

PUBLIC INSPECTION COPY

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2011

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

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07/01, 2011, and ending 06/30, 2012

| | | | | | | |
|--|---|---|----------------------------------|--|---|--|
| B Check if applicable: | <input type="checkbox"/> Address change | C Name of organization WIKIMEDIA FOUNDATION, INC. | | | D Employer identification number 20-0049703 | |
| | <input type="checkbox"/> Name change | Doing Business As | | | E Telephone number (415) 839-6885 | |
| <input type="checkbox"/> Initial return | Number and street (or P.O. box if mail is not delivered to street address) Room/suite | | | | | |
| <input type="checkbox"/> Terminated | 149 NEW MONTGOMERY, 3RD FLOOR | | | | | |
| <input type="checkbox"/> Amended return | City or town, state or country, and ZIP + 4 | | | | | |
| <input type="checkbox"/> Application pending | SAN FRANCISCO, CA 94105 | | | G Gross receipts \$ 45,582,037. | | |
| F Name and address of principal officer: GARFIELD BYRD | | | | H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| 149 NEW MONTGOMERY, 3RD FLOOR SAN FRANCISCO, CA 94105 | | | | H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | | | If "No," attach a list. (see instructions) | | |
| J Website: ▶ WWW.WIKIMEDIAFOUNDATION.ORG | | | | H(c) Group exemption number ▶ | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | | L Year of formation: 2003 | | M State of legal domicile: FL | |

Part I Summary

| | | | | | |
|------------------------------------|--|---|---------------------------|--------------|---------|
| Activities & Governance | 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 net assets. | | | |
| | 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | | 10. |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | | 10. |
| | 5 | Total number of individuals employed in calendar year 2011 (Part V, line 2a) | 5 | | 107. |
| | 6 | Total number of volunteers (estimate if necessary) | 6 | | 85,000. |
| | 7a | Total gross unrelated business revenue from Part VIII, column (C), line 12 | 7a | | 3,722. |
| 7b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | | -28,171. | |
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year | |
| | 9 | Program service revenue (Part VIII, line 2g) | 26,440,538. | 38,990,502. | |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 819,816. | 718,685. | |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 38,971. | 45,915. | |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | -107,519. | -52,657. | |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 27,191,806. | 39,702,445. | |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 471,060. | 2,106,752. | |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 0 | 0 | |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 7,312,120. | 11,749,500. | |
| | 16b | Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,167,085. | 127,636. | 140,436. | |
| | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) | 9,629,462. | 14,967,364. | |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 17,540,278. | 28,964,052. | |
| Net Assets or Fund Balances | 19 | Revenue less expenses. Subtract line 18 from line 12 | 9,651,528. | 10,738,393. | |
| | 20 | Total assets (Part X, line 16) | Beginning of Current Year | End of Year | |
| | 21 | Total liabilities (Part X, line 26) | 26,165,567. | 37,206,891. | |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 1,973,423. | 2,277,833. | |
| | | | 24,192,144. | 34,929,058. | |

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 | | <u>4/30/13</u> |
| | Signature of officer | Date |
| | <u>Garfield Byrd</u> Treasurer | |
| | Type or print name and title | |

| | | | | | |
|-------------------------------|--|--------------------------|-----------------|---|-------------------|
| Paid Preparer Use Only | Print/Type preparer's name Valerie J. Ball | Preparer's signature | Date 4/30/13 | Check if self-employed <input type="checkbox"/> | PTIN P00178114 |
| | Firm's name ▶ KPMG LLP | EIN ▶ 13-5565207 | | Phone no. ▶ 415-963-5100 | |
| | Firm's address ▶ 55 SECOND STREET, #1400 SAN FRANCISCO, CA 94105 | | | | |

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

Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2010)

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

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

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

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

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

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

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

Enter filer's identifying number, see instructions

| | | |
|--|--|--|
| Type or print File by the due date for filing your return. See instructions. | Name of exempt organization or other filer, see instructions. | Employer identification number (EIN) or |
| | WIKIMEDIA FOUNDATION, INC. | <input checked="" type="checkbox"/> 20-0049703 |
| | Number, street, and room or suite no. If a P.O. box, see instructions. | Social security number (SSN) |
| | 149 NEW MONTGOMERY, 3RD FLOOR | <input type="checkbox"/> |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. | |
| | SAN FRANCISCO, CA 94105 | |

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

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

• The books are in the care of ▶ TONY LE

Telephone No. ▶ 415 839-6885 FAX No. ▶

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/15, 2013, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year 20____ or
▶ tax year beginning 07/01, 2011, and ending 06/30, 2012

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

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

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

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box. **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

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

| | | | |
|--|--|--|---|
| Type or print File by the due date for filing your return. See instructions. | Name of exempt organization or other filer, see instructions. | Enter filer's identifying number, see instructions | |
| | WIKIMEDIA FOUNDATION, INC. | <input checked="" type="checkbox"/> | Employer identification number (EIN) or 20-0049703 |
| | Number, street, and room or suite no. If a P.O. box, see instructions. | <input type="checkbox"/> | Social security number (SSN) |
| | 149 NEW MONTGOMERY, 3RD FLOOR | | |
| City, town or post office, state, and ZIP code. For a foreign address, see instructions. | | | |
| SAN FRANCISCO, CA 94105 | | | |

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

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

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

- The books are in the care of GARFIELD BYRD
 Telephone No. 415 839-6885. FAX No.
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until _____ 05/15 , 20 13 .

5 For calendar year _____ , or other tax year beginning _____ 07/01 , 20 11 , and ending _____ 06/30 , 20 12 .

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

7 State in detail why you need the extension INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE.

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

Signature and Verification must be completed for Part II only.

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

Signature Valerie J Ball Title CPA Date 1/31/13

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission: ATTACHMENT 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 [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 12,820,272. including grants of \$ 62,061.) (Revenue \$ 0)

SUPPORT WIKIPEDIA.ORG (THE 5TH MOST POPULAR WEB PROPERTY IN THE WORLD) AND OTHER WEBSITES WHERE VOLUNTEERS CAN COLLABORATE TO DEVELOP FREE EDUCATIONAL RESOURCES. WIKIMEDIA ENGINEERING AND PRODUCT DEVELOPMENT TEAM'S MISSION IS TO BUILD, IMPROVE AND MAINTAIN THE TECHNICAL INFRASTRUCTURE OF WIKIMEDIA PROJECTS (SOFTWARE AND HARDWARE), BY SUPPORTING AND COMPLEMENTING VOLUNTEER EFFORTS.

4b (Code:) (Expenses \$ 5,519,050. including grants of \$ 2,044,691.) (Revenue \$ 718,685.)

GLOBAL DEVELOPMENT KEEPS WIKIMEDIA VITAL AND RELEVANT. IT IS A KEY PART OF WIKIMEDIA'S STRATEGY BECAUSE OUR SUCCESS IS CONTINGENT UPON THE FUTURE OF THE DEVELOPING WORLD. GLOBAL DEVELOPMENT AIMS TO BRING THE DIVERSE VOICES OF THE GLOBAL SOUTH TO THE WIKIMEDIA PROJECT, AND TO EXPAND THE REACH OF OUR PROJECTS AND FREE KNOWLEDGE TO THE GLOBAL SOUTH, PARTICULARLY VIA MOBILE PHONES AND PARTNERSHIPS WITH MOBILE PHONE COMPANIES. GLOBAL DEVELOPMENT'S PROJECTS FOCUS ON THE GROWTH OF WIKIMEDIA IN SPECIFIC REGIONS, THE DEVELOPMENT OF OUR OFFLINE AND MOBILE STRATEGIES, MANAGEMENT OF OUR GLOBAL FELLOWSHIPS PROGRAM, WORLDWIDE STUDENT-FOCUSED PROGRAMMING, GRANT MAKING, RESEARCH, AND GLOBAL COMMUNICATIONS.

