Form 990

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

Open to Public Inspection

Department of the Treasury ► The organization may have to use a copy of this return to satisfy state reporting requirements. Internal Revenue Service 07/01 , 2009, and ending 06/30,20 10 A For the 2009 calendar year, or tax year beginning D Employer identification number C Name of organization WIKIMEDIA FOUNDATION, INC. B Check if applicable: Please use IRS 20-0049703 Doing Business As label or E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite print of Name change type. (415) 839-6885 149 NEW MONTGOMERY, 3RD FLOOR Initial return Specific City or town, state or country, and ZIP + 4 Instruc-G Gross receipts \$ 16,508,344. Amended SAN FRANCISCO, CA 94105 H(a) Is this a group return for Yes X No Application pending F Name and address of principal officer: VERONIOUE KESSLER NEW MONTGOMERY, 3RD FLOOR SAN FRANCISCO, CA 94105 H(b) Are all affiliates included? No If "No," attach a list. (see instructions) 4947(a)(1) or X 501(c) (3) ◀ (insert no.) H(c) Group exemption number Website: ► WWW.WIKIMEDIAFOUNDATION.ORG L Year of formation: 2003 M State of legal domicile: FLX | Corporation Trust Association Type of organization: Summary Part I Briefly describe the organization's mission or most significant activities: THE WIKIMEDIA FOUNDATION SUPPORTS WIKIPEDIA AND EIGHT OTHER WIKI-BASED PROJECTS DESIGNED TO ENABLE PEOPLE AROUND THE WORLD TO COLLABORATIVELY Governance DEVELOP EDUCATIONAL MATERIALS FOR THE BENEFIT OF ALL. 2 Check this box \blacktriangleright if the organization discontinued its operations or disposed of more than 25% of its assets. 10 Number of voting members of the governing body (Part VI, line 1a) 10 4 Number of independent voting members of the governing body (Part VI, line 1b) 36 5 Total number of employees (Part V, line 2a) 100,000 6 Total number of volunteers (estimate if necessary) Ω l7a 7a Total gross unrelated business revenue from Part VIII, line 12, column (C) 0. b Net unrelated business taxable income from Form 990-T, line 34 Prior Year **Current Year** 7,664,458. 15,226,464. Contribution and grants (Part VIII, line 1h) COPY FOR Revenue 422,906. 1,149,842. Program service revenue (Part VIII, line 2g) **PUBLIC INSPECTION** 9,270. 17,954. 10 investment income (Part VIII, column (A), lines 3, 4, and 7d) -130,710.31,917. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) $8,137,\overline{235}$. 16,254,866. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 17,709. 383,083. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0, Benefits paid to or for members (Part IX, column (A), line 4) 14 3,303,543. 2,073,313. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 16 a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses, Part IX, column (D), line 25) ▶__1,359,770. 6,255,225. 2,992,613. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 9,941,851. 5,083,635. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 6,313,015. 3,053,600. Beginning of Year End of Year 200 15,425,177. 8,602,135. Total assets (Part X, line 16) 882,446. 370,368. Total liabilities (Part X, line 26) 21 14,542,731. 8,231,767. 22 Net assets or fund balances. Subtract line 21 from line 20 . . . Signature Block Part II 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

Preparer's 13-5565207 Firm's name (or yours if self-employed), address, and ZIP + 4 55 SECOND ST EIN 415-963-5100 Phone no. 55 SECOND STREET, #1400 SAN FRANCISCO, CA 94105 May the IRS discuss this return with the preparer shown above? (See instructions)

Form **990** (2009)

Yes

Preparer's identifying number

(see instructions)

Check if

employed

2341015

Date

4/1/11

9E1065 1.000

Paid

Here

Signature of officer

Preparer's

signature

Type or print name an

cronique

Part	IV Checklist of Required Schedules	—Т		
	The second of th		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	.	,,	
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_		
	candidates for public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		_X_
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	_		
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D. Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	-	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		<u>X</u>
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D. Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If" Yes,"complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	_11_	Х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI.			
•	Did the organization report an amount for investments—other-securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"	4.0	77	
	complete Schedule D, Parts XI, XII, and XIII.	12	X	
12 A	Was the organization included in consolidated, independent audited financial statement for the tax year?			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	40		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	<u> </u>
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	_ ^	-
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	11h	X	
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	Λ	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	15	X	
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		-
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	10	Х	
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	 ^	-
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	17		X
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	+	1 1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	18		X
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	10	 	1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	19		Х
	If "Yes," complete Schedule G, Part III	20		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	1 20		

Part	Checklist of Required Schedules (continued)		V 1	Na
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations		Yes	No
22	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants and other assistance to individuals in the	21	Х	
22	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
2.0	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	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? If "Yes," answer lines	24-		Х
	24b through 24d and complete Schedule K. If "No," go to question 25	24a 24b	-	Λ
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24c		
	to defease any tax-exempt bonds?	24d		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	2-70		
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? If "Yes," complete Schedule L, Part I	25a		Х
_	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
b	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
26	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
21	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes "complete Schedule L. Part III	27	ļ	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):		ļ	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	201		
	Schedule L. Part IV	28b	╁─~	X,
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,	200		X
	Part IV	28c	Х	1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	25	1 2	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	30		X
	conservation contributions? If "Yes," complete Schedule M	"	T	
31	Part I	31		X
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
32	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	Ì		
33	sections 301 7701-2 and 301.7701-3? If "Yes." complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
04	III IV and V. line 1	34	<u> </u>	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R. Part V. line 2	35	<u> </u>	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	İ		1,7
	organization? If "Yes "complete Schedule R. Part V, line 2	36	+	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	İ		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	27		X
	Part VI	3/	+	1 A
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	38) ×	
	19? Note. All Form 990 filers are required to complete Schedule O			(2009

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
L	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
D	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
		1c	Х	1.4074,001.001.00
	gaming (gambling) winnings to prize winners?			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by the rotating.	2b	Х	Parameter States
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	20	- 25	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see			
	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a		_X_
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a	Х	60000000000000000
b	If "Yes," enter the name of the foreign country: ► <u>ATTACHMENT 5</u>			
	See the Instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
h	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
·	Prohibited Tax Shelter Transaction?	5c		
62	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
va	organization solicit any contributions that were not tax deductible?	6a		X
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
ь	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7a		Х
L	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
D	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
С	required to file Form 8282?	7c		Х
_				
a	Il 165, indicate the number of Forms 0202 med during the year.	1		
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	7e	266363686	Х
_	benefit contract?	7f		X
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	19	-	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	7h		
	required?			
8	Sponsoring organizations maintaining donor davisor range and service and servi			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	8		111111111111111111111111111111111111111
	organization, have excess business holdings at any time during the year?			
9	Sponsoring organizations maintaining donor advised funds.	9a		
а	Did the organization make any taxable distributions under section 4966?	9b		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	90		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
а	Illitation loco and outsite contribution in total contribution in the contribution in			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	- 1		100
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	10-		
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	J	000	(2009)
		rorm	JJU	(ZUU9)

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.

<u>Sect</u>	ion A. Governing Body and Management	Т	V	N1-
	l . l		Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	_]		37
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
•	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
U	the year by the following:			
а	The governing body?	8a	Х	ļ
a b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	La these any efficient director, trucken or key employee listed in Part VII. Section A, who cannot be reached at			
IJ	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		X
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal			
Revi	enue Code.)			
1100	Siluo Coucij		Yes	No
10-	Does the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,		ŀ	
b	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
44	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
11	form?	11	X	<u> </u>
44 4	of the state of th			
11A	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
12a	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
a	rise to conflicts?	12b	Х	
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
C	describe in Schedule O how this is done	12c	Х	
40	Does the organization have a written whistleblower policy?	13	Х	
13	Does the organization have a written document retention and destruction policy?	14		X
14	Did the process for determining compensation of the following persons include a review and approval by			
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	X	
a	Other officers or key employees of the organization	15b		Х
b	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
	But the state of the second to accept to an articipate in a joint venture or similar arrangement			
16a	with a taxable entity during the year?	16a		Х
	the state of the s			
b	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			<u>L</u> _
	the organization's exempt status with respect to such arrangements?	16b		
800	the organization's exempt status with respect to such arrangements?		-	
-				
17		ν) 		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only	7 /		
	available for public inspection. Indicate how you make these available. Check all that apply. X			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interes			
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: VERONIQUE KESSLER 149 NEW MONTGOMERY, 3RD FLOOR SAN FRANCISCO, CA	941	05	
	organization: VERONIQUE RESSLER 149 NEW MONIGOMERI, SRD FROOK SAN FININGESSO, SEPTEMBER 145 NEW MONIGOMERICAN SEPTEMBER 145 NEW MONIGOMERICAN SEPTEMBER 145 NEW MONIGOMERICAN SEPTEMBER 145 NEW MONIGOMERICAN SEPTEMBER 145 NEW MONIGOMERICAN SEPTEMBER 145 NEW MONIGOMERICAN SEPTEMBER 145 NEW MONIGOMERICAN SEPTEMBER 145 NEW MONIGOMERICAN SEPTEMBER 145 NEW MONIGOMERICAN SEPTEMBER 145 NEW MONIGOMERICAN SEPTEMBER 145 NEW MONIGOMERICAN SEPTEMBER 145 NEW MONIGOMERICAN SEPTEMBER 145 NEW MONIGOMERICAN SEPTEMBER 145 NEW MONIGOMERICAN SEPTEMBE			
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. 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.

