

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)

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

Department of the Treasury
Internal Revenue Service

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

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization WIKIMEDIA FOUNDATION, INC.	D Employer identification number 20-0049703
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite P. O. BOX 78350	E Telephone number EXT 612 (415) 839-6885
	City or town, state or country, and ZIP + 4 SAN FRANCISCO, CA 94107	F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)
	Please Use IRS label or print or type. See Specific Instructions.	

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

G Website: WWW.WIKIMEDIAFOUNDATION.ORG

J Organization type (check only one) 501(c)(3) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

H and I are not applicable to section 527 organizations.
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates
H(c) Are all affiliates included? Yes No
 (If "No," attach a list. See instructions.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number
M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

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

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

Revenue	1 Contributions, gifts, grants, and similar amounts received:			
	a Contributions to donor advised funds	1a		
	b Direct public support (not included on line 1a)	1b	6,533,539.	
	c Indirect public support (not included on line 1a)	1c		
	d Government contributions (grants) (not included on line 1a)	1d		
	e Total (add lines 1a through 1d) (cash \$ <u>6,482,726.</u> noncash \$ <u>50,813.</u>)	1e		6,533,539.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		100,203.
	3 Membership dues and assessments	3		
	4 Interest on savings and temporary cash investments	4		33,382.
	5 Dividends and interest from securities	5		
	6 a Gross rents	6a		
	b Less: rental expenses	6b		
c Net rental income or (loss). Subtract line 6b from line 6a	6c			
7 Other investment income (describe <input type="checkbox"/>)	7			
8 a Gross amount from sales of assets other than inventory	(A) Securities	8a		
	(B) Other	8b		
	Less: cost or other basis and sales expenses	8c		
	Gain or (loss) (attach schedule)	8d		
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
a Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a			
b Less: direct expenses other than fundraising expenses	9b			
c Net income or (loss) from special events. Subtract line 9b from line 9a	9c			
10 a Gross sales of inventory, less returns and allowances	10a			
	b Less: cost of goods sold	10b		
	c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c		
11 Other revenue (from Part VII, line 103)	11		72,246.	
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		6,739,370.	
Expenses	13 Program services (from line 44, column (B))	13		2,128,862.
	14 Management and general (from line 44, column (C))	14		857,360.
	15 Fundraising (from line 44, column (D))	15		221,377.
	16 Payments to affiliates (attach schedule)	16		
	17 Total expenses. Add lines 13 and 14, column (A)	17		3,207,599.
Net Assets	18 Excess or (deficit) for the year. Subtract line 17 from line 12	18		3,531,771.
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		1,658,282.
	20 Other changes in net assets or fund balances (attach explanation) \$TMT. 2	20		-11,885.
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21		5,178,168.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Part II Statement of Functional Expenses

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

Table with 5 columns: (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include 22a-22b, 23-24, 25a-25c, 26-28, 29-42, 43a-43g, and 44. Total values for 44: (A) 3,207,599, (B) 2,128,862, (C) 857,360, (D) 221,377.

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

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? [] Yes [X] No

If "Yes," enter (i) the aggregate amount of these joint costs \$; (ii) the amount allocated to Program services \$;

(iii) the amount allocated to Management and general \$; and (iv) the amount allocated to Fundraising \$

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

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

What is the organization's primary exempt purpose? **SEE STATEMENT 4**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a OPERATE WIKIPEDIA.ORG AND OTHER WEBSITES WHERE VOLUNTEERS CAN COLLABORATE TO DEVELOP FREE EDUCATIONAL RESOURCES.

(Grants and allocations \$) If this amount includes foreign grants, check here

1,367,929.

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

(Grants and allocations \$) If this amount includes foreign grants, check here

447,680.

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

(Grants and allocations \$) If this amount includes foreign grants, check here

180,196.

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

(Grants and allocations \$) If this amount includes foreign grants, check here

133,057.

e Other program services (attach schedule)

(Grants and allocations \$) If this amount includes foreign grants, check here

f Total of Program Service Expenses (should equal line 44, column (B), Program services)

2,128,862.

Form 990 (2007)

Part IV Balance Sheets (See the instructions.)