4c (Code:) (Expenses \$ 1,442,647. including grants of \$ 0) (Revenue \$ 0)

THE COMMUNITY DEPARTMENT IS RESPONSIBLE FOR BUILDING AND MAINTAINING THE FOUNDATION'S RELATIONSHIPS WITH ITS CONSTITUENCIES. THE COMMUNITY DEPARTMENT INITIATES EFFORTS TO BOTH INCREASE THE FLOW OF NEW EDITORS, RETAIN CURRENT ONES, AND TO MAKE THE WIKIMEDIA COMMUNITY A MORE WELCOMING AND DIVERSE PLACE THROUGH COMMUNICATING, INTERACTING, AND SUPPORTING READERS AND EDITORS IN WAYS THAT ARE SCALABLE AND GLOBAL.

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

4e Total program service expenses 19,781,969.

Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

| | | Yes | No |
|------|---|-----|----|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i> | X | |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i> | X | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i> | X | |
| 24 a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.</i> | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25 a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i> | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i> | | X |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i> | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i> | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | |
| a | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> | | X |
| b | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> | | X |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i> | | 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 sections 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 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | X |
| b | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> | | 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 |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O. | X | |

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V. [X]

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a through 14b regarding Form 1096, Form W-2G, Form W-3, and various tax compliance issues.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT-3
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: GARFIELD BYRD 149 NEW MONTGOMERY, 3RD FLOOR SAN FRANCISCO, CA 94105 415-839-6885

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

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

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

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

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

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

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

| (A) Name and Title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) JIMMY WALES TRUSTEE (FOUNDER) | 10.00 | X | | | | | | 0 | 0 | 0 |
| (2) BISHAKHA DATTA TRUSTEE | 10.00 | X | | | | | | 0 | 0 | 0 |
| (3) MATT HALPRIN TRUSTEE | 10.00 | X | | | | | | 0 | 0 | 0 |
| (4) SAMUEL KLEIN TRUSTEE | 10.00 | X | | | | | | 0 | 0 | 0 |
| (5) ARNE KLEMPERT TRUSTEE | 10.00 | X | | | | | | 0 | 0 | 0 |
| (6) KAT WALSH TRUSTEE | 10.00 | X | | | | | | 0 | 0 | 0 |
| (7) JAN-BART DE VREEDE VICE-CHAIR | 10.00 | X | | X | | | | 0 | 0 | 0 |
| (8) STU WEST TREASURER | 10.00 | X | | X | | | | 0 | 0 | 0 |
| (9) TING CHEN CHAIR | 10.00 | X | | X | | | | 0 | 0 | 0 |
| (10) PHOEBE AYERS SECRETARY | 10.00 | X | | X | | | | 0 | 0 | 0 |
| (11) SUE GARDNER EXECUTIVE DIRECTOR | 40.00 | | | X | | | | 201,678. | 0 | 18,302. |
| (12) VERONIQUE KESSLER CFOO | 40.00 | | | X | | | | 166,832. | 0 | 29,195. |
| (13) GARFIELD BYRD CFA | 40.00 | | | X | | | | 58,956. | 0 | 6,775. |
| (14) GEOFF BRIGHAM GENERAL COUNSEL | 40.00 | | | | | X | | 153,456. | 0 | 28,631. |

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

| (A) Name and title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|------------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (15) ZACK EXLEY CHIEF REVENUE OFFICER | 40.00 | | | | | X | 186,177. | 0 | 22,986. | |
| (16) BARRY NEWSTEAD CHIEF GLOBAL DEVELOPMENT OFC | 40.00 | | | | | X | 184,510. | 0 | 27,508. | |
| (17) ERIK MOELLER DEPUTY DIRECTOR | 40.00 | | | | | X | 140,354. | 0 | 8,966. | |
| (18) CYN SKYBERG CHIEF TALENT AND CULTURE OFC | 40.00 | | | | | X | 145,346. | 0 | 25,553. | |
| 1b Sub-total | | | | | | | 580,922. | 0 | 82,903. | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | 656,387. | 0 | 85,013. | |
| d Total (add lines 1b and 1c) | | | | | | | 1,237,309. | 0 | 167,916. | |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **21**

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

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **12**

Part VIII Statement of Revenue

| | | | (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 | 38,990,502. | | |
| | g | Noncash contributions included in lines 1a-1f: \$ | | 994,299. | | |
| | h | Total. Add lines 1a-1f | | 38,990,502. | | |
| Program Service Revenue | 2a | LICENSING REVENUE | Business Code | 518210 | 555,721. | 555,721. |
| | b | DATA PROVIDER SERVICES | Business Code | 518210 | 162,964. | 162,964. |
| | c | | | | | |
| | d | | | | | |
| | e | | | | | |
| | f | All other program service revenue | | | | |
| | g | Total. Add lines 2a-2f | | 718,685. | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | 50,814. | | 50,814. |
| | 4 | Income from investment of tax-exempt bond proceeds | | 0 | | |
| | 5 | Royalties | | 0 | | |
| | | | (i) Real | (ii) Personal | | |
| | 6a | Gross rents | | | | |
| | b | Less: rental expenses | | | | |
| | c | Rental income or (loss) | | | | |
| | d | Net rental income or (loss) | | 0 | | |
| | | | (i) Securities | (ii) Other | | |
| | 7a | Gross amount from sales of assets other than inventory | | 5,874,693. | | |
| | b | Less: cost or other basis and sales expenses | | 5,879,592. | | |
| | c | Gain or (loss) | | -4,899. | | |
| | d | Net gain or (loss) | | -4,899. | | -4,899. |
| | 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 | | 0 | | | |
| 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 | | 0 | | | |
| 10a | Gross sales of inventory, less returns and allowances | a | 3,722. | | | |
| b | Less: cost of goods sold | b | | | | |
| c | Net income or (loss) from sales of inventory | | 3,722. | | 3,722. | |
| Miscellaneous Revenue | | | Business Code | | | |
| 11a | FOREIGN EXCHANGE LOSS | | 900099 | -95,005. | | -95,005. |
| b | SPEAKING FEES | | 900099 | 17,500. | | 17,500. |
| c | CREDIT CARD CASH BACK | | 900099 | 4,600. | | 4,600. |
| d | All other revenue | | 900099 | 16,526. | | 16,526. |
| e | Total. Add lines 11a-11d | | | -56,379. | | |
| 12 | Total revenue. See instructions | | | 39,702,445. | 718,685. | 3,722. |

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).

