



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2007

Open to Public Inspection

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

A For the 2007 calendar year, or tax year beginning 07-01-2007 and ending 06-30-2008

- B Check if applicable
Address change
Name change
Initial return
Final return
Amended return
Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: Wikimedia Foundation Inc
Number and street (or P O box if mail is not delivered to street address): p o box 78350
City or town, state or country, and ZIP + 4: San Francisco, CA 94107

D Employer identification number: 20-0049703
E Telephone number: (415) 839-6885
F Accounting method: [ ] Cash [x] Accrual [ ] Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Web site: www.wikimediafoundation.org

J Organization type (check only one) [x] 501(c) (3) (insert no ) [ ] 4947(a)(1) or [ ] 527

K Check here [ ] if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than 25,000

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 6,739,370

H and I are not applicable to section 527 organizations
H(a) Is this a group return for affiliates? [ ] Yes [x] No
H(b) If "Yes" enter number of affiliates
H(c) Are all affiliates included? [ ] Yes [ ] No
H(d) Is this a separate return filed by an organization covered by a group ruling? [ ] Yes [x] No
I Group Exemption Number
M Check [ ] if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Table with 21 rows and 4 columns: Line number, Description, Sub-column (a-d), and Amount. Includes Revenue (lines 1-12), Expenses (lines 13-17), and Net Assets (lines 18-21).

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
<b>22a</b>	Grants paid from donor advised funds (attach Schedule) (cash \$ <sup>0</sup> _____ noncash \$ <sup>0</sup> _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22a</b>				
<b>22b</b>	Other grants and allocations (attach schedule) (cash \$ <sup>0</sup> _____ noncash \$ <sup>0</sup> _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22b</b>				
<b>23</b>	Specific assistance to individuals (attach schedule)	<b>23</b>				
<b>24</b>	Benefits paid to or for members (attach schedule)	<b>24</b>				
<b>25a</b>	Compensation of current officers, directors, key employees etc. Listed in Part V-A (attach schedule)	<b>25a</b>	233,083	138,408	61,963	32,712
<b>b</b>	Compensation of former officers, directors, key employees etc. listed in Part V-B (attach schedule)	<b>25b</b>	5,500	2,750	2,750	
<b>c</b>	Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	<b>25c</b>				
<b>26</b>	Salaries and wages of employees not included on lines 25a, b and c	<b>26</b>	739,060	499,132	218,145	21,783
<b>27</b>	Pension plan contributions not included on lines 25a, b and c	<b>27</b>				
<b>28</b>	Employee benefits not included on lines 25a - 27	<b>28</b>	104,286	68,297	30,180	5,809
<b>29</b>	Payroll taxes	<b>29</b>	65,750	43,060	19,028	3,662
<b>30</b>	Professional fundraising fees	<b>30</b>				
<b>31</b>	Accounting fees	<b>31</b>	168,952		168,952	
<b>32</b>	Legal fees	<b>32</b>	163,782	114,647	49,135	
<b>33</b>	Supplies	<b>33</b>	66,524	43,567	19,252	3,705
<b>34</b>	Telephone	<b>34</b>	24,823	16,257	7,183	1,383
<b>35</b>	Postage and shipping	<b>35</b>	9,924	6,499	2,872	553
<b>36</b>	Occupancy	<b>36</b>	108,225	70,877	31,320	6,028
<b>37</b>	Equipment rental and maintenance	<b>37</b>	7,400	4,846	2,142	412
<b>38</b>	Printing and publications	<b>38</b>	4,264	2,792	1,234	238
<b>39</b>	Travel	<b>39</b>	137,642	82,585	27,529	27,528
<b>40</b>	Conferences, conventions, and meetings	<b>40</b>	170,038	138,615	31,423	
<b>41</b>	Interest	<b>41</b>				
<b>42</b>	Depreciation, depletion, etc. (attach schedule)	<b>42</b>	233,314	226,605	5,961	748
<b>43</b>	Other expenses not covered above (itemize)					
<b>a</b>	See Additional Data Table	<b>43a</b>				
<b>b</b>		<b>43b</b>				
<b>c</b>		<b>43c</b>				
<b>d</b>		<b>43d</b>				
<b>e</b>		<b>43e</b>				
<b>f</b>		<b>43f</b>				
<b>g</b>		<b>43g</b>				
<b>44</b>	<b>Total functional expenses.</b> Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	<b>44</b>	3,207,599	2,128,862	857,360	221,377