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

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	144,518.	45	189,182.
	46 Savings and temporary cash investments	859,280.	46	2,809,453.
	47a Accounts receivable	47a 27,259.		
	b Less: allowance for doubtful accounts	47b	13,369.	47c 27,259.
	48a Pledges receivable	48a 1,994,279.		
	b Less: allowance for doubtful accounts	48b	26,000.	48c 1,994,279.
	49 Grants receivable			49
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			50b
	51a Other notes and loans receivable (attach schedule)	51a NONE		
	b Less: allowance for doubtful accounts	51b	6,000.	51c NONE
	52 Inventories for sale or use			52
	53 Prepaid expenses and deferred charges		35,027.	53 85,424.
	54a Investments - publicly-traded securities	54a <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	NONE	54a 37,902.
b Investments - other securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
55a Investments - land, buildings, and equipment: basis	55a			
b Less: accumulated depreciation (attach schedule)	55b		55c	
56 Investments - other (attach schedule)			56	
57a Land, buildings, and equipment: basis	57a 1,255,389.			
b Less: accumulated depreciation (attach schedule)	57b 734,282.	612,375.	57c 521,107.	
58 Other assets, including program-related investments (describe ►)			58	
59 Total assets (must equal line 74). Add lines 45 through 58		1,696,569.	59 5,664,606.	
Liabilities	60 Accounts payable and accrued expenses	38,287.	60	305,147.
	61 Grants payable		61	
	62 Deferred revenue		NONE	62 181,291.
	63 Loans from officers, directors, trustees, and key employees (attach schedule)			63
	64a Tax-exempt bond liabilities (attach schedule)			64a
	b Mortgages and other notes payable (attach schedule)			64b
	65 Other liabilities (describe ►)			65
	66 Total liabilities. Add lines 60 through 65		38,287.	66 486,438.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	1,631,282.	67	3,123,539.
	68 Temporarily restricted	27,000.	68	2,054,629.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds			70
	71 Paid-in or capital surplus, or land, building, and equipment fund			71
	72 Retained earnings, endowment, accumulated income, or other funds			72
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		1,658,282.	73 5,178,168.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73		1,696,569.	74 5,664,606.

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

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

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

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

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 7		194,140.	2,940.	4,500.

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

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

b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) **75b** **Yes** **No**

c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." **75c** **Yes** **No**
If "Yes," attach a statement that includes the information described in the instructions.

d Does the organization have a written conflict of interest policy? **75d** **Yes** **No**

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

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 11	-0-	75,125.	NONE	NONE

Part VI Other Information (See the instructions.)

76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change **76** **Yes** **No**

77 Were any changes made in the organizing or governing documents but not reported to the IRS? **77** **Yes** **No**
If "Yes," attach a conformed copy of the changes.

78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? **78a** **Yes** **No**

b If "Yes," has it filed a tax return on Form 990-T for this year? **78b** **Yes** **No** N/A

79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement **79** **Yes** **No**

80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? **80a** **Yes** **No**

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

81a Enter direct and indirect political expenditures. (See line 81 instructions.) **81a** **Yes** **No** NONE

b Did the organization file Form 1120-POL for this year? **81b** **Yes** **No**

Part VI Other Information (continued)

		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
82b			333,125.
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
85c	Dues, assessments, and similar amounts from members		N/A
85d	Section 162(e) lobbying and political expenditures		N/A
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		N/A
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		N/A
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A
85h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		N/A
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12		N/A
b	Gross receipts, included on line 12, for public use of club facilities		N/A
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders		N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		N/A
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
88b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:		
section 4911 NONE ; section 4912 NONE ; section 4955 NONE			
89b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		NONE
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		NONE
89e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		N/A
90a	List the states with which a copy of this return is filed	SEE STATEMENT 12	
90b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)		3
91a	The books are in care of	VERONIQUE KESSLER Telephone no. 415-839-6885	
	Located at	P.O. BOX 78350 SAN FRANCISCO, CA ZIP + 4 94107	
91b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
If "Yes," enter the name of the foreign country			
SEE STATEMENT 13			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c X

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

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year . . . ▶ 92 NONE

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a DATA PROVIDER SERVICES					100,203.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	33,382.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b FOREIGN EXCHANGE GAIN			18	14,632.	
c MISCELLANEOUS INCOME			01	666.	
d ROYALTIES			15	56,948.	
e					
104 Subtotal (add columns (B), (D), and (E)).				105,628.	100,203.
105 Total (add line 104, columns (B), (D), and (E)) ▶					205,831.