Check if Schedule O contains a response to any question in 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 governments and organizations in the United States. See Part IV, line 21 | 392,045. | 392,045. | | |
| 2 Grants and other assistance to individuals in the United States. See Part IV, line 22 | 51,593. | 51,593. | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 | 1,663,114. | 1,663,114. | | |
| 4 Benefits paid to or for members | 0 | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 412,218. | 190,000. | 212,218. | 10,000. |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0 | | | |
| 7 Other salaries and wages | 9,230,943. | 6,629,629. | 1,491,449. | 1,109,865. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 206,595. | 144,951. | 45,039. | 16,605. |
| 9 Other employee benefits | 1,261,598. | 768,282. | 367,080. | 126,236. |
| 10 Payroll taxes | 638,146. | 433,985. | 130,489. | 73,672. |
| 11 Fees for services (non-employees): | | | | |
| a Management | 0 | | | |
| b Legal | 1,084,638. | 15,015. | 1,000,955. | 68,668. |
| c Accounting | 95,525. | | 95,525. | |
| d Lobbying | 43,141. | 10,000. | 33,141. | |
| e Professional fundraising services. See Part IV, line 17 | 140,436. | | | 140,436. |
| f Investment management fees | 0 | | | |
| g Other | 4,509,411. | 3,148,793. | 1,038,616. | 322,002. |
| 12 Advertising and promotion | 45,372. | 44,866. | 506. | |
| 13 Office expenses | 433,371. | 148,860. | 256,252. | 28,259. |
| 14 Information technology | 2,585,632. | 2,507,580. | 57,326. | 20,726. |
| 15 Royalties | 0 | | | |
| 16 Occupancy | 683,640. | 449,044. | 140,664. | 93,932. |
| 17 Travel | 958,324. | 753,330. | 87,438. | 117,556. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | | | |
| 19 Conferences, conventions, and meetings | 574,825. | 543,294. | 16,437. | 15,094. |
| 20 Interest | 0 | | | |
| 21 Payments to affiliates | 0 | | | |
| 22 Depreciation, depletion, and amortization | 1,888,856. | 1,674,787. | 214,069. | |
| 23 Insurance | 136,925. | | 136,925. | |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a <u>DONATIONS PROCESSING FEES</u> | 1,010,635. | | | 1,010,635. |
| b <u>RECRUITING</u> | 535,299. | 52,237. | 483,062. | |
| c <u>STAFF DEVELOPMENT/ENRICHMENT</u> | 215,927. | 48,420. | 160,640. | 6,867. |
| d <u>VOLUNTEER DEVELOPMENT</u> | 102,802. | 98,338. | 1,809. | 2,655. |
| e All other expenses | 63,041. | 13,806. | 45,358. | 3,877. |
| 25 Total functional expenses. Add lines 1 through 24e | 28,964,052. | 19,781,969. | 6,014,998. | 3,167,085. |
| 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | 0 | | | |

Part X Balance Sheet

| | | (A) Beginning of year | | (B) End of year | | |
|-----------------------------|--|---|-------------|--------------------|-------------|------------|
| Assets | 1 | Cash - non-interest-bearing | 1,788,011. | 1 | 5,234,483. | |
| | 2 | Savings and temporary cash investments | 10,238,291. | 2 | 16,562,142. | |
| | 3 | Pledges and grants receivable, net | 2,978,900. | 3 | 4,889,919. | |
| | 4 | Accounts receivable, net | 695,004. | 4 | 494,487. | |
| | 5 | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | 0 | 5 | 0 | |
| | 6 | Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) | 0 | 6 | 0 | |
| | 7 | Notes and loans receivable, net | 0 | 7 | 0 | |
| | 8 | Inventories for sale or use | 0 | 8 | 40,274. | |
| | 9 | Prepaid expenses and deferred charges | 654,315. | 9 | 879,826. | |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a | 8,615,519. | | |
| | b | Less: accumulated depreciation | 10b | 3,447,413. | 10c | 5,168,106. |
| | 11 | Investments - publicly traded securities | 2,349,122. | 11 | 0 | |
| | 12 | Investments - other securities. See Part IV, line 11 | 3,499,679. | 12 | 3,600,401. | |
| | 13 | Investments - program-related. See Part IV, line 11 | 0 | 13 | 0 | |
| | 14 | Intangible assets | 0 | 14 | 0 | |
| | 15 | Other assets. See Part IV, line 11 | 560,570. | 15 | 337,253. | |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 26,165,567. | 16 | 37,206,891. | | |
| Liabilities | 17 | Accounts payable and accrued expenses | 1,431,138. | 17 | 1,779,251. | |
| | 18 | Grants payable | 0 | 18 | 0 | |
| | 19 | Deferred revenue | 374,879. | 19 | 293,606. | |
| | 20 | Tax-exempt bond liabilities | 0 | 20 | 0 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | 0 | 21 | 0 | |
| | 22 | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | 0 | 22 | 0 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | 0 | 23 | 0 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | 0 | 24 | 0 | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 167,406. | 25 | 204,976. | |
| | 26 | Total liabilities. Add lines 17 through 25 | 1,973,423. | 26 | 2,277,833. | |
| 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 | 20,772,126. | 27 | 29,991,139. | |
| | 28 | Temporarily restricted net assets | 3,420,018. | 28 | 4,937,919. | |
| | 29 | Permanently restricted net assets | 0 | 29 | 0 | |
| | 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 | 24,192,144. | 33 | 34,929,058. | | |
| 34 | Total liabilities and net assets/fund balances. | 26,165,567. | 34 | 37,206,891. | | |

Part XI Reconciliation of Net Assets

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

| | | | |
|---|--|---|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 39,702,445. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 28,964,052. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 10,738,393. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 24,192,144. |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | -1,479. |
| 6 | Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 34,929,058. |

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2011

Open to Public
Inspection

| | |
|---|---|
| Name of the organization WIKIMEDIA FOUNDATION, INC. | 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: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11 e through 11 h.
 - 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) | | |
| 11g(ii) | | |
| 11g(iii) | | |
 - (ii) A family member of a person described in (i) above?

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

| | | |
|-----------------|-----|----|
| | Yes | No |
| 11g(iii) | | |
- h Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization 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 | |
| (A) | | | | | | | | | |
| (B) | | | | | | | | | |
| (C) | | | | | | | | | |
| (D) | | | | | | | | | |
| (E) | | | | | | | | | |
| Total | | | | | | | | | |

For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2011

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

Section A. Public Support

Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (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 through 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) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (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.; 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) 89.62%; 15 Public support percentage from 2010 Schedule A, Part II, line 14 84.23%; 16a 33 1/3% support test - 2011. 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 [X]; 16b 33 1/3% support test - 2010. 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 - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; 17b 10%-facts-and-circumstances test - 2010. 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (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) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (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; 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 2 columns: Line number, Percentage. Row 15: Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2010 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2010 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2011. 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 - 2010. 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

| DESCRIPTION | 2007 | 2008 | 2009 | 2010 | 2011 | TOTAL |
|-----------------------|----------------|----------------|------------------|------------------|-----------------|------------------|
| FOREIGN EXCHANGE LOSS | 14,632. | -7,962. | -162,540. | -127,148. | -95,005. | -378,023. |
| MISCELLANEOUS REVENUE | 57,614. | 38,379. | 30,833. | 6,772. | 38,626. | 172,224. |
| TOTALS | <u>72,246.</u> | <u>30,417.</u> | <u>-131,707.</u> | <u>-120,376.</u> | <u>-56,379.</u> | <u>-205,799.</u> |

Schedule of Contributors

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

2011

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

Special Rules

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

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

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

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

Name of organization WIKIMEDIA FOUNDATION, INC.

Employer identification number
20-0049703

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 1 | ----- ----- ----- | \$ 3,600,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 2 | ----- ----- ----- | \$ 1,250,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 3 | ----- ----- ----- | \$ 964,628. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" 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.) |
| | ----- ----- ----- | \$ ----- | 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, INC.