(A) Name and Title	(B) Average	Positi	ion (ch	(C		hat appl	ly)	(D) Reportable	(E) Reportable	(F) Estimated
Name and The	hours per week	Individual trustee or director		Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
MICHAEL SNOW (THROUGH JULY 2010)										0
CHAIR	10.00	Х		Х				0.	0.	0.
JAN-BART DE VREEDE						i.				^
VICE-CHAIR	10.00	X		Х				0.	0	0.
STU WEST								_		_
TREASURER	10.00	Х		Χ			<u> </u>	0.	. 0	0.
DOMAS MITUZAS (THROUGH JULY 2009)										_
EXECUTIVE SECRETARY	10.00	X		Χ		<u> </u>	<u> </u>	0.	. 0	0.
JIMMY WALES										
TRUSTEE (FOUNDER)	10.00	X						0.	. 0	0.
TING CHEN						İ				
TRUSTEE	10.00	X			L		_	0	. 0	0.
BISHAKHA DATTA										
TRUSTEE	10.00	X				<u> </u>		0	. 0	0.
MATT HALPRIN		-				1		_		
TRUSTEE	10.00	X		<u></u>			<u> </u>	0	. 0	0.
SAMUEL KLEIN (SINCE 08/2009)	_									
EXECUTIVE SECRETARY	10.00	X		Х		_	\perp	0	. 0	0.
ARNE KLEMPERT		-								
TRUSTEE	10.00	Х	<u>.</u>				<u> </u>	0	. 0	0.
KAT WALSH		1		1		1				
TRUSTEE	10.00	X		<u> </u>	<u> </u>		ļ_	0	. 0	0.
SUE GARDNER				ì		İ				17 600
EXECUTIVE DIRECTOR	40.00		┷	X	_		\perp	222,550	. 0	17,609.
VERONIQUE KESSLER										11 270
CFOO	40.00	ļ	_	Х	1			124,574	. 0	11,270.
MIKE GODWIN	_							104.504		0.025
GENERAL COUNSEL	40.00	<u> </u>		<u>_</u>	\perp	X	-	124,184	. 0	9,025.
			\perp	-	1		1			
	_			1						
						1	\perp			<u> </u>

Form **990** (2009)

37135U 1561 4/5/2011

Part VII Section A. Officers, Directors, Tru	stees, Ke	y En	ıplo			and	Hig	f .		/ees(co	
(A)	(B)			. (0	•			(D)	(E) Reportable		(F) Estimated
Name and title	Average hours per week	Individual trustee or director	nstitutional trustee	Officer	Key employee	ਸ਼ੇ Highest compensated a employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	compensat from relate organizatic (W-2/1099-M	ion ed ons	amount of other compensation from the organization and related organizations
	- 11										
				4							
1b Total		l	<u> </u>	<u> </u>	_		▶	471,308.		0.	37,90
Total number of individuals (including but not lin reportable compensation from the organization	ited to tho	se list	ed a	bov	e) v	vho re				uted.	Yes N
employee on line 1a? If "Yes," complete Sched	ule J for su	ch inc	livid	ual							3
4 For any individual listed on line 1a, is the the organization and related organizations individual	greater t	nan 🛭	3150	0,00	0?	If "Y	es,	" complete Sched	dule J for s	uch	4 X
5 Did any person listed on line 1a receive services rendered to the organization? If "Yes,"	e or acci	ue c	omp	ens	satio	n fr	om <i>rso</i> i	any unrelated on	organization	for	5
Section B. Independent Contractors											
1 Complete this table for your five highest compensation from the organization.	compensa	ted in	ndep	oeno	dent	con	trac	ctors that receive	d more tha	n \$10	0,000 of
(A) Name and business add	ress							(B) Description of se	rvices		(C) Compensation
ATTACHMENT 7											· · ·
							-	- 100 4040			
2 Total number of independent contractors (in	ncludina h	ut no	t lir	nite	d t	o tho	se	listed above) who	received		
more than \$100,000 in compensation from the	e organiza	tion	<u> </u>			3					Form 990 (20

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	990 (200					20-0049703		Page
ari	VIII	Statement of Revenu	l e		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta under sections 512, 513, or 514
ر (1a	Federated campaigns	1a					
and other similar amounts	b	Membership dues	امدا					
, E	С	Fundraising events						
ara	d	Related organizations	1d					
Ē	e	Government grants (contribution	ns) <u>1e</u>					
ers	f	All other contributions, gifts, grants,						
븅		and similar amounts not included about		15,226,464.				
and		Noncash contributions included in lin Total. Add lines 1a-1f	nes 1a-1f: \$	253,477.	15,226,464.			
	<u>h</u>	Total. Add lines ta-11	<u> </u>	Business Code	15/220/1011			
en (2a	LICENSING FEES		518210	1,004,315.	1,004,315.		
§	za b	DATA PROVIDER SERVICES		518210	130,667.	130,667.	· · · · · · · · · · · · · · · · · · ·	<u></u>
Program Service Revenue		WIKIMANIA CONFERENCE		611600	14,860.	14,860.		
šer	d							
E S	е							
ogra	f	All other program service reven	ue					
Ţ	g	Total. Add lines 2a-2f	<u> </u>		1,149,842.			
	3	Investment income (including dinother similar amounts) $^{ m AT}$	TACHMENT	8 ▶	11,205.			11,20
	4	Income from investment of tax-	exempt bond pro	oceeds	0.			9
	5	Royalties · · · · · · · · ·	(i) Real	(ii) Personal	997.			9
		-	(I) Neal	(ii) i eraoriai				
	6a	Gross Rents				486		
	b	Less: rental expenses						
	d	Rental income or (loss) L Net rental income or (loss)	(i) Securities	(ii) Other	0.			
	7a	Gross amount from sales of	251,543			estation and the second	100	
	١.	assets other than inventory	231,343	1			100	
	b	Less: cost or other basis and sales expenses	253,478					
	c	Gain or (loss)						
	d	Net gain or (loss)		. <u></u>	-1,935.			-1,9
<u>Φ</u>	8a		ndraising					
enne		events (not including \$						
ě		of contributions reported on line	e 1c).					
Ř		See Part IV, line 18		1				
Other Reve	b	Less: direct expenses	b		0,			
ō	C	Net income or (loss) from funda			0.			
	9a	Gross income from gaming act See Part IV, line 19						
	b	Less: direct expenses						
	C		ing activities		0.			
	10a	Gross sales of inventor						
		returns and allowances	•	1				
	b							
	С	Net income or (loss) from sales Miscellaneous Revenu		Business Code	0.			
	-		10		-162,540			-162,5
	11a	FOREIGN EXCHANGE LOSS		900099	5,250			5,2
	b	SPEAKER FEES		900099	20,000			20,0
	C			900099	5,583			5,5
	d	Total. Add lines 11a-11d			-131,707			
	12	Total Revenue. See instruction	ns				. 0	-121,4

Part IX Statement of Functional Expenses

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

	All other organizations must complete		ot required to complet	e columns (B), (C), and	d (D).
	not include amounts reported on lines 6b, 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 U.S. See Part IV, line 21	5,500.	5,500.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0.			
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	377,583.	377,583.		
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors, trustees, and key employees	346,800.	95,502.	196,344.	54,954.
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	2,421,415.	1,706,723.	274,897.	439,795.
8	Pension plan contributions (include section 401(k)				
,	and section 403(b) employer contributions)	0.	001 501	26 171	E7 0 <i>6</i> 0
9	Other employee benefits	318,630.	224,591.	36,171.	57,868. 38,790.
10	Payroll taxes	216,698.	142,291.	35,617.	30,130.
11	Fees for services (non-employees):				•
	Management	148,065.	133,259.	7,403.	7,403.
	Legal	52,813.	34,857.	8,450.	9,506.
	: Accounting	0.	54,037.	0,100.	
	Lobbying	0.			
	Professional fundraising services. See Part IV, line 17	0.			
	f Investment management fees	2,382,489.	2,112,982.	154,703.	114,804.
	Other	0.			
12 13	Office expenses	756,870.	489,120.	134,681.	133,069
14	Information technology	1,119,944.	1,098,442.	10,119.	11,383
15	Royalties	0.			
16	Occupancy	318,541.	210,237.	50,967.	57,337
17	Travel	460,592.	287,109.	121,872.	51,611
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	15,299.	15,299.		<u> </u>
20	Interest	0.			
21	Payments to affiliates	0.	471 007	26,217.	26,217
22	Depreciation, depletion, and amortization	524,341.	471,907.	7,615.	20,211
23	Insurance	7,615.		7,010.	
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)				311,564
	a PAYPAL FEES	311,564.	11 671	4 500	10,670
	b ASSET DISPOSITION	26,849.	11,671.	4,508. 4,180.	4,703
	c LOSS ON SUBLEASE	26,125.	17,242.	4,100.	19,729
	d RETURN OF RESTRICTED DONATIO	19,729. 58,304.	58,304.		207,100
	e COMMISSION ON LICENSING FEES	26,085.	11,337.	4,381.	10,367
	f All other expenses Add lines 1 through 24f	9,941,851.	7,503,956.	1,078,125.	1,359,770
<u>25</u> 26	16 5 11 mm m	3,311,001.	.,,		Form 990 (2009

	990 (2		1-0049703		Page II
Pai	rt X	Balance Sheet	(A)		(B)
			Beginning of year		End of year
\neg	1	Cash - non-interest-bearing	5,893,963.	1	4,664,679.
Ì	2	Savings and temporary cash investments	349,508.	2	2,512,698.
	3	Pledges and grants receivable, net	1,300,000.	3	500,000.
	4	Accounts receivable, net	72,589.	4	353,375.
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of			
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete	:		
		Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
SS	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	186,489.	9	463,537.
	10 a	Land, buildings, and equipment: cost or 10a 2,803,528.			
		other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b 1,609,948.	799,586.	10c	1,193,580.
	11	Investments - publicly traded securities	0.	11	1,699,832.
	12	Investments - other securities. See Part IV, line 11	0.		3,839,755.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	197,721.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	8,602,135.	16	15,425,177.
	17	Accounts payable and accrued expenses	264,368.	17	732,710.
	18	Grants payable	*******	18	
	19	Deferred revenue	106,000.	19	139,236.
	20	Tax-exempt bond liabilities		20	
တ္လ	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key			
abi		employees, highest compensated employees, and disqualified			
=		persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	10,500.
	26	Total liabilities. Add lines 17 through 25	370,368.	26	882,446.
		Organizations that follow SFAS 117, check here			
nces		complete lines 27 through 29, and lines 33 and 34.	6,164,309.	27	13,876,828.
an	27	Unrestricted net assets	2,067,458.	28	665,903.
Ba	28	Temporarily restricted net assets	2,007,430.	29	003,303.
nd	29	Permanently restricted net assets		29	
Net Assets or Fund Bala		Organizations that do not follow SFAS 117, check here and complete lines 30 through 34.			
0 0	30	Capital stock or trust principal, or current funds		30	
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	8,231,767.	33	14,542,731.
	34	Total liabilities and net assets/fund balances	8,602,135.	34	15,425,177.
					Form 990 (2009)