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

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

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A	DATA SERVICES ARE BULK UPDATES FOR ORGANIZATIONS AND PROVIDE THE MOST RECENT ENCYCLOPEDIA DATABASE TO USERS.

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

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

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

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

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

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

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	N/A

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	N/A

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
	N/A

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.

Please Sign Here

Signature of officer _____ Date _____
 Type or print name and title _____

Paid Preparer's Use Only

Preparer's signature ▶ *James J. Ball* Date *5/8/09* Check if self-employed
 Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ **KPMG LLP**
55 SECOND STREET, #1400
SAN FRANCISCO, CA 94105
 EIN ▶ **13-5565207**
 Phone no. ▶ **415-963-5100**

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

Part II Additional (Not Automatic) 3-Month Extension of Time. You must file original and one copy.

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

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

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

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

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

- I request an additional 3-month extension of time until **05/15/2009**
- For calendar year _____, or other tax year beginning **07/01/2007** and ending **06/30/2008**
- If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- State in detail why you need the extension **INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$ NONE
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$ NONE
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$ NONE

Signature and Verification

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

Signature ▶ KPMG LLP 55 SECOND STREET, #1400 SAN FRANCISCO, CA 94105	Title ▶	Date ▶
--	---------	--------

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

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

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

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

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

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

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

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

• The books are in the care of ▶ VERONIQUE KESSLER

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

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

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

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

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	NONE
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	NONE
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	NONE

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

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

OMB No. 1545-0047

2007

Department of the Treasury
Internal Revenue Service

Supplementary Information - (See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

Employer identification number

WIKIMEDIA FOUNDATION, INC.

20-0049703

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

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

Total number of other employees paid over \$50,000 . . . ▶

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services . . . ▶

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 14		

Total number of other contractors receiving over \$50,000 for other services . . . ▶ 0

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

Yes No

1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)

Table with 2 columns: Yes, No. Row 1: Yes (blank), No (X)

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)

- a Sale, exchange, or leasing of property?
b Lending of money or other extension of credit? STMT 15
c Furnishing of goods, services, or facilities? STMT 16
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? STMT 17
e Transfer of any part of its income or assets?

Table with 2 columns: Yes, No. Rows: 2a (Yes blank, No X), 2b (Yes X, No blank), 2c (Yes X, No blank), 2d (Yes X, No blank), 2e (Yes blank, No X)

3a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)

Table with 2 columns: Yes, No. Row 3a: Yes (blank), No (X)

b Did the organization have a section 403(b) annuity plan for its employees?

Table with 2 columns: Yes, No. Row 3b: Yes (blank), No (X)

c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? if "Yes," attach a detailed statement

Table with 2 columns: Yes, No. Row 3c: Yes (blank), No (X)

d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?

Table with 2 columns: Yes, No. Row 3d: Yes (blank), No (X)

4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g

Table with 2 columns: Yes, No. Row 4a: Yes (blank), No (X)

b Did the organization make any taxable distributions under section 4966?

Table with 2 columns: Yes, No. Row 4b: Yes (blank), No (blank)

c Did the organization make a distribution to a donor, donor advisor, or related person?

Table with 2 columns: Yes, No. Row 4c: Yes (blank), No (blank)

d Enter the total number of donor advised funds owned at the end of the tax year ▶ _____

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____

f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the rights to provide advice on the distribution or investment of amounts in such funds or accounts ▶ _____

Table with 2 columns: Yes, No. Row f: Yes (blank), No (NONE)

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ _____

Table with 2 columns: Yes, No. Row g: Yes (blank), No (NONE)

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 12 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III - Functionally Integrated Type III - Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

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

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Table with columns for Calendar year (or fiscal year beginning in) and rows for various income and support categories (15-28). Includes sub-sections for public support calculations (26a-26f) and unusual grants (27a-27h).