Employer identification number

20-0049703

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|---------------------------|--|--|----------------------|
| 3 | COMPUTER EQUIPMENT (SERVERS) | \$ 964,628. | VAR |
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Name of organization WIKIMEDIA FOUNDATION, INC.

Employer identification number

20-0049703

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry.

For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____

Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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.

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ See separate instructions.

If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|---|--|
| (1) | ----- | | | |
| (2) | ----- | | | |
| (3) | ----- | | | |
| (4) | ----- | | | |
| (5) | ----- | | | |
| (6) | ----- | | | |

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

Schedule C (Form 990 or 990-EZ) 2011

JSA
1E1264 1.000

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check if the filing organization checked box A and "limited control" provisions apply.

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | | | | | | |
|---|--|---|------------------------------------|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| 1 a | Total lobbying expenditures to influence public opinion (grass roots lobbying) | 98,953. | | | | | | | | | | | | | |
| b | Total lobbying expenditures to influence a legislative body (direct lobbying) | | | | | | | | | | | | | | |
| c | Total lobbying expenditures (add lines 1a and 1b) | 98,953. | | | | | | | | | | | | | |
| d | Other exempt purpose expenditures | 19,683,016. | | | | | | | | | | | | | |
| e | Total exempt purpose expenditures (add lines 1c and 1d) | 19,781,969. | | | | | | | | | | | | | |
| f | Lobbying nontaxable amount. Enter the amount from the following table in both columns. | 1,000,000. | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | | |
| Not over \$500,000 | 20% of the amount on line 1e. | | | | | | | | | | | | | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | | | | | | | | | | | | | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | | | | | | | | | | | | | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | | | | | | | | | | | | | | |
| Over \$17,000,000 | \$1,000,000. | | | | | | | | | | | | | | |
| g | Grassroots nontaxable amount (enter 25% of line 1f) | 250,000. | | | | | | | | | | | | | |
| h | Subtract line 1g from line 1a. If zero or less, enter -0- | 0 | 0 | | | | | | | | | | | | |
| i | Subtract line 1f from line 1c. If zero or less, enter -0- | 0 | 0 | | | | | | | | | | | | |
| j | If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | |

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|--|---|----------|----------|------------|------------|
| Calendar year (or fiscal year beginning in) | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) Total |
| 2 a | Lobbying nontaxable amount | | | 1,000,000. | 1,000,000. |
| b | Lobbying ceiling amount (150% of line 2a, column (e)) | | | | 1,500,000. |
| c | Total lobbying expenditures | | | 98,953. | 98,953. |
| d | Grassroots nontaxable amount | | | 250,000. | 250,000. |
| e | Grassroots ceiling amount (150% of line 2d, column (e)) | | | | 375,000. |
| f | Grassroots lobbying expenditures | | | 98,953. | 98,953. |

Schedule C (Form 990 or 990-EZ) 2011

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)).

Table with 3 main columns: Description, (a) Yes/No, and (b) Amount. Rows include questions about lobbying activities like influencing legislation, media advertisements, and grants.

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Questions include: Were substantially all dues received nondeductible? Did the organization make only in-house lobbying expenditures of \$2,000 or less?

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

Table with 3 columns: Question, Line Number, Amount. Questions include: Dues, assessments and similar amounts from members; Section 162(e) nondeductible lobbying and political expenditures.

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A; and Part II-B, line 1. Also, complete this part for any additional information.

Series of horizontal dashed lines provided for entering supplemental information.

Part IV Supplemental Information *(continued)*

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions.

Name of the organization

WIKIMEDIA FOUNDATION, INC.

Employer identification number

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Sub-rows: a Total number of conservation easements, b Total acreage restricted by conservation easements, c Number of conservation easements on a certified historic structure included in (a), d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Table with 2 columns: Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2011

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

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

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange programs, e Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

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

Table with columns for Amount and rows for 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

2a Did the organization include an amount on Form 990, Part X, line 21?

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

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

Table with columns (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back and rows for 1a-1g.

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

- a Board designated or quasi-endowment, b Permanent endowment, c Temporarily restricted endowment

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

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

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

Small table with Yes/No columns and rows 3a(i), 3a(ii), 3b.

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

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

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

Table with columns (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value and rows for 1a-1e and Total.

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 |
|---|----------------|--|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| (A) LT CERTIFICATES OF DEPOSITS | 3,600,401. | FMV |
| (B) ----- | | |
| (C) ----- | | |
| (D) ----- | | |
| (E) ----- | | |
| (F) ----- | | |
| (G) ----- | | |
| (H) ----- | | |
| (I) ----- | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | 3,600,401. | |

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 |
|---|----------------|--|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| (10) | | |
| Total. (Column (b) must 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 |
|---|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ | |

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

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) STRAIGHT LINE RENT ADJUSTMENT | 167,067. |
| (3) OTHER LIABILITIES | 37,909. |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| (11) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 204,976. |

2. FIN 48 (ASC 740) Footnote. 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 (ASC 740).

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

| | | | |
|----|--|----|-------------|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 39,702,445. |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 28,964,052. |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | 3 | 10,738,393. |
| 4 | Net unrealized gains (losses) on investments | 4 | -1,479. |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV.) | 8 | |
| 9 | Total adjustments (net). Add lines 4 through 8 | 9 | -1,479. |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | 10 | 10,736,914. |

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 | 39,997,566. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains on investments | 2a | -1,479. |
| b | Donated services and use of facilities | 2b | 296,600. |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIV.) | 2d | |
| e | Add lines 2a through 2d | 2e | 295,121. |
| 3 | Subtract line 2e from line 1 | 3 | 39,702,445. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIV.) | 4b | |
| c | Add lines 4a and 4b | 4c | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | 39,702,445. |

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

| | | | |
|---|--|----|-------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 29,260,652. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | 296,600. |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIV.) | 2d | |
| e | Add lines 2a through 2d | 2e | 296,600. |
| 3 | Subtract line 2e from line 1 | 3 | 28,964,052. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIV.) | 4b | |
| c | Add lines 4a and 4b | 4c | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | 28,964,052. |

Part XIV Supplemental Information

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

SEE PAGE 5

Part XIV Supplemental Information *(continued)*

SCHEDULE D, PART X, LINE 2

FIN 48

ON AUGUST 1, 2009, THE COMPANY ADOPTED FASB-ISSUED FINANCIAL INTERPRETATION 48 (FIN 48), ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES (CODIFIED PRIMARILY IN ASC TOPIC 740, INCOME TAXES). FIN 48 PROVIDES THAT A TAX BENEFIT FROM AN UNCERTAIN TAX POSITION MAY BE RECOGNIZED WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION, INCLUDING RESOLUTIONS OF ANY RELATED APPEALS OR LITIGATION PROCESSES, BASED ON THE TECHNICAL MERITS OF THE POSITION. MANAGEMENT HAS DETERMINED THAT THERE IS NO UNCERTAIN TAX POSITION UNDER APPLICABLE ACCOUNTING GUIDANCE.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2011

Open to Public Inspection

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

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization

WIKIMEDIA FOUNDATION, INC.