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Pa	rt XI Financial Statements and Reporting		Yes	No
			res	140
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.		1	
2a	and the state of t	2a		Х
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
С	the guidit review or compilation of its financial statements and selection of an independent accountant?	2c	Х	
	the addit, review, or complication of its interioral statements and selection of the interioral statements	-20		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.		1	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	1		
	issued on a consolidated basis, separate basis, or both:			
	X Separate basis Consolidated basis 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			1
	the Single Audit Act and OMB Circular A-133?	3a		X
h	to the state of th			
b	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo duch addition		990	(2009)

SCHEDULE A (Form 990 or 990-EZ)

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.

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

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

MIKIME	DIA EUINDI	ATION, INC.							20-004	19703
Part I	Reason for	r Public Charit	y Status (All organiz	ations mu	st comple	te this pa	art.) See	instructi	ions.	
The organ	reason re	a private foundati	on because it is: (For l	ines 1 throu	ah 11, che	ck only on	e box.)			
1	A church cor	vention of church	nes, or association of c	hurches de	scribed in	section	170(b)(1)	(A)(i).		
	A cohool dos	cribed in section	170(b)(1)(A)(ii). (Atta	ch Schedu	e E.)					
2	A scriour des	e econorative be	spital service organizat	ion describ	edin sec	tion 170(b	5)(1)(A)(ii	i).		
3	A nospital of	a cooperative no	ation operated in con	iunction w	ith a hosn	ital descr	ihed in	section '	170(b)(1)(A)(iii). Enter the
4				junction w	itii a noop	itai accoi	1000	••••		7. 7
	nospital's na	me, city, and stat	e: the benefit of a colle		oreity own	ed or on	erated h	v a gover	nmental	unit described in
5				age or univ	ersity Own	ied of op	Grated b	y a govo.	minorman	
	section 170(b)(1)(A)(iv). (Co	mplete Part II.)	1	hadle a	aation 171	1/b\/4\/A\	. ΛΛ		
6	A federal, sta	ite, or local gover	nment or governmenta	i unit descr	beam s	ection in)(D)(1)(A)	tol unit	or from th	ne general nublic
7 X	An organizat	ion that normally	y receives a substanti	al part of I	ts support	nom a g	overnitei	itai uini	OI HOITI U	io general public
	described in	section 170(b)(1)(A)(vi). (Complete Pa	art II.)	1.4. 0-4	11. \				
8	A community	trust described in	n section 170(b)(1)(A	.)(vi). (Con	npiete Part	II.)		utlana m	omborobir	o foot and gross
9	An organizat	ion that normally	y receives: (1) more t	han 33 1/3 9	% of its sup	port from	ı contribt	ulions, m	embersuik	on 22 4/2% of ite
	receipts from	n activities relate	ed to its exempt fund	tions - sub	ject to ce	rtain exce	eptions, a	and (2) 11	o more u	from huginoscop
	support from	n gross investm	ent income and unr	elated bus	iness taxa	ble incom	ie (iess	section	on lax)	HOTH DUSINESSES
	acquired by	the organization	after June 30, 1975.	See sectio r	509(a)(2).	(Comple	te Part II	1.)		
10	An organizat	ion organized and	d operated exclusively	to test for p	ublic safety	. See s	ection 50	9(a)(4).	e	to same out the
11	An organiza	tion organized a	and operated exclusiv	ely for the	e benefit (ot, to per	torm the	tunction	IS OT, OF	VOV. Contion
	purposes of	one or more pu	iblicly supported orga	nizations d	escribed in	n section	509(a)(1) or secti	ion busta	(2). See section
	509(a)(3). C	heck the box tha	t describes the type of	f supporting	organizat	ion and co	omplete	lines 11e	through	ITII.
	a Type	el b	Type II c	T.ype	e III - Funct	ionally inte	egrated			pe III - Other
е	By checking	this box, I cer	tify that the organiza	ation is no	t controlled	d directly	or indi	rectly by	one or	more disqualified
	persons other	er than foundatio	on managers and other	er than one	or more	publicly s	upported	organiza	itions de	scribed in section
	509(a)(1) or	section 509(a)(2	.).						- "	
f	If the organ	ization received	a written determinati	on from t	ne IRS tha	t it is a	Type I, T	ype II, or	· Type III	supporting
	organization	, check this box								
g	Since Augus	t 17, 2006, has th	ne organization accepte	ed any gift o	or contributi	on from a	ny of the			
	following per	sons?							,	[] <u></u>
	(i) A perso	ón who directly	or indirectly controls,	either alc	ne or toge	ether with	person	s describ	ed in (ii)	Yes No
	and (iii)	below, the gove	rning body of the supp	orted orga	nization?					11g(i)
	(ii) A family	member of a per	rson described in (i) ab	ove?						11g(ii)
	(iii) A 35%	controlled entity o	of a person described in	า (i) or (ii) al	oove?					11g(iii)
h	Provide the	following informat	tion about the supporte	d organizat	ion(s).					
(i) Name	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Did yo	ou notify	(vi) i organizat	s the	(vii) Amount of support
org	anization		(described on lines 1-9 above or IRC section	in col. (i) lis governing o	ted in your focument?	the organicol. (i)	ızatıon in of vour	(i) organizat		Support
			(see instructions))	govorimig		supp		`´ U.	S.?	
				Yes	No	Yes	No	Yes	No	
									-	
									-	
				 					 	
T-4-1										

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

Schedule A (Form 990 or 990-EZ) 2009

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Sched	ule A (Form 990 or 990-EZ) 2009			20-	-0049703		Page 2
Par		ganizations D ked the box or	escribed in S n line 5, 7, or 8	ections 170(b of Part I.)	o)(1)(A)(iv) ar	nd 170(b)(1)(A	v)(vi)
Sec	tion A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,357,614.	2,280,787.	6,533,539.	7,664,458.	15,226,464.	33,062,862.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	1,357,614.	2,280,787.	6,533,539.	7,664,458.	15,226,464.	33,062,862.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f))					<u>5,343,331.</u>
6	Public support. Subtract line 5 from line 4.						27,719,531.
Sec	tion B. Total Support						
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	1,357,614.	2,280,787.	6,533,539.	7,664,458.	15,226,464.	33,062,862.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8,224.	27,581.	33,382.	32,534.	12,202.	113,923.
9	Net income from unrelated business activities, whether or not the business is regularly carried on		,				
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . ATCH. 1	2,517.	6,541.	72,246.	30,417.	-131,707.	-19,986. 33,156,799.
11	Total support. Add lines 7 through 10					40	
12	Gross receipts from related activities, etc. (se	ee instructions) .				12	1,798,853.
13	First five years. If the Form 990 is f organization, check this box and stop here			nd, third, fourth,	or fifth tax ye	ar as a section	501(c)(3) ▶
	tion C. Computation of Public Sup	<u></u>		I (f))		14	83.60%
14	Public support percentage for 2009 (line					15	77.62 %
15	Public support percentage from 2008 S 33 1/3 % support test - 2009. If the co			hov on line 13			
108	this box and stop here . The organization	on qualifies as a	nublick suppo	rted organizatio	n	700 170 70 07 1110	X
h	33 1/3 % support test - 2008. If the	organization die	I not check a h	ox on line 13	or 16a, and line	e 15 is 33 1/3 %	or more,
, i	check this box and stop here . The org	anization qualifi	es as a publicly	supported orga	nization		▶ □
17a	10%-facts-and-circumstances test - 2	2009. If the ora	anization did not	t check a box or	line 13, 16a o	r 16b, and line 1	14 is 10%
	or more, and if the organization m	eets the "facts	-and-circumstan	ces" test, chec	k this box an	d stop here. E	Explain in
	Part IV how the organization meets	the "facts-and-o	circumstances" t	est. The organi	zation qualifies	as a publicly s	supported
b	organization	2008. If the organization meets	ganization did r s the "facts-and	not check a box d-circumstances	on line 13, 16 " test, check t	a, 16b, or 17a, his box and s t	, and line top here.
	Explain in Part IV how the organization supported organization						
18	Private foundation. If the organization	on did not ched	ck a box on lin	e 13, 16a, 16b	, 17a, or 17b,	check this box	and see
	instructions					Schedule A (Form 9	90 or 990-EZ) 2009