Part V Private School Questionnaire (See page 9 of the instructions.) **NOT APPLICABLE**
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) ----- ----- -----	31	
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----	32d	
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- ----- -----	33h	
34 a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**

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

Limits on Lobbying Expenditures

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

	(a) Affiliated group totals	(b) To be completed for all electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount. Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is - Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000	41	
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

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

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the instructions for lines 45 through 50 on page 13 of the instructions.)

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

Part VI-B Lobbying Activity by Nonelecting Public Charities **NOT APPLICABLE**
 (For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 14 of the instructions.)

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

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

	Yes	No
51a(i) Cash		X
a(ii) Other assets		X
b(i) Sales or exchanges of assets with a noncharitable exempt organization		X
b(ii) Purchases of assets from a noncharitable exempt organization		X
b(iii) Rental of facilities, equipment, or other assets		X
b(iv) Reimbursement arrangements		X
b(v) Loans or loan guarantees		X
b(vi) Performance of services or membership or fundraising solicitations		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees		X

(i) Cash

(ii) Other assets

b Other transactions:

(i) Sales or exchanges of assets with a noncharitable exempt organization

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

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

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

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

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

b If "Yes," complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

Schedule of Contributors

2007

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

Name of organization
WIKIMEDIA FOUNDATION, INC.

Employer identification number
20-0049703

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

General Rule -

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

Special Rules -

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

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

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

Caution: Organizations that are not covered by the **General Rule** and/or the **Special Rules** do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **WIKIMEDIA FOUNDATION, INC.**

Employer identification number

20-0049703

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 3,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 135,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

FORM 990 - GENERAL EXPLANATION ATTACHMENT
=====FIXED ASSETS
FORM 990, PART IV, LINE 57

ASSET	END OF YEAR
-----	-----
FURNITURE	35,016
LEASEHOLD IMPROVEMENTS	71,687
COMPUTER EQUIPMENT AND SOFTWARE	1,148,686

TOTAL COST	1,255,389
LESS ACCUMULATED DEPRECIATION AND AMORTIZATION	(734,282)

NET BOOK VALUE	521,107
	=====

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES
=====

DESCRIPTION -----	AMOUNT -----
UNREALIZED LOSS ON INVESTMENTS	11,885.
TOTAL	----- 11,885. =====

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
INTERNET HOSTING	537,204.	537,204.	33,614.	6,470.
OUTSIDE CONTRACT	116,151.	76,067.	3,540.	67,251.
BANK FEES	70,791.		40,542.	
BUSINESS REGISTRATION COSTS	40,542.		45,047.	
RECRUITING	45,047.		9,754.	1,877.
STAFF MEETINGS AND DEVELOPMENT	33,703.	22,072.	6,302.	33,087.
PUBLIC RELATIONS	39,389.		7,558.	1,454.
BUSINESS INSURANCE	26,113.	17,101.		
DISPOSAL OF FIXED ASSETS	17,481.	17,481.		
BAD DEBTS, FINES, TAX	2,642.		2,642.	
FUNDRAISE FEES	2,927.			2,927.
MISCELLANEOUS	3,533.		3,533.	
OTHER EXPENSE	14,979.		11,229.	3,750.
BOARD EXPENSES	10,353.		10,353.	
REIMBURSEMENT EXPENSES	4,177.		4,177.	
TOTALS	965,032.	669,925.	178,291.	116,816.

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE
=====

WIKIMEDIA'S PRIMARY EXEMPT PURPOSE IS INTERNET EDUCATION AND TEACHING. WIKIMEDIA DEVELOPS AND MAINTAINS THE NECESSARY INFRASTRUCTURE FOR GROWING ONLINE PROJECTS AND TO FACILITATE THE WORK OF A GLOBAL VOLUNTEER AUTHORIZING COMMUNITY. INDEPENDENT LOCAL CHAPTERS HAVE BEEN SET UP IN SEVERAL COUNTRIES TO SUPPORT AND PROMOTE THE PROJECTS ON AN INTERNATIONAL LEVEL.