Employer identification number

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 its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

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

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

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for and investments in region |
|---|-------------------------------------|--|---|--|--|
| (1) EAST ASIA AND THE PACIFIC | | 5. | PROGRAM SERVICES | SUPPORT WIKIPEDIA | 210,161. |
| (2) EUROPE | | 25. | PROGRAM SERVICES | SUPPORT WIKIPEDIA | 2,123,733. |
| (3) EUROPE | | 25. | FUNDRAISING | | 13,151. |
| (4) MIDDLE EAST AND NORTH AFRICA | | 4. | PROGRAM SERVICES | SUPPORT WIKIPEDIA | 125,434. |
| (5) NORTH AMERICA | | 1. | PROGRAM SERVICES | SUPPORT WIKIPEDIA | 145,122. |
| (6) RUSSIA/INDEPENDENT STATES | | 2. | FUNDRAISING | | 7,011. |
| (7) RUSSIA/INDEPENDENT STATES | | 2. | PROGRAM SERVICES | SUPPORT WIKIPEDIA | 32,378. |
| (8) SOUTH AMERICA | | 2. | PROGRAM SERVICES | SUPPORT WIKIPEDIA | 107,995. |
| (9) SOUTH ASIA | | 9. | PROGRAM SERVICES | SUPPORT WIKIPEDIA | 254,396. |
| (10) EUROPE | | | GRANTMAKING | FURTHER MISSION | 1,121,300. |
| (11) EAST ASIA AND THE PACIFIC | | | GRANTMAKING | FURTHER MISSION | 26,376. |
| (12) NORTH AMERICA | | | GRANTMAKING | FURTHER MISSION | 8,600. |
| (13) RUSSIA/INDEPENDENT STATES | | | GRANTMAKING | FURTHER MISSION | 31,100. |
| (14) SOUTH AMERICA | | | GRANTMAKING | FURTHER MISSION | 132,976. |
| (15) SOUTH ASIA | | | GRANTMAKING | FURTHER MISSION | 12,855. |
| (16) SUB-SAHARAN AFRICA | | | GRANTMAKING | FURTHER MISSION | 13,033. |
| (17) EAST ASIA AND THE PACIFIC | | | GRANTMAKING | FURTHER MISSION | 8,421. |
| 3a Sub-total | | 75. | | | 4,374,042. |
| b Total from continuation sheets to Part I | | | | | 868,347. |
| c Totals (add lines 3a and 3b) | | 75. | | | 5,242,389. |

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

Schedule F (Form 990) 2011

JSA
1E1274 1.000

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

WIKIMEDIA FOUNDATION, INC.

Employer identification number

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 its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

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

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

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for and investments in region |
|--|-------------------------------------|--|---|--|--|
| (1) EAST ASIA AND THE PACIFIC | | | GRANTMAKING | SCHOLARSHIP | 22,862. |
| (2) EUROPE | | | GRANTMAKING | SCHOLARSHIP | 30,106. |
| (3) NORTH AMERICA | | | GRANTMAKING | SCHOLARSHIP | 4,395. |
| (4) RUSSIA/INDEPENDENT STATES | | | GRANTMAKING | SCHOLARSHIP | 6,705. |
| (5) EUROPE | | | GRANTMAKING | FURTHER MISSION | 29,651. |
| (6) RUSSIA/INDEPENDENT STATES | | | GRANTMAKING | FURTHER MISSION | 7,290. |
| (7) SOUTH AMERICA | | | GRANTMAKING | FURTHER MISSION | 2,171. |
| (8) SOUTH AMERICA | | | GRANTMAKING | SCHOLARSHIP | 32,097. |
| (9) SOUTH ASIA | | | GRANTMAKING | FURTHER MISSION | 43,388. |
| (10) SOUTH ASIA | | | GRANTMAKING | SCHOLARSHIP | 16,530. |
| (11) SUB-SAHARAN AFRICA | | | GRANTMAKING | FURTHER MISSION | 8,249. |
| (12) SUB-SAHARAN AFRICA | | | GRANTMAKING | SCHOLARSHIP | 5,010. |
| (13) MIDDLE EAST AND NORTH AFRICA | | | GRANTMAKING | FURTHER MISSION | 100,000. |
| (14) EUROPE | | | INVESTMENTS | N/A | 559,893. |
| (15) | | | | | |
| (16) | | | | | |
| (17) | | | | | |
| 3a Sub-total, | | | | | |
| b Total from continuation sheets to Part I | | | | | |
| c Totals (add lines 3a and 3b) | | | | | |

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

Schedule F (Form 990) 2011

JSA
1E1274 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

| 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) |
|------|--------------------------|--|--------------------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| (1) | | | EUROPE/ICELAND/GREENLAND | FURTHER MISS | 1,121,300. | WIRE | N/A | N/A | N/A |
| (2) | | | EAST ASIA/PACIFIC | FURTHER MISS | 26,376. | WIRE | N/A | N/A | N/A |
| (3) | | | MIDDLE EAST/NORTH AFRICA | FURTHER MISS | 100,000. | WIRE | N/A | N/A | N/A |
| (4) | | | NORTH AMERICA | FURTHER MISS | 8,600. | WIRE | N/A | N/A | N/A |
| (5) | | | RUSSIA | FURTHER MISS | 31,100. | WIRE | N/A | N/A | N/A |
| (6) | | | SOUTH AMERICA | FURTHER MISS | 132,976. | WIRE | N/A | N/A | N/A |
| (7) | | | SOUTH ASIA | FURTHER MISS | 12,855. | WIRE | N/A | N/A | N/A |
| (8) | | | SUB-SAHARAN AFRICA | FURTHER MISS | 13,033. | WIRE | N/A | N/A | N/A |
| (9) | | | | | | | | | |
| (10) | | | | | | | | | |
| (11) | | | | | | | | | |
| (12) | | | | | | | | | |
| (13) | | | | | | | | | |
| (14) | | | | | | | | | |
| (15) | | | | | | | | | |
| (16) | | | | | | | | | |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 11.

3 Enter total number of other organizations or entities 10.

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

| (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) |
|--|--------------------------|--------------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| (1) FURTHER MISSION | EAST ASIA/PACIFIC | 4. | 8,421. | WIRE | | N/A | FMV |
| (2) SCHOLARSHIPS TO ATTEND CONFERENCE | EAST ASIA/PACIFIC | 18. | 22,862. | WIRE | | N/A | FMV |
| (3) SCHOLARSHIPS TO ATTEND CONFERENCE | EUROPE/ICELAND/GREENLAND | 53. | 30,106. | WIRE | | N/A | FMV |
| (4) SCHOLARSHIPS TO ATTEND CONFERENCE | RUSSIA | 11. | 6,705. | WIRE | | N/A | FMV |
| (5) FURTHER MISSION | EUROPE/ICELAND/GREENLAND | 6. | 29,651. | WIRE | | N/A | FMV |
| (6) FURTHER MISSION | RUSSIA | 1. | 7,230. | WIRE | | N/A | FMV |
| (7) SCHOLARSHIPS TO ATTEND CONFERENCE | SOUTH AMERICA | 18. | 32,097. | WIRE | | N/A | FMV |
| (8) FURTHER MISSION | SOUTH ASIA | 7. | 43,388. | WIRE | | N/A | FMV |
| (9) SCHOLARSHIPS TO ATTEND CONFERENCE | SOUTH ASIA | 12. | 16,530. | WIRE | | N/A | FMV |
| (10) FURTHER MISSION | SUB-SAHARAN AFRICA | 1. | 8,249. | WIRE | | N/A | FMV |
| (11) SCHOLARSHIPS TO ATTEND CONFERENCE | SUB-SAHARAN AFRICA | 4. | 5,010. | WIRE | | N/A | FMV |
| (12) SCHOLARSHIPS TO ATTEND CONFERENCE | NORTH AMERICA | 2. | 4,395. | WIRE | | N/A | FMV |
| (13) FURTHER MISSION | SOUTH AMERICA | 2. | 2,171. | WIRE | | N/A | FMV |
| (14) | | | | | | | |
| (15) | | | | | | | |
| (16) | | | | | | | |
| (17) | | | | | | | |
| (18) | | | | | | | |

Schedule F (Form 990) 2011

Part IV Foreign Forms

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

Part V Supplemental Information

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

GRANT FUNDS OUTSIDE THE U.S.:

PROCEDURES FOR MONITORING USE OF GRANT FUNDS OUTSIDE THE U.S.