**Joint Costs.** Check  if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$<sup>0</sup> \_\_\_\_\_, (ii) the amount allocated to Program services \$<sup>0</sup> \_\_\_\_\_, (iii) the amount allocated to Management and general \$<sup>0</sup> \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$<sup>0</sup> \_\_\_\_\_

**Part III Statement of Program Service Accomplishments (See the instructions.)**

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? <b>▶</b> Wikimedia's primary exempt purpose is internet education and teaching. Wikimedia develops and maintains the necessary infrastructure for growing online projects and to facilitate the work of a global volunteer authoring community. Independent local chapters have been set up in several countries to support and promote the projects on an international level.	<p style="text-align: center;"><b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)</p>
<p><b>a</b> Operate Wikipedia.org and other websites where volunteers can collaborate to develop free educational resources.</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	1,367,929
<p><b>b</b> Foster the development of international Wikimedia chapter organizations, advise and facilitate volunteer efforts, and build partnerships with like-minded organizations in order to recruit new volunteers, assess and improve the quality of existing content, reach new readers, and import new educational content.</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	447,680
<p><b>c</b> Support the planning and implementation of an annual conference, Wikimania, to bring together volunteer contributors to the educational projects operated by the Wikimedia Foundation.</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	180,196
<p><b>d</b> Develop and maintain open source software used to run Wikipedia.org and other websites operated by the Wikimedia Foundation, with the goal of continuing innovation to facilitate the development of more and higher quality educational resources.</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	133,057
<p><b>e</b> Other program services (attach schedule)</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p><b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) . . . . <b>▶</b></p>	2,128,862

**Part IV Balance Sheets (See the instructions.)**

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A)		(B)	
		Beginning of year		End of year	
Assets	<b>45</b> Cash—non-interest-bearing . . . . .	144,518	<b>45</b>	189,182	
	<b>46</b> Savings and temporary cash investments . . . . .	859,280	<b>46</b>	2,809,453	
	<b>47a</b> Accounts receivable . . . . .	<b>47a</b> 27,259			
	<b>b</b> Less allowance for doubtful accounts . . . . .	<b>47b</b>	13,369	<b>47c</b> 27,259	
	<b>48a</b> Pledges receivable . . . . .	<b>48a</b> 1,994,279			
	<b>b</b> Less allowance for doubtful accounts . . . . .	<b>48b</b>	26,000	<b>48c</b> 1,994,279	
	<b>49</b> Grants receivable . . . . .		<b>49</b>		
	<b>50a</b> Receivables from current and former officers, directors, trustees, and key employees (attach schedule) . . . . .		<b>50a</b>		
	<b>b</b> Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule) . . . . .		<b>50b</b>		
	<b>51a</b> Other notes and loans receivable (attach schedule) . . . . .	<b>51a</b> 0			
	<b>b</b> Less allowance for doubtful accounts . . . . .	<b>51b</b>	6,000	<b>51c</b> 0	
	<b>52</b> Inventories for sale or use . . . . .		<b>52</b>		
	<b>53</b> Prepaid expenses and deferred charges . . . . .		35,027	<b>53</b> 85,424	
	<b>54a</b> Investments—publicly-traded securities <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		0	<b>54a</b> 37,902	
	<b>b</b> Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV			<b>54b</b>	
<b>55a</b> Investments—land, buildings, and equipment basis . . . . .	<b>55a</b>				
<b>b</b> Less accumulated depreciation (attach schedule) . . . . .	<b>55b</b>		<b>55c</b>		
<b>56</b> Investments—other (attach schedule) . . . . .			<b>56</b>		
<b>57a</b> Land, buildings, and equipment basis . . . . .	<b>57a</b> 1,255,389				
<b>b</b> Less accumulated depreciation (attach schedule) . . . . .	<b>57b</b> 734,282	612,375	<b>57c</b> 521,107		
<b>58</b> Other assets, including program-related investments (describe <input type="checkbox"/> _____ )			<b>58</b>		
<b>59 Total assets</b> (must equal line 74) Add lines 45 through 58 . . . . .		1,696,569	<b>59</b> 5,664,606		
Liabilities	<b>60</b> Accounts payable and accrued expenses . . . . .	38,287	<b>60</b>	305,147	
	<b>61</b> Grants payable . . . . .		<b>61</b>		
	<b>62</b> Deferred revenue . . . . .	0	<b>62</b>	181,291	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		<b>63</b>		
	<b>64a</b> Tax-exempt bond liabilities (attach schedule) . . . . .		<b>64a</b>		
	<b>b</b> Mortgages and other notes payable (attach schedule) . . . . .		<b>64b</b>		
	<b>65</b> Other liabilities (describe <input type="checkbox"/> _____ )			<b>65</b>	
<b>66 Total liabilities</b> Add lines 60 through 65 . . . . .		38,287	<b>66</b> 486,438		
<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b>					
Net Assets or Fund Balances	<b>67</b> Unrestricted . . . . .	1,631,282	<b>67</b>	3,123,539	
	<b>68</b> Temporarily restricted . . . . .	27,000	<b>68</b>	2,054,629	
	<b>69</b> Permanently restricted . . . . .		<b>69</b>		
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74</b>				
	<b>70</b> Capital stock, trust principal, or current funds . . . . .		<b>70</b>		
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund . . . . .		<b>71</b>		
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>72</b>		
<b>73 Total net assets or fund balances</b> Add lines 67 through 69 <b>or</b> lines 70 through 72 (Column (A) <b>must</b> equal line 19 and column (B) <b>must</b> equal line 21) . . . . .		1,658,282	<b>73</b> 5,178,168		
<b>74 Total liabilities and net assets / fund balances</b> Add lines 66 and 73 . . . . .		1,696,569	<b>74</b> 5,664,606		