FORM 990, PART IV - OTHER NOTES AND LOANS RECEIVABLE

BORROWER: WIKIA, INC.
 ORIGINAL AMOUNT: 6,000.
 REPAYMENT TERMS: ON DEMAND

BEGINNING BALANCE DUE	6,000.
ENDING BALANCE DUE	NONE

TOTAL BEGINNING OTHER NOTES AND LOANS RECEIVABLE	6,000.
--	--------

TOTAL ENDING OTHER NOTES AND LOANS RECEIVABLES	NONE
--	------

FORM 990, PART IV - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION -----	ENDING BOOK VALUE -----	COST OR FMV -----
GOOGLE STOCK	37,902.	FMV
TOTALS	----- 37,902. =====	

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
------------------	--	--------------	---	-----------------------------------

SUE GARDNER P. O. BOX 78350 SAN FRANCISCO, CA 94107	EXECUTIVE DIRECTOR, WMF STAFF 40.00	75,000.	NONE	NONE
---	--	---------	------	------

SUE GARDNER WAS A MANAGEMENT CONSULTANT FROM JULY 2007 TO DECEMBER 2007. SUE GARDNER BECAME EXECUTIVE DIRECTOR IN DECEMBER 2007. THE COMPENSATION BEING REPORTED IS BASED ON THE FORM W2 FOR CALENDAR YEAR 2007.

ERIK MOELLER P. O. BOX 78350 SAN FRANCISCO, CA 94107	DEPUTY DIRECTOR, WMF STAFF 40.00	NONE	NONE	NONE
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ERIK MOELLER WAS A BOARD MEMBER UNTIL DECEMBER 2007. ERIK MOELLER BECAME DEPUTY DIRECTOR IN JANUARY 2008. THE COMPENSATION BEING REPORTED IS BASED ON THE FORM W2 FOR CALENDAR YEAR 2007.

VERONIQUE KESSLER P. O. BOX 78350 SAN FRANCISCO, CA 94107	CFO, COO, WMF STAFF 40.00	NONE	NONE	NONE
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VERONIQUE KESSLER JOINED WMF STAFF IN FEBRUARY 2008. THE COMPENSATION BEING REPORTED IS BASED ON THE FORM W2 FOR CALENDAR YEAR 2007.

MIKE GODWIN P. O. BOX 78350	GENERAL COUNSEL, WMF STAFF 40.00	56,667.	1,437.	NONE
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WIKIMEDIA FOUNDATION, INC.

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
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SAN FRANCISCO, CA 94107

MIKE GODWIN JOINED WMF STAFF IN JULY 2007. THE COMPENSATION BEING REPORTED IS BASED ON THE FORM W2 FOR CALENDAR YEAR 2007.

BRION VIBBER

P. O. BOX 78350

SAN FRANCISCO, CA 94107

KEY EMPLOYEE, WMF STAFF
40.00

62,473.

1,503.

4,500.

THE COMPENSATION BEING REPORTED IS BASED ON THE FORM W2 FOR CALENDAR YEAR 2007.

MICHAEL SNOW

P. O. BOX 78350

SAN FRANCISCO, CA 94107

CHAIR, WMF BOARD
10.00

NONE

NONE

NONE

MICHAEL SNOW WAS A WMF BOARD MEMBER FROM FEBRUARY 2008. MICHAEL SNOW BECAME WMF CHAIR IN JULY 2008.

JAN BART DE VREEDE

P. O. BOX 78350

SAN FRANCISCO, CA 94107

VICE CHAIR, WMF BOARD
10.00

NONE

NONE

NONE

DOMAS MITUZAS

P. O. BOX 78350

EXECUTIVE SECRETARY, WMF BOARD
10.00

NONE

NONE

NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
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SAN FRANCISCO, CA 94107

DOMAS MITUZAS JOINED THE WMF BOARD IN FEBRUARY 2008.

STU WEST P. O. BOX 78350 SAN FRANCISCO, CA 94107	TREASURER, WMF BOARD 10.00	NONE	NONE	NONE
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STU WEST JOINED THE WMF BOARD IN APRIL 2008.