POTENTIAL GRANTEEES APPLY FOR FUNDS BY SUBMITTING AND PUBLICLY DISCUSSING A GRANT REQUEST. THE PROPOSAL CONTAINS A DESCRIPTION OF THE MISSION-ALIGNED ACTIVITIES PROPOSED, A DETAILED BUDGET, A START DATE AND COMPLETION DATE, AND A DESCRIPTION OF HOW THESE ACTIVITIES WILL IMPACT THE MISSION GOALS IF FUNDED. ONCE A GRANT PROPOSAL IS APPROVED AND COMPLIANCE CHECKS ARE COMPLETED, APPLICANTS ARE AWARDED GRANTS, AND SIGN A GRANT AGREEMENT REQUIRING THEM TO MAINTAIN RECEIPTS AND DOCUMENTATION OF EXPENSES, RETURN UNUSED FUNDS OR SUBMIT A REQUEST FOR REALLOCATION OF UNUSED FUNDS, AND TO SUBMIT A REPORT WITHIN 90 DAYS OF THE PROJECT COMPLETION DATE THAT INCLUDES A DESCRIPTION OF ACTIVITIES UNDERTAKEN, A DESCRIPTION OF HOW GRANT FUNDS WERE USED BY LINE ITEM, THE IMPACT OF THESE ACTIVITIES ON MISSION GOALS, AND A SUMMARY OF BEST PRACTICES AND LESSONS LEARNED.

GRANT FUNDS TO INDIVIDUALS

PROCEDURES FOR MONITORING USE OF GRANT FUNDS TO INDIVIDUALS:

GRANTS TO INDIVIDUALS FOLLOW THE SAME PROCESS AS OTHER GRANTS UNLESS THEY ARE TRAVEL SCHOLARSHIPS. INDIVIDUALS APPLY FOR TRAVEL SCHOLARSHIPS (PRIMARILY TO ATTEND THE ANNUAL CONFERENCE, WIKIMANIA) AND APPLICATIONS ARE REVIEWED AND EITHER ACCEPTED OR DENIED. IN MOST CASES, TRAVEL IS THEN ARRANGED FOR THE INDIVIDUAL AND PAID FOR DIRECTLY BY THE WIKIMEDIA FOUNDATION. IN VERY LIMITED CASES, INDIVIDUALS BOOK TRAVEL THEMSELVES AND PROVIDE RECEIPTS TO THE FOUNDATION WHICH THEN REIMBURSES THEM BASED ON

Part V **Supplemental Information**

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

THE RECEIPTS.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

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

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization

WIKIMEDIA FOUNDATION, INC.

Employer identification number

20-0049703

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|------------------------|--|----|-----------------------------------|---|---|
| | | Yes | No | | | |
| 1 OMP INC. | FUNDRAISING CONSULTING | | X | | 140,436. | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| Total | | | | | 140,436. | |

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL, AK, 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, WY,

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

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

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

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

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

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

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:

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

Name ▶ -----

Address ▶ -----

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ -----

Address ▶ -----

16 Gaming manager information:

Name ▶ -----

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ -----

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

SCHEDULE G PART I

THE FOUNDATION ENGAGED OMP, INC. TO ASSIST IN THE DESIGN OF THE FOUNDATION'S FUNDRAISING CAMPAIGN. ONCE DESIGNED, THE FUNDRAISING CAMPAIGN WAS MANAGED BY STAFF OF THE FOUNDATION. AS SUCH, OMP, INC. DID NOT HAVE CUSTODY OR CONTROL OF ANY FOUNDATION CONTRIBUTIONS AND DID NOT PARTICIPATE IN EXECUTING THE CAMPAIGN STRATEGY.

**SCHEDULE I
(Form 990)**

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

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

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service
Name of the organization

WIKIMEDIA FOUNDATION, INC.

Employer identification number

20-0049703

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Yes No

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

| 1 | (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|------|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) | ADA INITIATIVE, INC 1117 GEARY BLVD #311 | 45-1135048 | 501(C)(3) | 10,000. | N/A | N/A | N/A | SEE PART IV |
| (2) | WIKIMEDIA DISTRICT OF COLUMBIA PO BOX 9822 WASHINGTON, DC 20016 | 45-2106571 | 501(C)(3) | 380,045. | N/A | N/A | N/A | SEE PART IV |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| (5) | | | | | | | | |
| (6) | | | | | | | | |
| (7) | | | | | | | | |
| (8) | | | | | | | | |
| (9) | | | | | | | | |
| (10) | | | | | | | | |
| (11) | | | | | | | | |
| (12) | | | | | | | | |

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

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

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

Schedule I (Form 990) (2011)

Part III Grants and Other Assistance to Individuals in the United States. 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 non-cash assistance |
|---|--------------------------|--------------------------|-----------------------------------|---|--|
| 1 CONFERENCE ATTENDANCE | 6. | 25,279. | | N/A. | NONE |
| 2 SCHOLARSHIP TO ATTEND ANNUAL WIKIMEDIA CONFERENCE | 15. | 25,313. | | N/A. | NONE |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |

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

MONITORING THE USE OF GRANT FUNDS

SCHEDULE I, PART I, QUESTION 2

POTENTIAL GRANTEES APPLY FOR FUNDS BY SUBMITTING AND PUBLICLY DISCUSSING A GRANT REQUEST. THE PROPOSAL CONTAINS A DESCRIPTION OF THE MISSION-ALIGNED ACTIVITIES PROPOSED, A DETAILED BUDGET, A START DATE AND COMPLETION DATE, AND A DESCRIPTION OF HOW THESE ACTIVITIES WILL IMPACT THE MISSION GOALS IF FUNDED. ONCE A GRANT PROPOSAL IS APPROVED AND COMPLIANCE CHECKS ARE COMPLETED, APPLICANTS ARE AWARDED GRANTS, AND SIGN A GRANT AGREEMENT REQUIRING THEM TO MAINTAIN RECEIPTS AND DOCUMENTATION OF EXPENSES, RETURN UNUSED FUNDS OR SUBMIT A REQUEST FOR REALLOCATION OF

Part III Grants and Other Assistance to Individuals in the United States. 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 non-cash assistance |
|---|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |

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

UNUSED FUNDS, AND TO SUBMIT A REPORT WITHIN 90 DAYS OF THE PROJECT COMPLETION DATE THAT INCLUDES A DESCRIPTION OF ACTIVITIES UNDERTAKEN, A DESCRIPTION OF HOW GRANT FUNDS WERE USED BY LINE ITEM, THE IMPACT OF THESE ACTIVITIES ON MISSION GOALS, AND A SUMMARY OF BEST PRACTICES AND LESSONS LEARNED.