**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>a</b>	7,060,610
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12		
<b>1</b>	Net unrealized gains on investments . . . . .	<b>b1</b>	-11,885
<b>2</b>	Donated services and use of facilities . . . . .	<b>b2</b>	333,125
<b>3</b>	Recoveries of prior year grants . . . . .	<b>b3</b>	
<b>4</b>	Other (specify) _____	<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b> . . . . .	<b>b</b>	321,240
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> . . . . .	<b>c</b>	6,739,370
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :		
<b>1</b>	Investment expenses not included on Part I, line 6b . . . . .	<b>d1</b>	
<b>2</b>	Other (specify) _____	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b> . . . . .	<b>d</b>	321,240
<b>e</b>	<b>Total revenue</b> (Part I, line 12) Add lines <b>c</b> and <b>d</b> . . . . .	<b>e</b>	6,739,370

**Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements . . . . .	<b>a</b>	3,540,724
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17		
<b>1</b>	Donated services and use of facilities . . . . .	<b>b1</b>	333,125
<b>2</b>	Prior year adjustments reported on Part I, line 20 . . . . .	<b>b2</b>	
<b>3</b>	Losses reported on Part I, line 20 . . . . .	<b>b3</b>	
<b>4</b>	Other (specify) _____	<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b> . . . . .	<b>b</b>	333,125
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> . . . . .	<b>c</b>	3,207,599
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :		
<b>1</b>	Investment expenses not included on Part I, line 6b . . . . .	<b>d1</b>	
<b>2</b>	Other (specify) _____	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b> . . . . .	<b>d</b>	
<b>e</b>	<b>Total expenses</b> (Part I, line 17) Add lines <b>c</b> and <b>d</b> . . . . .	<b>e</b>	3,207,599

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
See Additional Data Table				

**Part V-A Current Officers, Directors, Trustees, and Key Employees** *(continued)*

Yes No

**75a** Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings . . . . . 7

**b** Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) . . . . .

**c** Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization" . . . . .  
If "Yes," attach a statement that includes the information described in the instructions

**d** Does the organization have a written conflict of interest policy? . . . . .

**75b** No

**75c** No

**75d** Yes

**Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (If not paid enter -0- )	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
Brad Patrick p o box 78350 San Francisco, CA 94107	0	40,625	0	0
Carolyn Doran p o box 78350 San Francisco, CA 94107	0	34,500	0	0

**Part VI Other Information** *(See the instructions.)*

Yes No

**76** Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change . . . . .

**77** Were any changes made in the organizing or governing documents but not reported to the IRS? . . . .  
If "Yes," attach a conformed copy of the changes

**78a** Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . .

**b** If "Yes," has it filed a tax return on **Form 990-T** for this year? . . . . .

**79** Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement . . . . .

**80a** Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? . . . . .

**b** If "Yes," enter the name of the organization ▶ \_\_\_\_\_  
\_\_\_\_\_ and check whether it is  exempt or  nonexempt

**81a** Enter direct or indirect political expenditures (See line 81 instructions) . . . . 81a 0

**b** Did the organization file **Form 1120-POL** for this year? . . . . .

**76** No

**77** No

**78a** No

**78b**

**79** No

**80a** No

**81a**

**81b** No

Part VI Other Information (continued)

Yes No

82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?
82b If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)
83a Did the organization comply with the public inspection requirements for returns and exemption applications?
83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84a Did the organization solicit any contributions or gifts that were not tax deductible?
84b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?
85b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85c Dues assessments, and similar amounts from members
85d Section 162(e) lobbying and political expenditures
85e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?
85h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?
86 501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12
86b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) orgs. Enter a Gross income from members or shareholders
87b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)
88a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX
88b At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)? If yes complete Part XI
89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911, section 4912, and section 4955
89b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction
89c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
89d Enter Amount of tax on line 89c, above, reimbursed by the organization
89e All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter transaction?
89f All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract?
89g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?