	ion A. Public Support lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions, and	(=, ====	(-,	.,,,			
	membership fees received. (Do not include						
	any "unusual grants.")						
	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
}	Gross receipts from activities that are not an						
	unrelated trade or business under section 513			-			
ļ	Tax revenues levied for the organization's						
	benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
3	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13						
	for the year						
С	Add lines 7a and 7b						
3	Public support (Subtract line 7c from						
	line 6.)						L
ec	tion B. Total Support						
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Tota
9) a	Amounts from line 6						
	sources		<u> </u>				
D	Unrelated business taxable income (less						
	section 511 taxés) from businesses				,		
	acquired after June 30, 1975					 	
Ç	Add lines 10a and 10b			-			
1	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
2	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)		 			 	
3	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
4	First five years. If the Form 990 is for	the organization	n's first, second	, third, fourth, c	or fifth tax year	as a section 501	(c)(3)
	organization, check this box and stop here				<u></u> .		<u> ▶</u>
ec	tion C. Computation of Public Sup						
5	Public support percentage for 2009 (line 8, co			n (f))		15	
6	Public support percentage from 2008 Schedu						
	tion D. Computation of Investmen						
	Investment income percentage for 2009 (lin			3, column (f))		17	
7 Ω	Investment income percentage for 2009 (in					'	.,
8 ^ -	33 1/3 % support tests - 2009. If the o	ranization did	not check the h	ox on line 14 a	nd line 15 is mo	ore than 331/3 %	and line
у а	35 1/3 % support tests - 2009. If the 0	ryanization did	on hore The	ranization audit	ige se a nubliclu	supported organ	nization >
	17 is not more than 33 1/3 %, check the	ns box and st	op nere. The O	yanızalıvı qualili 	100 as a publicly	ie more than 224	/3 % and
	33 1/3 % support tests - 2008. If the org	anization did no	or check a box of	inne 14 orime	isa, and line 10	is illuse that os i	nization
b	11- 40 is not more than 224/2 % chock	this box and	stop here. The o	organization quali	ries as a publicly	supported organ	iiZatiOII
b	line to is not more than 55 1/5 /6, check						
0	Private foundation. If the organization	did not check	a box on line	14, 19a, or 19	b, check this b	Schedule A (Form	an or ann E7

Schedule A (Form 990	101 990-LZ) 2009				lanation	required by Part	II line 10:
Part IV Sup	plemental Inf	ormation. Com	plete this part	to provide the	e explanation	required by Part	one
Part	II, line 17a or	17b; or Part III,	line 12. Provid	e any other add	itional informa	tion. See instructi	0115
						ATTACHMENT 1	
SCHEDULE A, PART	II - OTHER INCO	OME					
DESCRIPTION		2005	2006	2007	2008	2009	TOTAL
OTHER INCOME		2,517.	6,541.	72,246.	30,417.	-131,707.	-19,986.
TOTALS		2,517.	6,541.	72,246.	30,417.	-131,707.	_19,986.

Schedule B

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

Schedule of Contributors

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

OMB No. 1545-0047

2009

Name of the organization		Employer identification fulliber
WIKIMEDIA FOUNDATION,	INC.	20-0049703
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private fou	ndation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	n
	501(c)(3) taxable private foundation	
Check if your organization is cov. Note. Only a section 501(c)(7), instructions.	vered by the General Rule or a Special Rule . (8), or (10) organization can check boxes for both the General Rule and a S p	pecial Rule. See
General Rule	·	
	ling Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or n ne contributor. Complete Parts I and II.	nore (in money or
Special Rules		
sections 509(a)(1) an	3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support tend 170(b)(1)(A)(vi), and received from any one contributor, during the year, a 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line	contribution of the greater
the year, aggregate o	7), (8), or (10) organization filing Form 990 or 990-EZ that received from any contributions of more than \$1,000 for use exclusively for religious, charitabs, or the prevention of cruelty to children or animals. Complete Parts I, II, and	ole, scientific, literary, or
the year, contribution aggregate to more th year for an exclusive applies to this organi	7), (8), or (10) organization filing Form 990 or 990-EZ that received from any as for use exclusively for religious, charitable, etc., purposes, but these contian \$1,000. If this box is checked, enter here the total contributions that were ally religious, charitable, etc., purpose. Do not complete any of the parts unles zation because it received nonexclusively religious, charitable, etc., contributions.	ributions did not received during the s the General Rule tions of \$5,000 or more
Caution. An organization that is 990-EZ, or 990-PF), but it mus or on line 2 of its Form 990-PF, 990-PF).	s not covered by the General Rule and/or the Special Rules does not file Schot answer "No" on Part IV, line 2 of its Form 990, or check the box on line How to certify that it does not meet the filing requirements of Schedule B (Form 9).	nedule B (Form 990, of its Form 990-EZ, 190, 990-EZ, or
For Privacy Act and Paperwork Redu	ction Act Notice, see the Instructions Schedule	B (Form 990, 990-EZ, or 990-PF) (2009

for Form 990, 990-EZ, or 990-PF.

2341015

Name of organization WIKIMEDIA FOUNDATION, INC.

Employer identification number 20-0049703

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
1		\$\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
2		\$\$.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c) Aggregate contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
3		\$\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c) Aggregate contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
4		\$\$.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c) Aggregate contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
5		\$\$.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Employer identification number Name of the organization 20-0049703 WIKIMEDIA FOUNDATION, INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) 2 Aggregate grants from (during year) 3 Aggregate value at end of year 4 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? 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?

Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Part II Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of an historically important land area Preservation of land for public use (e.g., recreation or pleasure) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 easement on the last day of the tax year. Held at the End of the Year 2a 2b b Number of conservation easements on a certifled historic structure included in (a) 2c С Number of conservation easements included in (c) acquired after 8/17/06 2d d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 Number of states where property subject to conservation easement is located 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 8 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and 9 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, 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. If the organization elected, as permitted under SFAS 116, 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: 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 SFAS116 relating to these items:

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

Schedule D (Form 990) 2009

3 Using the organization's acquisition, access sion, and other records, check any of the following that are a significant use of its collection tens (check all that apply): a	Part	Organizations Maintainin	ng Collectio	ons of	Art, Hi	storical	Treasure	s, or	Other Similar A	ssets(co	ontinue	<u> </u>	
collection items (check all that apply): a Public exhibition b Scholarly research Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. During the year, did the organization solic! to receive donations of art, historical treasures, or other similar assests to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part XIV. In the organization and agent, trustee, custo dian or other intermediary for contributions or other assess to the organization and agent, trustee, custo dian or other intermediary for contributions or other assess to the received part X7. In the organization and agent, trustee, custo dian or other intermediary for contributions or other assess to the received part X7. In the organization and agent, trustee, custo dian or other intermediary for contributions or other assess to the received part X7. In the organization and agent, trustee, custo dian or other intermediary for contributions or other assess to the received part X7. In the organization and agent, trustee, custo dian or other intermediary for contributions or other assess to the included on Form 990, Part X1 V. Beginning balance Beginning balance Beginning balance C Beginning balance Beginning balance C Beginning balance Beginning balance C Beginning balance C Beginning balance Beginning diving the year In the organization include an amount on Form 990, Part X, line 21? Yes No If "Yes," explain the arrangement in Part X1 V. Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10. Beginning of year balance C Net investment earnings, gains, and lossesses. Board designated or quasi-endowment W S No The Tree medowment tunds not in the pos session of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) rotated organizations (iii) rotated organizations (iii) rotated organizations (iii) rotated or				and ath	or rooo!	de checl	any of the	follow	ing that are a sign	ificant us	e of its		
Buildic exhibition Control Con	3	Using the organization's acquisition,	acces sion, a	and our	ei iecoi	us, crieci	any or the	1011011	ang anat are a erg.				
b Scholarly research c Preservation for tuture generations 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 solici to receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No 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, custo dian or other intermediary for contributions or other assets not included on Form 990, Part X? 1b If "Yes," explain the arrangement in Part XI V and complete the following table: 1c Beginning balance 1d Additions during the year 2d Did the organization include an amount on Form 990, Part X, line 21? 2d Did the organization include an amount on Form 990, Part X, line 21? 2d Did the organization include an amount on Form 990, Part X, line 21? 2e Did the organization include an amount on Form 990, Part X, line 21? 2n Did the organization include an amount on Form 990, Part X, line 21? 2n Did the organization include an amount on Form 990, Part X, line 21? 2n Did the organization include an amount on Form 990, Part X, line 21? 2n Did the organization include an amount on Form 990, Part X, line 21? 2n Did the organization include an amount on Form 990, Part X, line 21? 2n Did the organization include an amount on Form 990, Part X, line 21? 2n Did the organization include an amount on Form 990, Part X, line 10. 2n Did the organization include an amount on Form 990, Part IV, line 10. 2n Did the organization the port balance 2n Did the organization the port balance 2n Did the organization the port balance 3n Did Table Additions of facilities and programs back 4n Did Table Additions of facilities and programs back 4n Did Table Additions of facilities and programs back 4n Did Table			•		ų		l oan or exc	hand	e programs				
The preservation for future generations 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 to receive donations of art, historical treasures, or other similar assats to be sold to raise funds rather than to be maintained as part of the organization's collection?	_					-		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
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 solict to 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 answered "Yes" to Form 990, Part IV. Inne 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custo dian or other informediary for contributions or other assets not included on Form 990, Part XI V and complete the following table: b if "Yes," explain the arrangement in Part XI V and complete the following table: c Beginning balance d Additions during the year 1 Ending balance 1 Ending balance 1 Ending balance 1 Ending balance 1 Ending balance 1 Ending balance 1 Ending balance 1 Ending balance 1 Ending balance 1 Ending balance 1 Ending balance 1 Ending balance 1 Ending balance 1 Ending balance 1 Ending balance 1 Ending balance 1 Ending balance 2 Did the organization include an amount on Form 990, Part X, line 217 2 Endowrment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10. 2 Port V Endowrment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10. 2 Port V Endowrment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10. 2 Port V Endowrment Funds complete the organization answered "Yes" to Form 990, Part IV, line 10. 3 Eaginning of year balance 4 Ending balance 5 Contributions 6 Grants or scholarships 6 Other expenditures for facilities 7 and programs 6 Administrative expenses 8 Board designated or quasi-endowment 8 Permanent medowment 8 Permanent medowment 8 Permanent medowment 9 Permanent medowment 9 Permanent medowment 9 Permanent medowment 9 Permanent medowment 9 Permanent medowment 9 Permanent permanents = Land, Buildings, and EquipmentSee Form 990, Part X, line 10. 1 Describe in Part XIV the interled cuses of t			orations		C								
Part XIV. During the year, did the organization solicit to roceive 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 answered "Yes" to Form 990, Part IV. Inte 9, or reported an amount on Form 990, Part X, line 21. Is it is the organization an agent, trustee, custo dian or other intermediary for contributions or other assets not included on Form 990, Part XI V and complete the following table: It is the organization an agent, trustee, custo dian or other intermediary for contributions or other assets not included on Form 990, Part XI V and complete the following table: Beginning balance Beginning balance Beginning balance Beginning balance Complete the organization include an amount on Form 990, Part X, line 21? If Ending balance Did the organization include an amount on Form 990, Part X, line 21? Find by the arrangement in Part XI V. Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10. Contributions Cont	C	Preservation for future generaliza	tion's collec	rtione a	nd evnl	ain how th	ev further t	he or	anization's exemp	ot purpose	in		
5 During the year, did the organization solicit to receive donations of art, historical treasures, or other similar assets to be sold to relate funds rether than to be maintained as part of the organization collection?			illorra conec	MONIS G	na expit	ant non a	.o, .a		,				
assels to be sold to raise funds rather than to be maintained as part of the organization's collection?	_	Part Aiv.	eolici torre	acelve d	lonation	s of art. h	istorical trea	asure	s. or other similar				
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, custo dian or other intermediary for contributions or other assets not included on Form 990, Part X?	5	gasets to be sold to raise funds rathe	erthan to be	mainta	ained as	part of the	e organizat	ion's	collection?	[Yes		No
1s the organization an agent, trustee, custo dian or other intermediary for contributions or other assets not included on Form 990, Part X, Iline 21. 1s the organization an agent, trustee, custo dian or other intermediary for contributions or other assets not included on Form 990, Part X Vand complete the following table:		Eserow and Custodial A	rrangemen	ts Cor	mnlete	if the or	nanization	ansv	vered "Yes" to F	orm 990	, Part		
Is it the organization an agent, trustee, custo dian or other intermediary for contributions or other assets not included on Form 990, Part X?	Part	IV. line 9. or reported an a	amount on	Form 9	990, Pa	art X, line	21.						
included on Form 990, Part X7 b If "Yes," explain the arrangement in Part XI V and complete the following table: C Beginning balance		7., 0, 0											
included on Form 990, Part X7 b If "Yes," explain the arrangement in Part XI V and complete the following table: C Beginning balance	1a	Is the organization an agent, trustee.	. custo dian	or othe	r interm	ediary for	contribution	ns or o	other assets not	_			7
b if "Yes," explain the arrangement in Part XI V and complete the following table: C Beginning balance	ıu	included on Form 990. Part X?									Yes		No
Amount	b	If "Yes." explain the arrangement in	Part XI V and	d compl	lete the	following	table:						
d Additions during the year 1d	~	Too, ordinance		,					Aı	mount			
d Additions during the year 1d	С	Beginning balance						1c					
E Distributions during the year f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21? 2 Did the organization include an amount on Form 990, Part X, line 21? 3 Did the organization include an amount on Form 990, Part X, line 21? 4 Describe in Part XIV Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10. (a) Current Year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (b) Contributions 4 Describe in Part XIV (a) Three years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (e) Four years back (e) Four years back (d) Three years back (e) Four years back (e)	d	Additions during the year						1d					
f Ending balance	e	Distributions during the year						1e					
2a Did the organization include an amount on Form 990, Part X, line 21? Part ▼ Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current Year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1. 1b Contributions (a) Current Year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1. 1c Net Investment earnings, gains, and losses (d) Grants or scholarships (e) Grants or scholarships (e) Grants or scholarships (e) Other expenditures for facilities (f) Administrative expenses (f) Administrative expenses (f) Administrative expenses (f) Administrative expenses (f) Administrative expenses (h) Prior year (f) Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes	f	Ending balance						1f					
b If "Yes," explain the arrangement in Part XI V. Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10. (a) Current Year (b) Prior year (c) Two years back (d) Three years back (e) Four years back	2a	Did the organization include an amo	unt on Forr	n 990, I	Part X, I	ine 21?				L	Yes	L	No
Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10. Calcard Ca	b	If "Yes." explain the arrangement in	Part XI V.										
(a) Current Year (b) Prior year (c) Two years back (d) Three years back (e) Four years (e) Four yea		t V Endowment Funds. Com	nplete if org	anizat	ion ans	wered "	Yes" to Fo	rm 9	90, Part IV, line	<u>10.</u>			
b Contributions			(a) Current	Year	(b) Pr	lor year	(c) Two ye	ears ba	ck (d) Three yea	ars back	(e) Four	years	back
c Net investment earnings, gains, and losses	1a	Beginning of year balance											
and losses	b	Contributions				,							
d Grants or scholarships	С	Net investment earnings, gains,											
e Other expenditures for facilities and programs		and losses										·	
and programs	d	Grants or scholarships											
g End of year balance	е	Other expenditures for facilities .											
g End of year balance Provide the estimated percentage of the y ear end balance held as: a Board designated or quasi-endowment		and programs											
2 Provide the estimated percentage of the y ear end balance held as: a Board designated or quasi-endowment	f	Administrative expenses											
a Board designated or quasi-endowment b	g	End of year balance											
a Board designated or quasi-endowment b	2	Provide the estimated percentage o	f the y ear e	nd bala	ance hel	d as:							
Term endowment Term endowment Term endowment Are there endowment funds not in the poss session of the organization that are held and administered for the organization by: (i) unrelated organizations	а	Board designated or quasi-endowm	ient ▶										
3a Are there endowment funds not in the pos organization by: Yes No (i) unrelated organizations 3a(i) 3a(i) 3a(ii)	b	Permanent endowment >	%										
organization by: (i) unrelated organizations	С												
(i) unrelated organizations	3a	Are there endowment funds not in t	he pos sess	sion of t	the orga	ınization t	hat are held	l and	administered for th	ne	Г		l NI.
(ii) related organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizati ons listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Investments - Land, Buildings, and Equipment See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land		organization by:										Yes	NO
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 Investments - Land, Buildings, and Equipment See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d)		(i) unrelated organizations											-
4 Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Investments - Land, Buildings, and Equipment.See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value		(ii) related organizations											-
Part VI Investments - Land, Buildings, and Equipment See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land	b	If "Yes" to 3a(ii), are the related org	anizati ons li	sted as	require	d on Sch	edule R? .				ab		<u> </u>
Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	4	Describe in Part XIV the intended u	ses of t he o	rganiza	ation's e	ndowmer	t funds.						
1a Land 0 b Buildings 0 c Leasehold improvements 2,803,528. 1,609,948. 1,193,580. e Other 0 0 0 Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c). 1,193,580.	Pai	rt VI Investments - Land, Bu	ildings, an	d Equi	ipment					Ι			
1a Land 0<		Description of investment				asis		er		(d) Book va	ilue	
b Buildings 0 0 0 c Leasehold improvements 0 0 0 d Equipment 2,803,528 1,609,948 1,193,580 e Other 0 0 0 Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 1,193,580	1a	Land						0.					
c Leasehold improvements										<u> </u>			
d Equipment 2,803,528. 1,609,948. 1,193,580. e Other 0. 0. 0. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 1,193,580.	c	•								<u> </u>			
e Other	d	•					2,803,5	528.		 	1,1	93,5	
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶ 1,193,580.	e	Other								<u> </u>			
	Tota	al. Add lines 1a through 1e. (Column	n (d) must eq	ual For	m 990,	Part X, co	olumn (B), li	ne 10	(c).) >	L			

Part VII	Investments - Other Securities. See	Form 990, Part X, line	12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial de	rivatives		
Closely-held	equity interests		
OtherCERT	IFICATES OF DEPOSITS	3,839,755.	FMV
		2 020 755	
	(b) must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related. See	3,839,755.	. 12
Part VIII			(c) Method of valuation:
	(a) Description of investment type	(b) Book value	Cost or end-of-year market value
			The state of the s
		>	
Part IX	Other Assets. See Form 990, Part X,		
***		(a) Description	(b) Book value
	3		
T. 1.1. (O. 1	(I) and and Fame OOO Bart V and (D) line 45		.
Part X	(b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. See Form 990, Part	X line 25	
1.	(a) Description of liability	(b) Amount	
Federal inco		()	
	BLE DEPOSITS PAYABLE	10,500.	
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 10,500.	