GRANT FUNDS TO INDIVIDUALS
 GRANTS TO INDIVIDUALS FOLLOW THE SAME PROCESS AS OTHER GRANTS UNLESS THEY ARE TRAVEL SCHOLARSHIPS. INDIVIDUALS APPLY FOR TRAVEL SCHOLARSHIPS (PRIMARILY TO ATTEND THE ANNUAL CONFERENCE, WIKIMANIA) AND APPLICATIONS

Part III Grants and Other Assistance to Individuals in the United States. 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 non-cash assistance |
|---|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |

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

ARE REVIEWED AND EITHER ACCEPTED OR DENIED. IN MOST CASES, TRAVEL IS THEN ARRANGED FOR THE INDIVIDUAL AND PAID FOR DIRECTLY BY THE WIKIMEDIA FOUNDATION. IN VERY LIMITED CASES, INDIVIDUALS BOOK TRAVEL THEMSELVES AND PROVIDE RECEIPTS TO THE FOUNDATION WHICH THEN REIMBURSES THEM BASED ON THE RECEIPTS.

SCHEDULE I PART II

PURPOSE OF GRANT TO ADA INITIATIVE, INC: TO INCREASE WOMEN'S PARTICIPATION AND STATUS IN WIKIMEDIA PROJECTS VIA ADACAMP DC.

Part III Grants and Other Assistance to Individuals in the United States. 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 non-cash assistance |
|---|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |

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

PURPOSE OF GRANT TO WIKIMEDIA DISTRICT OF COLUMBIA: TO FUND OUTREACH EVENTS TO RAISE AWARENESS AND UNDERSTANDING OF WIKIMEDIA PROJECTS; TO FUND ORGANIZATIONAL COSTS TO ESTABLISH AS A 501(C)(3) EDUCATIONAL CHARITY IN THE DISTRICT OF COLUMBIA; TO FUND COSTS TO HOST WIKIMEDIA MEETUPS; TO FUND COSTS TO HOST THE WIKIMEDIA GLOBAL COMMUNITY ANNUAL CONFERENCE - WIKIMANIA.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization
WIKIMEDIA FOUNDATION, INC.

Employer identification number
20-0049703

Part I Questions Regarding Compensation

| | | Yes | No |
|-------------------------------------|---|-----|----|
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | |
| <input type="checkbox"/> | First-class or charter travel | | |
| <input type="checkbox"/> | Travel for companions | | |
| <input type="checkbox"/> | Tax indemnification and gross-up payments | | |
| <input type="checkbox"/> | Discretionary spending account | | |
| <input type="checkbox"/> | Housing allowance or residence for personal use | | |
| <input type="checkbox"/> | Payments for business use of personal residence | | |
| <input type="checkbox"/> | Health or social club dues or initiation fees | | |
| <input type="checkbox"/> | Personal services (e.g., maid, chauffeur, chef) | | |
| 1b | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? | | |
| 3 | Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III. | | |
| <input checked="" type="checkbox"/> | Compensation committee | | |
| <input checked="" type="checkbox"/> | Independent compensation consultant | | |
| <input checked="" type="checkbox"/> | Form 990 of other organizations | | |
| <input type="checkbox"/> | Written employment contract | | |
| <input checked="" type="checkbox"/> | Compensation survey or study | | |
| <input checked="" type="checkbox"/> | Approval by the board or compensation committee | | |
| 4 | During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: | | |
| 4a | Receive a severance payment or change-of-control payment? | | X |
| 4b | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | | X |
| 4c | Participate in, or receive payment from, an equity-based compensation arrangement? | | X |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | |
| | Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. | | |
| 5 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: | | |
| 5a | The organization? | | X |
| 5b | Any related organization? | | X |
| | If "Yes" to line 5a or 5b, describe in Part III. | | |
| 6 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: | | |
| 6a | The organization? | | X |
| 6b | Any related organization? | | X |
| | 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 | | X |
| 8 | Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | | X |
| 9 | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | | |

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

Schedule J (Form 990) 2011

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

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

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

| | (A) Name | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported as deferred in prior Form 990 |
|----|-------------------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1 | SUE GARDNER | 200,000. | 0 | 1,678. | 7,333. | 10,969. | 219,980. | 0 |
| 2 | VERONIQUE KESSLER | 84,260. | 0 | 82,572. | 2,538. | 26,657. | 196,027. | 0 |
| 3 | GEOFF BRIGHAM | 152,862. | 0 | 594. | 3,414. | 25,217. | 182,087. | 0 |
| 4 | ZACK EXLEY | 185,229. | 0 | 948. | 5,557. | 17,429. | 209,163. | 0 |
| 5 | BARRY NEWSTEAD | 183,969. | 0 | 541. | 7,409. | 20,099. | 212,018. | 0 |
| 6 | CYN SKYBERG | 143,626. | 0 | 1,720. | 0 | 25,553. | 170,899. | 0 |
| 7 | | | | | | | | |
| 8 | | | | | | | | |
| 9 | | | | | | | | |
| 10 | | | | | | | | |
| 11 | | | | | | | | |
| 12 | | | | | | | | |
| 13 | | | | | | | | |
| 14 | | | | | | | | |
| 15 | | | | | | | | |
| 16 | | | | | | | | |

Part III Supplemental Information

Complete this part to 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 M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No. 1545-0047

2011

**Open To Public
Inspection**

Name of the organization

WIKIMEDIA FOUNDATION, INC.

Employer identification number

20-0049703

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|-------------------------------|--|--|--|
| 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 | 24 . | 29,671 . | AVERAGE MARKET PRICE |
| 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 ▶ (ATCH 1) | | 40 . | 964,628 . | |
| 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, lines 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 an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. | | |

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2011)

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.

PART I LINE 32A

THE ORGANIZATION USES A BROKERAGE FIRM TO SELL DONATED SECURITIES.

PART I COLUMN (B)

THE ORGANIZATION IS REPORTING THE NUMBER OF ITEMS CONTRIBUTED.

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.

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

| <u>DESCRIPTION</u> | <u>(A) CHECK</u> | <u>(B) NUMBER OF CONTRIBUTIONS</u> | <u>(C) REVENUES REPORTED</u> | <u>(D) METHOD OF DETERMINING</u> |
|--------------------|------------------|------------------------------------|------------------------------|----------------------------------|
| COMPUTER EQUIPMENT | X | 40. | 964,628. | APPRAISAL VALUE |
| TOTALS | | <u>40.</u> | <u>964,628.</u> | |

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

WIKIMEDIA FOUNDATION, INC.

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Employer identification number

20-0049703

FORM 990 PART VI, LINE 7A

THE BOARD CONSISTS OF TEN TRUSTEES. THREE SEATS ARE ELECTED DIRECTLY
BY WIKIMEDIA EDITORS, TWO SEATS ARE SELECTED BY THE WIKIMEDIA
CHAPTERS, THERE IS ONE BOARD-APPOINTED "COMMUNITY FOUNDER" SEAT
RESERVED FOR JIMMY WALES, AND THERE ARE FOUR BOARD-APPOINTED "SPECIFIC
EXPERTISE" SEATS.