90a List the states with which a copy of this return is filed
90b Number of employees employed in the pay period that includes March 12, 2007 (See instructions)

91a The books are in care of VERONIQUE KESSLER Telephone no (415) 839-6885
PO BOX 78350
Located at san francisco, CA ZIP + 4 94107

91b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
If "Yes," enter the name of the foreign country BE
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts



Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91c Yes No

If "Yes," enter the name of the foreign country

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year

92

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

Table with 5 columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include Program service revenue, DATA PROVIDER SERVICES, Medicare/Medicaid payments, etc.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Table with 2 columns: Line No., Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

Table with 5 columns: (A) Name, address, and EIN of corporation, partnership, or disregarded entity; (B) Percentage of ownership interest; (C) Nature of activities; (D) Total income; (E) End-of-year assets.

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

NOTE: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

**Part XI Information Regarding Transfers To and From Controlled Entities** Complete only if the organization is a controlling organization as defined in section 512(b)(13)

				Yes	No
<b>106</b> Did the reporting organization <b>make</b> any transfers <b>to</b> a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity					
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
<b>Totals</b>					

				Yes	No
<b>107</b> Did the reporting organization <b>receive</b> any transfers <b>from</b> a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity					
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
<b>Totals</b>					

		Yes	No
<b>108</b> Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?			

<b>Please Sign Here</b>	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.	
	Signature of officer	Date
	VERONIQUE KESSLER CFO Type or print name and title	2009-04-27

<b>Paid Preparer's Use Only</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W)
	Firm's name (or yours if self-employed), address, and ZIP + 4 KPMG LLP 55 Second Street 1400 San Francisco, CA 94105			EIN
				Phone no (415) 963-5100

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

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information—(See separate instructions.)**

OMB No 1545-0047

**2007**

**MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Department of the  
Treasury  
Internal Revenue  
Service

Name of the organization  
Wikimedia Foundation Inc

**Employer identification number**

20-0049703

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$50,000				

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individual or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services		

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individual or firms. If there are none, enter "None". See page 2 for instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
HOSTWAY CORPORATION 425 W RANDOLPH ST 8TH FLOOR CHICAGO, IL 60606	HOSTING Services	239,466
TIME WARNER TELECOM PO BOX 172567 DENVER, CO 80217	Hosting Services	93,876
X O COMMUNICATIONS 14239 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	HOSTING SERVICES	73,797
Total number of other contractors receiving over \$50,000 for other services		

**Part III Statements About Activities** (See page 2 of the instructions.)

**Yes No**

<p><b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, include any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶\$ _____(Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B )</p> <p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities</p>	<b>1</b>		No
<p><b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) 📄</p>	<b>2a</b>		No
<p><b>a</b> Sale, exchange, or leasing property?</p>	<b>2b</b>	Yes	
<p><b>b</b> Lending of money or other extension of credit?</p>	<b>2c</b>	Yes	
<p><b>c</b> Furnishing of goods, services, or facilities?</p>	<b>2d</b>	Yes	
<p><b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	<b>2e</b>		No
<p><b>e</b> Transfer of any part of its income or assets?</p> <p><b>3a</b> Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments )</p>	<b>3a</b>		No
<p><b>b</b> Did the organization have a section 403(b) annuity plan for its employees?</p>	<b>3b</b>		No
<p><b>c</b> Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement</p>	<b>3c</b>		No
<p><b>d</b> Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	<b>3d</b>		No
<p><b>4a</b> Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g</p>	<b>4a</b>		No
<p><b>b</b> Did the organization make any taxable distributions under section 4966?</p>	<b>4b</b>		No
<p><b>c</b> Did the organization make a distribution to a donor, donor advisor, or related person?</p>	<b>4c</b>		No
<p><b>d</b> Enter the total number of donor advised funds owned at the end of the tax year ▶ _____</p>			
<p><b>e</b> Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____</p>			
<p><b>f</b> Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ 0 _____</p>			
<p><b>g</b> Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ 0 _____</p>			