2. FIN 48 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.

Sche

9E1270 1.000

Part 2	Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statement	ents		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		16,254,866.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		9,941,851.
	Excess or (deficit) for the year. Subtract line 2 from line 1	3		6,313,015.
3	Net unrealized gains (losses) on investments	4		-2,051.
4	Donated services and use of facilities	5		
5		6		
6	Investment expenses	7		
7	Prior period adjustments	8		
8	Other (Describe in Part XIV.)	9		-2,051.
9	Total adjustments (net). Add lines 4 through 8 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10		6,310,964.
10 Bowl	The state of the s			
Part	Total revenue, gains, and other support per audited financial statements		1	16,577,757.
1 2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	•		
	Net unrealized gains on investments	1.		
a	Donated services and use of facilities 2b 502,558			
b	Donated services and use of facilities			
C	According of phot your grante	\neg		
d	Other (Boothour are Are)		2e	500,507
e	Add lines 2a through 2d Subtract line 2e from line 1	•	3	16,077,250.
3	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	•	-	
4			1	
a	Invocation exponed for allocade entreme and entreme an	6.		
b	Other (Describe in archiv.)	_	4c	177,616
C	Add lines 4a and 4b	• -	5	16,254,866
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	etui		
	Reconciliation of Expenses per Audited Financial Statements With Expenses per Au		1	10,266,793
1	Total expenses and losses per audited financial statements	• -	-	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 502, 55	8		
а	Dollated Services and doc of tasimos	-		
b	Thoryon adjustments	\dashv		
С	Other 100000	_		
d	Other (Describe in Part XIV.)		2e	502,558
е	Add lines 2a through 2d	•	3	9,764,235
3	Subtract line 2e from line 1	•	-	3,701,230
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		l	
а	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) 4a 177, 61	6		
b	Other (Describe III at Alv.)		4.	177,616
С	Add lines 4a and 4b		4c 5	9,941,851
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	•		3/312/002
	XIV Supplemental Information	:		1
Comp	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I	V, III	ies il	D D
and 2	b; 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			
this p	art to provide any additional information.			
יחודם	NATA			
PAR	? XIV			
ם אים	XII LINE 4B AND PART XIII LINE 4B: 1) RECLASS WIKIMANIA CONFERENCE			
PAR.	All line 4b And lant Alli line 1b. 17 Modalo Management			
ווזיםם	ENUE NETTED IN EXPENSE; 2) RECLASS COMMISSION NETTED IN LICENSING FEES	3		
VC A1	MOD MILLED IN DIVIDION 2/ MODILED COMMISSION TO THE PROPERTY OF THE PROPERTY O			

Part XIV Supplemental Information (continued)

Schedule D (Form 990) 2009

Schedule F (Form 990)

Statement of Activities Outside the United States

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization	ATIOTA TROUBLE	רא הדראו דא			20-004970 20-004970	nication number
Part I General Informa	tion on Activ	DATION, IN vities Outside	the United States. Co	omplete if the or		
"Yes" to Form 99	0, Part IV, lin	ie 14b.				
1 For grantmakers. Does t assistance, the grants or assistance?	eligibility for t	he grants or a	assistance, and the selec	tion criteria used	to award	X Yes No
2 For grantmakers. Describ United States.	e in Part IV th	e organization's	s procedures for monitori	ng the use of gra	ant funds outs	side the
3 Activities per Region. (Use	Schedule F-1	(Form 990) if a	dditional space is needed.)			
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed i a program serv describe specific t service(s) in reg	ice, ype of	(f) Total expenditures in region
EUROPE	0	0	FUNDRAISING	NA		0.
EAST ASIA AND THE PACIFIC	0	0	FUNDRAISING	NA		0.
MIDDLE EAST AND NORTH AFRICA	0	0	FUNDRAISING	NA		0.
NORTH AMERICA	0	0	FUNDRAISING	NA		0.
RUSSIA/INDEPENDENT STATES	0	0	FUNDRAISING	NA		0.
SOUTH AMERICA	0	0	FUNDRAISING	NA		0.
SOUTH ASIA	0	0	FUNDRAISING	NA		0.
SUB-SAHARAN AFRICA	0	0	FUNDRAISING	NA		0.
EUROPE	0	2	PROGRAM SERVICES	OPERATE WIKIPED	IA	444,831.
EUROPE	0	4	PROGRAM SERVICES	OPEN SOURCE		127,498.
EUROPE	0	0	PROGRAM SERVICES	FOSTER VOLUNTEE	RS	19,067.
EAST ASIA AND THE PACIFIC	0	1	PROGRAM SERVICES	OPERATE WIKIPED	IA	33,852.
EAST ASIA AND THE PACIFIC	. 0	3	PROGRAM SERVICES	OPEN SOURCE		60,855.
SOUTH ASIA	0	0	PROGRAM SERVICES	FOSTER VOLUNTEE	RS	1,503.
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	FOSTER VOLUNTEE	RS	1,497.
NORTH AMERICA	0	0	PROGRAM SERVICES	OPERATE WIKIPED	OIA	2,254.
EUROPE	0	0	PROGRAM SERVICES	WIKIMANIA		20,046.

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

Schedule F (Form 990) 2009

JSA 9E1274 2.000

Schedule F (Form 990) 2009

Part II Grants and

20-0049703

3 E	2 TT Q														_
Enter total number of other organizations or entities	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		·												(a) Name of organization
ns or entities	ations listed above to														(b) IRS code section and EIN (if applicable)
	hat are recognized as char ed a section 501(c)(3) equi		,			SOUTH AMERICA	SUB-SAHARAN AFRICA	EUROPE/ICELAND/GREENLAND	EUROPE/ICELAND/GREENLAND	EUROPE/ICELAND/GREENLAND	EUROPE/ICELAND/GREENLAND	EAST ASIA/PACIFIC	EAST ASIA/PACIFIC	EAST ASIA/PACIFIC	(c) Region
	ities by the fore valency letter					FUTHER MISSI	FURTHER MISS	FURTHER MISS	FURTHER MISS	FURTHER MISS	FURTHER MISS	FURTHER MISS	CONFERENCE	FURTHER MISS	(d) Purpose of grant
	ign country, recogn	/				174,420.	15,801.	8,150.	6,000.	40,000.	8,600.	6,608.	6,500.	7,500.	(e) Amount of cash grant
	nized as tax-e)					WIRE	WIRE	WIRE	WIRE	WIRE	WIRE	WIRE	WIRE	WIRE	(f) Manner of cash disbursement
; •						0.	0.	0,	0.	0.	0.	0.	0.	0.	(g) Amount of non-cash assistance
Sahadiila II						NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE	(h) Description of non-cash assistance
(Ecrm 990) 20	σω					FMV	VME	FMV	FMV	NA	AMA	FMV	FMV	FMV	(i) Method of valuation (book, FMV, appraisal, other)

JSA 9E1275 1.000

Schedule F (Form 990) 2009

Schedule F (Form 990) 2009

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

Use Schedule F-1 (Form 990) if additional space is needed.

istance	(a) Type of grant or assistance (b) Region recipients cash grant disbursement assistance assistance	SCHOLARSHIP TO ATTEND CONFERENCE EUROPE/ICELAND/GREENLAND 23 37,320. WIRE 0. NONE	SCHOLARSHIP TO ATTEND CONFERENCE EAST ASIA/PACIFIC 6 9,878. WIRE 0. NONE	SCHOLARSHIP TO ATTEND CONFERENCE SOUTH ASIA 3 8,889. WIRE 0. NONE	SCHOLARSHIP TO ATTEND CONFERENCE SOUTH AMERICA 10 7,581. WIRE 0. NONE	SCHOLARSHIP TO ATTEND CONFERENCE RUSSIA 2 3,255. WIRE 0. NONE	SCHOLARSHIP TO ATTEND CONFERENCE MIDDLE EAST/NORTH AFRICA. 6 10,976. WIRE 0. NONE	SCHOLARSHIP TO ATTEND CONFERENCE NORTH AMERICA 4,027. WIRE 0. NONE											
---------	---	---	--	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--

Part IV Supplemental Information Complete this part to provide the information required in Part I, line 2, and any additional information.
GRANTS FUNDS OUTSIDE THE U.S
PROCEDURES FOR MONITORING USE OF GRANT FUNDS OUTSIDE THE U.S
POTENTIAL GRANTEES PARTICIPATE IN A GRANTS APPLICATION PROCESS BY
PROVIDING A PROPOSAL. THE PROPOSAL CONTAINS A DESCRIPTION OF THE MISSION
RELATED WORK THEY ARE PROPOSING, A BUDGET, A TIMELINE AND HOW THIS WILL
IMPACT THE MISSION GOALS. ONCE AN APPLICANT IS AWARDED A GRANT, THEY
RECEIVE AN EMAIL STIPULATING THAT BY ACCEPTING FUNDS, THEY AGREE TO THE
REPORTING REQUIREMENTS WHICH INCLUDE MAINTAINING RECEIPTS/DOCUMENTATION
OF EXPENSES, AGREEING TO RETURN UNUSED FUNDS AND/OR SUBMIT A REQUEST FOR
REALLOCATION OF FUNDS, AND SUBMISSION OF A FINAL REPORT WHICH INCLUDES AN
ESTIMATE OF THE IMPACT OF THE FUNDED ACTIVITIES ON MISSION GOALS AND A
SUMMARY OF BEST PRACTICES AND LESSONS LEARNED. THESE REPORTS ARE
SUBMITTED TO AND REVIEWED BY THE DEPUTY DIRECTOR.
GRANT FUNDS TO INDIVIDUALS
PROCEDURES FOR MONITORING USE OF GRANT FUNDS TO INDIVIDUALS
GRANTS TO INDÍVIDUALS 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
THE RECEIPTS.

SCHEDULE F-1 (Form 990)

Continuation Sheet for Schedule F (Form 990)

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 to list additional information for Schedule F (Form 990) Part I, line 3; Part II, line 1; or Part III. ► See instructions for Schedule F (Form 990).

