE | (B) RELATED OR EXEMPT REVENUE | (C) UNRELATED BUSINESS REV. | (D) EXCLUDED REVENUE |
|-----------------|-------------------------|-------------------------------------|-----------------------------------|----------------------------|
| ----- | ----- | ----- | ----- | ----- |
| INTEREST INCOME | 31,034. | | | 31,034. |
| TOTALS | 31,034. | | | 31,034. |
| | ===== | ===== | ===== | ===== |

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

=====

| DESCRIPTION | ENDING BOOK VALUE |
|------------------|----------------------|
| ----- | ----- |
| PREPAID EXPENSES | 186,489. |
| TOTALS | ----- 186,489. |
| | ===== |