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions.)I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box )

- 5**  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6**  A school Section 170(b)(1)(A)(ii) (Also complete Part V )
- 7**  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8**  A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9**  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state**  \_\_\_\_\_
- 10**  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a**  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b**  A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12**  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 charitable, etc , 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) (Also complete the **Support Schedule** in Part IV-A )
- 13**  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization
- Type I     Type II     Type III - Functionally Integrated     Type III - Other

**Provide the following information about the supported organizations. (see page 7 of the instructions.)**

(a) Name(s) of supported organization(s)	(b) Employer identification number	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support?
			Yes	No	
<b>Total</b>					<input type="checkbox"/>

- 14**  An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions )

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12 ) **Use cash method of accounting.****Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants See line 28 )	2,254,787	1,312,722	348,326	70,126	3,985,961
<b>16</b> Membership fees received					0
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc , purpose	124,951	37,030	11,222		173,203
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	27,581	8,224	2,901		38,706
<b>19</b> Net income from unrelated business activities not included in line 18					0
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					0
<b>22</b> Other income Attach a schedule Do not include gain or (loss) from sale of capital assets	6,541	2,517	0	680	9,738
<b>23</b> Total of lines 15 through 22	2,413,860	1,360,493	362,449	70,806	4,207,608
<b>24</b> Line 23 minus line 17	2,288,909	1,323,463	351,227	70,806	4,034,405
<b>25</b> Enter 1% of line 23	24,139	13,605	3,624	708	
<b>26 Organizations described on lines 10 or 11:</b> <b>a</b> Enter 2% of amount in column (e), line 24					<b>26a</b> 80,688
<b>b</b> Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts					<b>26b</b> 253,229
<b>c</b> Total support for section 509(a)(1) test Enter line 24, column (e)					<b>26c</b> 4,034,405
<b>d</b> Add Amounts from column (e) for lines	18 38,706	19 0			<b>26d</b> 301,673
	22	26 b	253,229		
<b>e</b> Public support (line 26c minus line 26d total)					<b>26e</b> 3,732,732
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))					<b>26f</b> 92 52 %
<b>27 Organizations described on line 12:</b> <b>a</b> For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person " Do not file this list with your return. Enter the sum of such amounts for each year (2006) _____ (2005) _____ (2004) _____ (2003) _____					
<b>b</b> For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals ) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year (2006) _____ (2005) _____ (2004) _____ (2003) _____					
<b>c</b> Add Amounts from column (e) for lines	15 _____	16 _____			<b>27c</b> _____
	17 _____	20 _____	21 _____		
<b>d</b> Add Line 27a total _____ and line 27b total _____					<b>27d</b> _____
<b>e</b> Public support (line 27c total minus line 27d total)					<b>27e</b> _____
<b>f</b> Total support for section 509(a)(2) test Enter amount from line 23, column (e)					<b>27f</b> _____
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))					<b>27g</b> _____
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					<b>27h</b> _____
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15					

**Part V Private School Questionnaire** (See page 7 of the instructions.)  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

	Yes	No
<b>29</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	<b>29</b>	
<b>30</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	<b>30</b>	
<b>31</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement )	<b>31</b>	
_____		
_____		
<b>32</b> Does the organization maintain the following	<b>32a</b>	
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?	<b>32a</b>	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?	<b>32b</b>	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	<b>32c</b>	
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions?	<b>32d</b>	
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )		
_____		
<b>33</b> Does the organization discriminate by race in any way with respect to		
<b>a</b> Students' rights or privileges?	<b>33a</b>	
<b>b</b> Admissions policies?	<b>33b</b>	
<b>c</b> Employment of faculty or administrative staff?	<b>33c</b>	
<b>d</b> Scholarships or other financial assistance?	<b>33d</b>	
<b>e</b> Educational policies?	<b>33e</b>	
<b>f</b> Use of facilities?	<b>33f</b>	
<b>g</b> Athletic programs?	<b>33g</b>	
<b>h</b> Other extracurricular activities?	<b>33h</b>	
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )		
_____		
_____		
<b>34a</b> Does the organization receive any financial aid or assistance from a governmental agency?	<b>34a</b>	
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	<b>34b</b>	
<b>35</b> Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	<b>35</b>	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a**  if the organization belongs to an affiliated group Check **b**  if you checked "a" and "limited control" provisions apply

**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred )

**(a)**  
Affiliated group  
totals

**(b)**  
To be completed  
for all electing  
organizations

<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>	
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	
<b>39</b> Other exempt purpose expenditures	<b>39</b>	
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	
<b>41</b> Lobbying nontaxable amount Enter the amount from the following table— <b>If the amount on line 40 is—</b> <b>The lobbying nontaxable amount is—</b> Not over \$500,000                                      20% of the amount on line 40 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	<b>41</b>	
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	
<b>43</b> Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	<b>43</b>	0
<b>44</b> Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	<b>44</b>	0

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.