Name of the organization

Employer identification number

Part I Continuation of Act	IVILIES PEL REGI	(a) Number of	(d) Activities conducted in	I/e) If activity listed it! (Q) is 1	(f) Total
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	a program service, describe specific type of service(s) in region	expenditures for region
OUTH AMERICA	0	0	PROGRAM SERVICES	WIKIMANIA	3,179.
UROPE	0	0	GRANTMAKING	WIKIMANIA	37,320
AST ASIA AND THE PACIFIC	0	0	GRANTMAKING	WIKIMANIA	9,878.
OUTH ASIA	0	0	GRANTMAKING	WIKIMANIA	8,889.
OUTH AMERICA	0	0	GRANTMAKING	WIKIMANIA	7,581.
USSIA/INDEPENDENT STATES	0	0	GRANTMAKING	WIKIMANIA	3,255
AIDDLE EAST AND NORTH AFRICA	0	0	GRANTMAKING	WIKIMANIA	10,976
ORTH AMERICA	0	0	GRANTMAKING	WIKIMANIA	4,027
EAST ASIA AND THE PACIFIC		0	GRANTMAKING	FOSTER VOLUNTEERS	20,608
EUROPE	0	0	GRANTMAKING	FOSTER VOLUNTEERS/WIKI	72,451
SOUTH AMERICA	0	0	GRANTMAKING	FOSTER VOLUNTEERS/WIKI	176,420
SUB-SAHARAN AFRICA	0	0	GRANTMAKING	FOSTER VOLUNTEERS	15,801
EUROPE	0	0	INVESTMENTS	N/A	0
Totals	. •	10			1,081,78

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

Schedule F-1 (Form 990) 2009

20-0049703

Page 2

Schedule F-1 (Form 990) 2009	Schedule F-1 (
				,				
						and and a second		
						3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		
(i) Method of valuation (book, FMV, appraisal, other)	(h) Description of non-cash assistance	(g) Amount of non-cash assistance	(f) Manner of cash disbursement	(e) Amount of cash grant	(d) Purpose of grant	(c) Region	(b) IRS code section and EIN (if applicable)	
ne 1))0), Part II, lir	dule F (Form 99	tates. (Sched	ide the United S	r Entities Outsi	to Organizations or	Other Assistance	Schedule F-1 (Form 990) 2009 Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)
Page 1					30-0049703			i . i

JSA												Part III Continuation of Grants a (a) Type of grant or assistance	Schedule F-1 (Form 990) 2009
												and Other Assistance to individuals of the control	Schedule F-1 (Form 990) 2009 20 Control of Entirities Control of Part III)
	:											(c) Number of recipients	20-0049703
			,									(d) Amount of cash grant	ited States (Sch
												(e) Manner of cash disbursement	edule F (Form
												(f) Amount of non-cash assistance	990) Part III)
Schedule F-												(g) Description of non-cash assistance	
Schedule F-1 (Form 990) 2009												(h) Method of valuation (book, FMV, appraisal, other)	Page 6

ú

SCHEDULE I (Form 990)

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

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

OMB No. 1545-0047 2009

repartment of the freasury	Attach to Form 990	lispection
nternal Revenue Service	Timol to 1 dill 1 de la	and in the state of the state o
lame of the organization		inployer identification flumber
	NOT WOTE	20-0049703
WHISHIBLIA FOORESHION, FINC.		

WIKIMEDIA FOUNDATION, INC.							
Part General Information on Grants and Assistance	and Assista	nce					
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the	substantiate th	e amount of the	grants or assistance,	the grantees' eligibi	ility for the grants or as	grants or assistance, and	
	nts or assistan	itoring the use of	or the use of grant funds in the United States.	nited States.			Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of granitations in the United States	edures for mon	illoring the use of	or grant jurius in ure o	itad States Com	plete if the organize	ition answered "Ye	s" to
Part III Grants and Other Assistance to Governments and Organizations in the United States. Complete it the organization diswered feet to be 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. Use Dart IV, and Schedule I-1 (Form 990) if additional space is needed) Governmet ly recipient the page of the p	n ts and Orgar nat received m nal space is n	n izations in the Un lore than \$5,000. C leeded	nted States. Complete this box if no	plete if the organiza	cipient received more than \$5,000.	000. Use ▼
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	(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
WIKIMEDIA NEW YORK CITY, INC.	000000000000000000000000000000000000000	501 (2) (3)	5,500	0.	EMV	NONE	ORGANIZE CONFERENCE
ZZ / DEWN SIKEEL DEVOLUTIEN N. A. A. A.							
			4				
	•						
	1	a					
				,			
							.1.
	d government	organizations				· · · · · · · · · · · · · · · · · · ·	
3 Enter total number of other organizations	ct Notice, see	the Instructions	s for Form 990.			Sche	Schedule I (Form 990) 2009

Part III

(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

					nnn	JSA 9F1289 1.000
Schedule I (Form 990) 2009						
					<u> </u>	AND/C
	A	UBMISSION OF A	FINDS. AND S	ALTOCATION OF	AND SUBMISSION OF FINDS, AND SUBMISSION OF	
		NUSED_FUNDS	<u> TO RETURN U</u>	NSES, AGREEIN	RECEIPTS/DOCUMENTATION OF EXPENSES, AGREEING TO RETURN UNUSED FUNDS	RECEI
			INING	NCLUDE MAINTA	REPORTING REQUIREMENTS WHICH INCLUDE MAINTAINING	REPOR
	D 	Y AGREE TO THE	ING FUNDS, THE	HAT BY ACCEPT	IVE AN EMAIL STIPULATING THAT BY ACCEPTING FUNDS, THEY AGREE	RECEIVE
		GRANT, THEY	IS AWARDED A GRANT,	AN APPLICANT	IMPACT THE MISSION GOALS. ONCE AN APPLICANT IS	IMPAC
	<u> </u>	D HOW THIS WII	TIMELINE AN	A BUDGET,	RELATED WORK THEY ARE PROPOSING, A BUDGET, A TIMELINE AND HOW THIS WILL	RELAT
	ION	N OF THE MISSI	A DESCRIPTIO	SAL CONTAINS	PROVIDING A PROPOSAL. THE PROPOSAL CONTAINS A DESCRIPTION OF THE MISSION	PROVI
		ROCESS BY	APPLICATION P	IN A GRANTS APPLICATION PROCESS BY	POTENTIAL GRANTEES PARTICIPATE	POTEN
					DULE I PART I QUESTION 2	SCHEDULE
			1	IDS	MONITORING THE USE OF GRANT FUNDS	TINON
and any other additional information.		rmation required i	provide the info	mplete this part t	Supplemental Information. Complete this part to provide the information required in Part I, line 2,	Part IV

Part III ACTIVITIES ON MISSION GOALS AND A SUMMARY OF BEST PRACTICES AND LESSONS FINAL REPORT WHICH INCLUDES AN ESTIMATE OF THE IMPACT OF THE FUNDED SCHEDULE_I_PART_II_= DIRECTOR. LEARNED. THESE REPORTS ARE SUBMITTED TO AND REVIEWED BY THE DEPUTY PURPOSE OF GRANT TO WIKIMEDIA NEW YORK CITY, INC.: TO ORGANIZE A Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) 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 Schedule I (Form 990) 2009

4

PHOTO COMPETITION TO DOCUMENT THE NYC REGION. CONFERENCE OF THE NORTH AMERICAN WIKIMEDIA COMMUNITY AND TO ORGANIZE A Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) 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 Schedule I (Form 990) 2009

SCHEDULE J (Form 990)

Department of the Treasury

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

Open to Public

Internal Revenue Service Name of the organization WIKIMEDIA FOUNDATION, INC.

Employer identification number 20-0049703

Part	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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	1b		
2	explain			
2	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
	officers, directors, trustees, and the Ocorchocative Director, regarding the forms shocked in line 14.			
3	Indicate which, if any, of the following the organization uses to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply.			
	X Form 990 of other organizations X 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:	40	:	Х
a	Receive a severance payment or change-of-control payment?	4a 4b		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?			X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		
	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:			,,
а	The organization?	5a		X
b	Any related organization?	5b		Х
	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	ŀ		
	compensation contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	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	7		Х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was			
	subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		Х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2009

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

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

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

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PAGE 37

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

►Attach to Form 990.

Employer identification number 20-0049703

WIK	IMEDIA FOUNDATION, INC.				20-0049703		
Part	Types of Property						
		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	Method of d rever	etermining	
1	Art-Works of art				<u> </u>		
	Art-Historical treasures						
	Art-Fractional interests						-
	Books and publications						
	Clothing and household				1		
•	goods						
6	Cars and other vehicles						
7	Boats and planes	1					
8	Intellectual property	i					
9	Securities-Publicly traded	Х	3	253,477.	AVERAGE MA	RKET 1	ALUE
10	Securities-Closely held stock						
11	Securities-Partnership, LLC,						
	or trust interests						
12	Securities-Miscellaneous						
13	Qualified conservation						
13	contribution-Historic						
	structures						
4.4	Qualified conservation		,				
14	contribution-Other						
4.5	Real estate-Residential						
15	Real estate-Commercial						
16	Real estate-Other	F					
17		1					
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy	l					
22	Historical artifacts	1					
23	Scientific specimens						
24	Archeological artifacts						
25	Other ►()						
26	Other ►()						
27	Other ►()						
28	Other ►()	<u> </u>	It was the favor for	contributions for			
29	Number of Forms 8283 received by	tne organiza	ation during the tax year for	ment	. 29		
	which the organization completed F	orm 8283, P	an IV, Donee Acknowledge	IIIOIIL , , , , , , ,	•	Yes	s No
	During the year, did the organize	-tion roadiu	by contribution any pro	nerty reported in Part I.	line 1-28 that		
30 a	it must hold for at least three ye	allon receive	data of the initial contrib	ution and which is not	required to be		ļ
	it must hold for at least three ye	ars ironi ule	a portod?	duon, and which to her		30a	Х
	used for exempt purposes for the		a hellogt				
	If "Yes," describe the arrangement	in Part II.	teres policy that requi	ree the review of any	non-standard		
31	Does the organization have a	gitt accep	nance policy that requi	ios life review of arry	,,o,, o,d,,dard	31	Х
	contributions?	n n n n n n n n m n Alminel en ee	tion or rolated organization	one to collicit process of	r sell noncash		
32 a	Does the organization hire or u	se inira par	ues or related organization	nia to adiidit, process, o	. 5011 1.51104511	32a	Х
	contributions?						
	o If "Yes," describe in Part II.		column (a) for a tuno of n	roperty for which column	(a) is checked		
33	If the organization did not report	revenues in	column (c) for a type of pr	oporty for willon column	(4) 10 01.001.04,		

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

37135U 1561 4/5/2011

Schedule M (Form 990) 2009

Schedule M (Fo	rm 990) 2009	20-00497	03 Page 2
Part II	Supplemental Information. Complete this pa 32b, and 33. Also complete this part for any a	art to provide the information additional information.	required by Part I, lines 30b,
PART I,	_LINE_9		
THE ORG	ANIZATION IS REPORTING THE NUMBER O	F CONTRIBUTIONS RECEIVE	D.
	· 		
	, 		

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

20-0049703

ATTACHMENT 2

FORM 990 PART III LINE 4D

WIKIMEDIA FOUNDATION, INC.