FORM 990 PART VI, LINE 11A

REVIEW OF FORM 990:

THE FIRST DRAFT OF THE 990 WAS DEVELOPED BY AN EXTERNAL ACCOUNTING FIRM
UNDER THE DIRECTION OF THE CHIEF OF FINANCE AND ADMINISTRATION (CFA). IT
WAS REVIEWED FOR ACCURACY AND COMPLETENESS BY THE CFA AND THEN BY THE
EXECUTIVE DIRECTOR. THEN A MEETING OF THE AUDIT COMMITTEE WAS HELD AT
WHICH THE CFA WALKED THROUGH THE DRAFT IN DETAIL FOR THE AUDIT
COMMITTEE'S APPROVAL. A COMPLETE COPY OF THE FORM 990 WAS PROVIDED TO
THE VOTING MEMBERS OF THE GOVERNING BODY PRIOR TO FILING WITH THE
INTERNAL REVENUE SERVICE.

FORM 990 PART VI, LINE 12

CONFLICT OF INTEREST:

THE ORGANIZATION'S BOARD MEMBERS, OFFICERS, AND KEY EMPLOYEES (COVERED
PERSONS) 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.

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

THESE FORMS ARE SUBMITTED TO THE GENERAL COUNSEL FOR REVIEW. IF APPROPRIATE, POTENTIAL CONFLICTS ARE THEN DISCUSSED, MANAGED, AND RESOLVED WITH THE GENERAL COUNSEL AND, AS APPROPRIATE, RAISED, DISCUSSED, AND RESOLVED BY THE BOARD. ADDITIONALLY, THE BOARD MEMBERS ALSO COMPLETE A PLEDGE OF PERSONAL COMMITMENT THAT AFFIRMS THEIR COMMITMENT TO COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY AND THAT THE BOARD MEMBER WILL PROMPTLY NOTIFY THE EXECUTIVE DIRECTOR AND THE BOARD CHAIR WHEN A CONFLICT OR POTENTIAL CONFLICT ARISES.

IF THERE IS A CONFLICT OF INTEREST, THAT CONFLICT WILL BE MANAGED ACCORDING TO THE NATURE OF THE CONFLICT WITHIN ACCEPTED GOVERNANCE STANDARDS FOR U.S. NON-PROFIT ORGANIZATIONS AND THE BOARD'S CONFLICT OF INTEREST POLICY. POTENTIAL REMEDIES INCLUDE RECUSAL FROM DISCUSSION AND DECISION ON THE CONFLICTED ISSUE (WITH PHYSICAL EXCUSAL FROM RELEVANT DISCUSSIONS AND NOTICES OF THE RECUSAL TO OTHER BOARD MEMBERS) TO MANDATED RESIGNATION FROM THE BOARD FOR THE MOST SERIOUS CONFLICTS. THE SECRETARY OF THE BOARD AND GENERAL COUNSEL WILL OFTEN BE CONSULTED, AND THE FOUNDATION HAS ON CALL EXTREMELY EXPERIENCED OUTSIDE GOVERNANCE LEGAL COUNSEL FOR THE MORE COMPLICATED ISSUES INVOLVING THE MANAGEMENT OF CONFLICTS OF INTEREST.

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 BOARD HR COMMITTEE, WHICH IS COMPRISED OF INDEPENDENT BOARD MEMBERS. FOR 2011 COMPENSATION, IN SETTING THE ED'S

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

COMPENSATION, THE EVALUATION COMMITTEE SECURED AND REVIEWED COMPARABILITY DATA ABOUT NON-PROFIT CEO COMPENSATION FOR ORGANIZATIONS OF SIMILAR SIZE AND SCOPE TO THE WIKIMEDIA FOUNDATION, INCLUDING SALARY, BONUSES AND NON-MONETARY BENEFITS AND PERQUISITES. THE INFORMATION CAME FROM AN INDEPENDENT CONSULTANTS REPORT. THE EVALUATION COMMITTEE ALSO ANNUALLY SET PERFORMANCE GOALS WITH THE EXECUTIVE DIRECTOR, AND WORKED WITH HER TO EVALUATE PERFORMANCE AGAINST THOSE GOALS. BOTH COMPENSATION AND PERFORMANCE ASSESSMENT INFORMATION WAS SHARED WITH THE FULL BOARD FOR ITS REVIEW AND APPROVAL. AT VARIOUS POINTS IN THE PROCESS, DISCUSSIONS AND DELIBERATIONS WERE REVIEWED VIA EMAIL. ONCE DELIBERATIONS WERE COMPLETE, THE FINAL DETERMINATION WAS SUMMARIZED BY THE CHAIR OF THE BOARD HR COMMITTEE IN WRITING.

FORM 990 PART VI LINE 15B

IN SETTING COMPENSATION FOR OTHER OFFICERS AND KEY EMPLOYEES A COMMITTEE AUTHORIZED BY THE BOARD, AND CONSISTING OF PERSONS INDEPENDENT OF THE TRANSACTIONS UNDER CONSIDERATION, REVIEWED COMPARABILITY DATA ABOUT COMPENSATION AT ORGANIZATIONS OF SIMILAR SIZE AND SCOPE TO THE WIKIMEDIA FOUNDATION, INCLUDING SALARY, BONUSES AND NON-MONETARY BENEFITS AND PERQUISITES. THE INFORMATION CAME FROM AN INDEPENDENT CONSULTANTS REPORT.

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)

Name of the organization

WIKIMEDIA FOUNDATION, INC.

Employer identification number

20-0049703

HTTP://WIKIMEDIAFOUNDATION.ORG/WIKI/CONFLICT_OF_INTEREST_POLICY

HTTP://WIKIMEDIAFOUNDATION.ORG/WIKI/FINANCIAL_REPORTS

FORM 990 PART XI, LINE 5

OTHER CHANGES IN NET ASSETS OR FUND BALANCES

UNREALIZED GAIN/LOSS (\$1,479)

ATTACHMENT 1

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.

ATTACHMENT 2

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

FRANCE

UNITED KINGDOM

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

ATTACHMENT 3FORM 990, PART VI, LINE 17 - STATES

AL, AK, AZ, AR, CA, CT,

FL, GA, HI, IL, KS, KY, ME, MD, MA, MI,

MN, MS, MO, NH, NJ, NM, NY, NC, ND, OK, OR, PA,

RI, SC, TN, UT, VA, WV, WI,

ATTACHMENT 4990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

| <u>NAME AND ADDRESS</u> | <u>DESCRIPTION OF SERVICES</u> | <u>COMPENSATION</u> |
|---|--------------------------------|---------------------|
| ODESK CORPORATION 901 MARSHALL STREET REDWOOD CITY, CA 94063 | CONTRACTOR SERVICES | 1,416,764. |
| M/OPPENHEIM ASSOCIATES 221 MAIN ST, SUITE 540 SAN FRANCISCO, CA 94105 | EXECUTIVE SEARCH | 278,362. |
| RESOLVE MARKET RESEARCH 5300 MELROSE AVENUE LOS ANGELES, CA 90038 | CASE STUDIES | 153,894. |
| RUBY PEAK RECRUITING P.O. BOX 2392 NEW YORK, NY 10116 | TEMPORARY EMPLOYMENT | 145,191. |
| SQUIRE, SANDERS & DEMPSEY LLP P.O. BOX 643051 CINCINNATI, OH 45264 | LEGAL SERVICES | 140,862. |
| TOTAL COMPENSATION | | <u>2,135,073.</u> |