**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 45 through 50 on page 11 of the instructions )

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> Grassroots lobbying expenditures					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines **c** through **h**.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (Add lines **c** through **h**.)

Yes	No	Amount
	No	

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities



**Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 12 of the instructions.)

**51** Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

**a** Transfers from the reporting organization to a noncharitable exempt organization of

- (i)** Cash
- (ii)** Other assets

**b** Other transactions

- (i)** Sales or exchanges of assets with a noncharitable exempt organization
- (ii)** Purchases of assets from a noncharitable exempt organization
- (iii)** Rental of facilities, equipment, or other assets
- (iv)** Reimbursement arrangements
- (v)** Loans or loan guarantees
- (vi)** Performance of services or membership or fundraising solicitations

**c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees

**d** If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

	Yes	No
<b>51a(i)</b>		No
<b>a(ii)</b>		No
<b>b(i)</b>		No
<b>b(ii)</b>		No
<b>b(iii)</b>		No
<b>b(iv)</b>		No
<b>b(v)</b>		No
<b>b(vi)</b>		No
<b>c</b>		No

<b>(a)</b> Line no	<b>(b)</b> Amount involved	<b>(c)</b> Name of noncharitable exempt organization	<b>(d)</b> Description of transfers, transactions, and sharing arrangements

**52a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  Yes  No

**b** If "Yes," complete the following schedule

<b>(a)</b> Name of organization	<b>(b)</b> Type of organization	<b>(c)</b> Description of relationship











## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 20-0049703  
**Name:** Wikimedia Foundation Inc





### Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>a</b> INTERNET HOSTING	<b>43a</b>	537,204	537,204		
<b>b</b> OUTSIDE CONTRACT	<b>43b</b>	116,151	76,067	33,614	6,470
<b>c</b> BANK FEES	<b>43c</b>	70,791		3,540	67,251
<b>d</b> BUSINESS REGISTRATION COSTS	<b>43d</b>	40,542		40,542	
<b>e</b> RECRUITING	<b>43e</b>	45,047		45,047	
<b>f</b> STAFF MEETINGS AND DEVELOPMENT	<b>43f</b>	33,703	22,072	9,754	1,877
<b>g</b> PUBLIC RELATIONS	<b>43g</b>	39,389		6,302	33,087
<b>h</b> BUSINESS INSURANCE	<b>43h</b>	26,113	17,101	7,558	1,454
<b>i</b> DISPOSAL OF FIXED ASSETS	<b>43i</b>	17,481	17,481		
<b>j</b> BAD DEBTS, FINES, TAX	<b>43j</b>	2,642		2,642	
<b>k</b> FUNDRAISE FEES	<b>43k</b>	2,927			2,927
<b>l</b> MISCELLANEOUS	<b>43l</b>	3,533		3,533	
<b>m</b> OTHER EXPENSE	<b>43m</b>	14,979		11,229	3,750
<b>n</b> BOARD EXPENSES	<b>43n</b>	10,353		10,353	
<b>o</b> REIMBURSEMENT EXPENSES	<b>43o</b>	4,177		4,177	

**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
Sue Gardner  p o box 78350 San Francisco, CA 94107	Executive Director, WMF Staff 40 0	75,000	0	0
Erik Moeller  p o box 78350 San Francisco, CA 94107	Deputy Director, WMF Staff 40 0	0	0	0
Veronique Kessler  p o box 78350 San Francisco, CA 94107	CFO, COO, WMF Staff 40 0	0	0	0
mike Godwin  p o box 78350 San Francisco, CA 94107	general counsel, wmf staff 40 0	56,667	1,437	0
brion vibber  p o box 78350 San Francisco, CA 94107	key employee, wmf staff 40 0	62,473	1,503	4,500
michael snow  p o box 78350 San Francisco, CA 94107	chair, wmf board 10 0	0	0	0
jan bart de vrede  p o box 78350 San Francisco, CA 94107	vice chair, wmf board 10 0	0	0	0
domas mituzas  p o box 78350 San Francisco, CA 94107	executive secretary, wmf board 10 0	0	0	0
stu west  p o box 78350 San Francisco, CA 94107	treasurer, wmf board 10 0	0	0	0
jimmy wales  p o box 78350 San Francisco, CA 94107	member, wmf board 10 0	0	0	0