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

FORM 990 PART VI, LINE 11A

REVIEW OF FORM 990:

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

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.

Employer identification number 20-0049703

ATTACHMENT 2 (CONT'D)

THESE FORMS ARE SUBMITTED TO THE GENERAL COUNSEL AND ARE REVIEWED BY THE BOARD. ADDITIONALLY, THE COVERED PERSONS ALSO COMPLETE ANNUALLY A PLEDGE OF PERSONAL COMMITMENT THAT AFFIRMS THAT THE INDIVIDUAL IS IN COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY AND THAT THE INDIVIDUAL WILL PROMPTLY NOTIFY THE EXECUTIVE DIRECTOR AND THE BOARD CHAIR WHEN A CONFLICT OR POTENTIAL CONFLICT ARISES. FURTHERMORE, IN THE CASE OF A CONFLICT, THE INDIVIDUAL AGREES TO REFRAIN FROM USING HIS OR HER PERSONAL INFLUENCE TO ENCOURAGE THE FOUNDATION TO ENTER THE TRANSACTION AND MUST PHYSICALLY EXCUSE HIMSELF OR HERSELF FROM ANY FURTHER DISCUSSIONS OTHER THAN TO ANSWER QUESTIONS ABOUT THE TRANSACTION. IN THE CASE OF POTENTIAL CONFLICT, THE REMAINING BOARD MEMBERS REVIEW THE POTENTIAL TRANSACTION TO DETERMINE WHETHER SAID TRANSACTION IS FAIR AND REASONABLE TO THE FOUNDATION AND LEGAL COUNSEL IS CONSULTED AS NECESSARY TO ENSURE THAT SUCH A TRANSACTION WOULD NOT CONSTITUTE AN EXCESS BENEFIT TRANSACTION.

FORM 990 PART VI LINE 15A AND 15B

FORM 990 PART VI LINE 15A-

THE WIKIMEDIA FOUNDATION BOARD OF TRUSTEES IS RESPONSIBLE FOR DETERMINING THE COMPENSATION OF THE EXECUTIVE DIRECTOR, AND HAS DELEGATED THAT RESPONSIBILITY TO THE ED EVALUATION COMMITTEE AND BOARD TREASURER WHICH IS COMPRISED OF INDEPENDENT BOARD MEMBERS. FOR 2009 COMPENSATION, IN SETTING THE ED'S COMPENSATION, THE EVALUATION COMMITTEE HAS SECURED AND REVIEWED COMPARABILITY DATA ABOUT NON-PROFIT CEO COMPENSATION FOR ORGANIZATIONS OF SIMILAR SIZE AND SCOPE TO THE WIKIMEDIA FOUNDATION, INCLUDING SALARY, BONUSES AND NON-MONETARY BENEFITS AND PERQUISITES. THE INFORMATION CAME FROM A VARIETY OF SOURCES INCLUDING

Employer identification number 20-0049703

ATTACHMENT 2 (CONT'D)

GUIDESTAR, BOARDSOURCE, THE CENTER FOR NON-PROFIT MANAGEMENT, AND THE NON-PROFIT TIMES. ADDITIONALLY, RECRUITERS AT RUSSELL REYNOLDS, KORN/FERRY, AND SPENCER STUART WERE CONSULTED WITH TO REVIEW POTENTIAL COMPENSATION PACKAGES AND TO PROVIDE FEEDBACK.

THE COMMITTEE ALSO CONSULTED WITH INDEPENDENT EXPERTS IN THE FIELD. THE EVALUATION COMMITTEE ALSO ANNUALLY SETS PERFORMANCE GOALS WITH THE EXECUTIVE DIRECTOR, AND WORKS WITH HER TO EVALUATE PERFORMANCE AGAINST THOSE GOALS. BOTH COMPENSATION AND PERFORMANCE ASSESSMENT INFORMATION IS SHARED WITH THE FULL BOARD FOR ITS REVIEW AND APPROVAL. AT VARIOUS POINTS IN THE PROCESS, DISCUSSIONS AND DELIBERATIONS ARE REVIEWED VIA EMAIL. ONCE DELIBERATIONS ARE COMPLETE, THE FINAL DETERMINATION IS SUMMARIZED BY THE BOARD TREASURER IN WRITING, INCLUDING THE MEMBERS PRESENT AND VOTING, THE COMPARATIVE DATA USED AND THE DELIBERATIONS AND DECISIONS OF THE COMMITTEE.

FORM 990 PART VI LINE 15B-

THE WIKIMEDIA FOUNDATION EXECUTIVE DIRECTOR IS RESPONSIBLE FOR

DETERMINING THE COMPENSATION OF ALL WIKIMEDIA FOUNDATION OFFICERS AND

KEY EMPLOYEES (WITH THE EXCEPTION OF HERSELF). IN SETTING COMPENSATION

FOR WIKIMEDIA FOUNDATION OFFICERS AND KEY EMPLOYEES, THE EXECUTIVE

DIRECTOR HAS SECURED AND REVIEWED COMPARABILITY DATA ABOUT COMPENSATION

AT ORGANIZATIONS OF SIMILAR SIZE AND SCOPE TO THE WIKIMEDIA FOUNDATION,

INCLUDING SALARY, BONUSES AND NON-MONETARY BENEFITS AND

PERQUISITES. THE INFORMATION CAME FROM A VARIETY OF SOURCES INCLUDING

Name of the organization
WIKIMEDIA FOUNDATION, INC.

Employer identification number

20-0049703

ATTACHMENT 2 (CONT'D)

GUIDESTAR, BOARDSOURCE, THE CENTER FOR NON-PROFIT MANAGEMENT, THE

NON-PROFIT TIMES, THE SAN FRANCISCO BUSINESS TIMES, COMPASSPOINT

NONPROFIT SERVICES AND THE MEYER FOUNDATION. ADDITIONALLY, THE EXECUTIVE

DIRECTOR AND HER STAFF HAVE CONSULTED WITH INDEPENDENT EXPERTS IN THE

FIELD, INCLUDING THOSE WITH SPECIFIC SUBJECT-MATTER EXPERTISE IN AREAS OF

NON-MONETARY COMPENSATION SUCH AS HEALTH AND DENTAL COVERAGE AND

RETIREMENT SAVING PLANS. THE EXECUTIVE DIRECTOR ALSO ANNUALLY SETS

PERFORMANCE GOALS WITH OFFICERS AND KEY EMPLOYEES, AND WORKS WITH THEM

TO EVALUATE PERFORMANCE BASED ON THOSE GOALS. BOTH COMPENSATION AND

PERFORMANCE ASSESSMENT INFORMATION IS SHARED AT A HIGH LEVEL WITH THE

BOARD OF TRUSTEES, BUT THE BOARD DOES NOT REVIEW THIS INFORMATION IN

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/CONFLICT_OF_INTEREST_POLICY

HTTP://WIKIMEDIAFOUNDATION.ORG/WIKI/FINANCIAL_REPORTS

ATTACHMENT 3

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

THE MISSION OF THE WIKIMEDIA FOUNDATION IS TO EMPOWER AND ENGAGE

Name of the organization
WIKIMEDIA FOUNDATION, INC.

Employer identification number 20-0049703

ATTACHMENT 3 (CONT'D)

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

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.

			ATTACHI	MENT 4
FORM 990, PART II	I, LINE 4D - OTHER	PROGRAM SERVICES		
DESCRIPTION		GRANTS	EXPENSES	REVENUE
WIKIMANIA	•	266,724.	339,759.	0.
,	TOTALS	266,724.	339,759.	0.

ATTACHMENT 5

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

BELGIUM

UNITED KINGDOM

FRANCE

ATTACHMENT 6

Schedule O (Form 990) 2009

Name of the organization
WIKIMEDIA FOUNDATION, INC.

Employer identification number

20-0049703 ATTACHMENT 6 (CONT'D)

FORM 990, PART VI, LINE 17 - STATES

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, WI,

			ATTACHMENT 7	7
990, PART VII- COMPENSATION OF THE FI	VE HIGHEST I	PAID IND. CONTRACT	ORS	
NAME AND ADDRESS		DESCRIPTION OF S	ERVICES CO	OMPENSATION
BRIDGESPAN GROUP 535 BOYLSTON STREET, 10TH FLOO BOSTON, MA 02116	R	CONSULTING SE	RVICES	304,210.
FENTON COMMUNICATIONS 1438 WEBSTER STREET, STE. 205 OAKLAND, CA 94612		COMMUNICATION	IS	195,000.
SQUIRE SANDERS AND DEMPSEY LLP 8000 TOWERS CRESCENT DRIVE, 14 TYSONS CORNER, VA 22182	FLOOR	LEGAL SERVICE	ES	116,627.
TOTAL CO	OMPENSATION			615,837.
			ATTACHMENT	8
FORM 990, PART VIII - INVESTMENT INCO	<u>OME</u>			
	(A) TOTAL	(B) RELATED OR	(C) UNRELATED	
DESCRIPTION	REVENUE	EXEMPT REVENUE	BUSINESS RE	V. REVENUE
INTEREST INCOME	11,205.			11,205.
TOTALS	11,205.			11,205.

Schedule O (Form 990) 2009

Page 2

Employer identification number Name of the organization

20-0049703 WIKIMEDIA FOUNDATION, INC. ATTACHMENT 9

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

ENDING BOOK VALUE_ DESCRIPTION

COST OR FMV

US GOVT/AGENCY SECURITIES

1,699,832.

FMV

TOTALS

1,699,832.

Schedule O (Form 990) 2009