**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
Kat Walsh  p o box 78350 San Francisco, CA 94107	Member, WMF Board 10 0	0	0	0
Florence Devouard  p o box 78350 San Francisco, CA 94107	Chair, wmf board 10 0	0	0	0
michael Davis  p o box 78350 San Francisco, CA 94107	treasurer, wmf board 10 0	0	0	0
frieda brioschi  p o box 78350 San Francisco, CA 94107	member, wmf board 10 0	0	0	0

**Form 990, Part VI, Line 90a - List the states with which a copy of this return is filed:**

List the states with which a copy of this return is filed	AL, AK, AZ, AR, CA, CO, CT, FL, GA, 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
---	--

## TY 2007 Compensation Explanation

**Name:** Wikimedia Foundation Inc

**EIN:** 20-0049703

Person Name	Explanation
Sue Gardner	Sue Gardner was a management consultant from July 2007 to December 2007. Sue Gardner became executive director in December 2007. The compensation being reported is based on the form w 2 for calendar year 2007.
Erik Moeller	Erik Moeller was a board member until December 2007. Erik Moeller became deputy director in January 2008. The compensation being reported is based on the form w 2 for calendar year 2007.
Veronique Kessler	Veronique Kessler joined WMF staff in February 2008. The compensation being reported is based on the form w 2 for calendar year 2007.
mike Godwin	mike godwin joined w mf staff in july 2007. the compensation being reported is based on the form w 2 for calendar year 2007.
brion vibber	the compensation being reported is based on the form w 2 for calendar year 2007.
michael snow	michael snow was a w mf board member from february 2008. michael snow became w mf chair in july 2008.

Person Name	Explanation
domas mtuzas	domas mtuzas joined the w mf board in february 2008
stu west	stu west joined the WMF board in april 2008
Florence Devouard	FLorence Devouard was w mf board chair until july 2008
michael Davis	Michael Davis was w mf board treasurer until november 2007
frieda brioschi	Frieda Brioschi was a w mf board member until september 2008

# TY 2007 General Explanation Attachment

**Name:** Wikimedia Foundation Inc

**EIN:** 20-0049703

Identifier	Return Reference	Explanation
FIXED ASSETS	FORM 990, PART IV, LINE 57	END OF ASSET YEAR ----- FURNIT URE 35,016 LEASEHOLD IMPROVEMENTS 71,687 COMPUTER EQUIPMENT AND SOFTWARE 1,148,686 ----- TOTAL COST 1,255,389 LESS ACCUMULATED DEPRECIATION AND AMORTIZATION (734,282) ----- NET BOOK VALUE 521,107 =====



## TY 2007 Other Changes in Net Assets Schedule

**Name:** Wikimedia Foundation Inc

**EIN:** 20-0049703

Description	Amount
UNREALIZED LOSS ON INVESTMENTS	11,885

**TY 2007 Other Notes/Loans  
Receivable Short Schedule**

**Name:** Wikimedia Foundation Inc

**EIN:** 20-0049703

Category/Name	Amount
WIKIA, INC.	0

## TY 2007 Other Income Schedule

**Name:** Wikimedia Foundation Inc

**EIN:** 20-0049703

Description	2006	2005	2004	2003	Total
OTHER INCOME	6,541	2,517		680	9,738

**TY 2007 Self Dealing Statement****Name:** Wikimedia Foundation Inc**EIN:** 20-0049703

<b>Line Number</b>	<b>Explanation</b>
2b	IN THE PRIOR YEAR, THE FOUNDATION HAS AN ACCOUNTS RECEIVABLE FROM WIKIA, INC FOR SHARED INTERNET HOSTING COSTS. JIMMY WALES, A BOARD MEMBER OF WIKIMEDIA FOUNDATION IS ALSO A BOARD MEMBER OF WIKIA, INC. DURING THE CURRENT YEAR THE \$6,000 PAYMENT WAS RECEIVED.
2c	THE FOUNDATION SHARED HOSTING AND BANDWIDTH COSTS THROUGH DECEMBER 31, 2007 WITH WIKIA, INC. WIKIA, INC. REIMBURSED THE FOUNDATION \$5,000 DURING THE FISCAL YEAR WHICH REPRESENTED THE FAIR VALUE OF THE SHARED COSTS AND HAS BEEN RECORDED AS AN OFFSET TO THE FOUNDATION'S INTERNET HOSTING EXPENSE. JIMMY WALES, A WIKIMEDIA FOUNDATION BOARD MEMBER, IS ALSO A BOARD MEMBER OF WIKIA, INC.
2d	SEE FORM 990 PART V

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

## TY 2007 Supplemental Support Schedule

**Name:** Wikimedia Foundation Inc

**EIN:** 20-0049703

Year	Gifts, Grants and Contributions Received	Membership Fees Received	Gross Receipts From Admissions, Etc.	Gross Investment Income And Post 1975UBI	Net UBI Pre 1975	Tax Revenues Levied For Organization's Benefit	Value Of Services, Facilities Furnished By Government	Other Income	Total
2006	2,254,787		124,951	27,581				6,541	2,413,860
2005	1,312,722		37,030	8,224				2,517	1,360,493
2004	348,326		11,222	2,901					362,449
2003	70,126							680	70,806

# Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2007, or tax year beginning 07/01, 2007, and ending 06/30, 2008

# 2007

Department of the Treasury  
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

▶ See instructions on back.

Name of exempt organization

Employer identification number

WIKIMEDIA FOUNDATION, INC.

20-0049703

## Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8453-EO and enter the applicable amount from the return, if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I

1a Form 990 check here	▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, line 12)	1b	<u>6,739,370.</u>
2a Form 990-EZ check here	▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	

## Part II Declaration of Officer

6  I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies)

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2007 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund

Sign Here

*Veronica Kessler*  
Signature of officer

4/27/09  
Date

CFO  
Title

## Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub 4163, Modernized e-File (MeF) Information for Authorized e-file Providers. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature	▶ <u><i>Valerie J. Ball</i></u>	Date	<u>4/30/09</u>	Check if also paid preparer	<input checked="" type="checkbox"/>	Check if self-employed	<input type="checkbox"/>	ERO's SSN or PTIN	<u>P00178114</u>
	Firm's name (or yours if self-employed), address, and ZIP code	<u>KPMG LLP</u>			<u>55 SECOND STREET, #1400</u>		<u>SAN FRANCISCO CA 94105</u>		<u>EIN 13-5565207</u>	
										Phone no. <u>415-963-5100</u>

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer's Use Only	Preparer's signature	▶	Date		Check if self-employed	<input type="checkbox"/>	Preparer's SSN or PTIN		
	Firm's name (or yours if self-employed), address, and ZIP code						<u>EIN</u>		

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

Department of the Treasury  
Internal Revenue Service

► File a separate application for each return.

- 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.**

## 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

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

<b>Type or print</b>  File by the due date for filing your return. See instructions	Name of Exempt Organization <b>WIKIMEDIA FOUNDATION INC.</b>	Employer identification number <b>20-0049703</b>
	Number, street, and room or suite no. If a P O box, see instructions. <b>39 STILLMAN STREET</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>SAN FRANCISCO, CA 94105</b>	

Check type of return to be filed (file a separate application for each return):

- |  |  |                                    |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)     | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                             | <input type="checkbox"/> Form 8870 |

• The books are in the care of ► VERONIQUE KESSLER

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 will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/15, 2009, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year \_\_\_\_\_ or
- tax year beginning 07/01, 2007, and ending 06/30, 2008

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

<b>3a</b> 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.	<b>3a</b>	\$	NONE
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	NONE
<b>c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	<b>3c</b>	\$	NONE

**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. You must file original and one copy**

Type or print  File by the extended due date for filing the return See instructions	Name of Exempt Organization <b>WIKIMEDIA FOUNDATION, INC.</b>	Employer identification number <b>20-0049703</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>P. O. BOX 78350</b>	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions <b>SAN FRANCISCO, CA 94105</b>	

Check type of return to be filed (File a separate application for each return)

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

**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  **VERONIQUE KESSLER**  
 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 **05/15/2009**
- 5 For calendar year , or other tax year beginning **07/01/2007** and ending **06/30/2008**
- 6 If this tax year 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 \$ <b>NONE</b>
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 \$ <b>NONE</b>
8c <b>Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c \$ <b>NONE</b>

**Signature and Verification**

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

Signature  **KPMG LLP**  
**55 SECOND STREET, #1400**  
**SAN FRANCISCO, CA 94105**

Title  \_\_\_\_\_ Date  \_\_\_\_\_