JIMMY WALES P. O. BOX 78350 SAN FRANCISCO, CA 94107	MEMBER, WMF BOARD 10.00	NONE	NONE	NONE
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KAT WALSH P. O. BOX 78350 SAN FRANCISCO, CA 94107	MEMBER, WMF BOARD 10.00	NONE	NONE	NONE
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FLORENCE DEVOUARD P. O. BOX 78350 SAN FRANCISCO, CA 94107	CHAIR, WMF BOARD 10.00	NONE	NONE	NONE
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FLORENCE DEVOUARD WAS WMF BOARD CHAIR UNTIL JULY 2008.

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
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MICHAEL DAVIS P. O. BOX 78350 SAN FRANCISCO, CA 94107	TREASURER, WMF BOARD 10.00	NONE	NONE	NONE
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MICHAEL DAVIS WAS WMF BOARD TREASURER UNTIL NOVEMBER 2007.

FRIEDA BRIOSCHI P. O. BOX 78350 SAN FRANCISCO, CA 94107	MEMBER, WMF BOARD 10.00	NONE	NONE	NONE
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FRIEDA BRIOSCHI WAS A WMF BOARD MEMBER UNTIL SEPTEMBER 2008.

GRAND TOTALS		194,140.	2,940.	4,500.
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FORM 990, PART V-B - FORMER OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	LOANS AND ADVANCES	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
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BRAD PATRICK P. O. BOX 78350 SAN FRANCISCO, CA 94107		40,625.	NONE	NONE
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THE COMPENSATION BEING REPORTED IS BASED ON THE FORM W2 FOR CALENDAR YEAR 2007. MR. PATRICK WAS THE EXECUTIVE DIRECTOR OF THE FOUNDATION UNTIL 4/12/07.

CAROLYN DORAN P. O. BOX 78350 SAN FRANCISCO, CA 94107		34,500.	NONE	NONE
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THE COMPENSATION BEING REPORTED IS BASED ON THE FORM W2 FOR CALENDAR YEAR 2007. MS. DORAN WAS THE COO UNTIL 6/30/07.

GRAND TOTALS		75,125.	NONE	NONE
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FORM 990, PART VI, LINE 90A - STATES
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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,

FORM 990, PART VI, LINE 91B - FOREIGN COUNTRIES
=====

BELGIUM
UNITED KINGDOM

SCH. A, PART II-B COMPENSATION OF THE 5 HIGHEST PAID FOR OTHER SERV.
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NAME AND ADDRESS -----	TYPE OF SERVICE -----	COMPENSATION -----
HOSTWAY CORPORATION 425 W RANDOLPH ST 8TH FLOOR CHICAGO, IL 60606	HOSTING SERVICES	239,466.
TIME WARNER TELECOM PO BOX 172567 DENVER, CO 80217	HOSTING SERVICES	93,876.
X O COMMUNICATIONS 14239 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	HOSTING SERVICES	73,797.
	TOTAL COMPENSATION	----- 407,139. =====

SCHEDULE A, PART III - EXPLANATION FOR LINE 2B
=====

IN THE PRIOR YEAR, THE FOUNDATION HAS AN ACCOUNTS RECEIVABLE FROM WIKIA, INC FOR SHARED INTERNET HOSTING COSTS. JIMMY WALES, A BOARD MEMBER OF WIKIMEDIA FOUNDATION IS ALSO A BOARD MEMBER OF WIKIA, INC. DURING THE CURRENT YEAR THE \$6,000 PAYMENT WAS RECEIVED.

SCHEDULE A, PART III - EXPLANATION FOR LINE 2C
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THE FOUNDATION SHARED HOSTING AND BANDWIDTH COSTS THROUGH DECEMBER 31, 2007 WITH WIKIA, INC. WIKIA, INC. REIMBURSED THE FOUNDATION \$5,000 DURING THE FISCAL YEAR WHICH REPRESENTED THE FAIR VALUE OF THE SHARED COSTS AND HAS BEEN RECORDED AS AN OFFSET TO THE FOUNDATION'S INTERNET HOSTING EXPENSE. JIMMY WALES, A WIKIMEDIA FOUNDATION BOARD MEMBER, IS ALSO A BOARD MEMBER OF WIKIA, INC.

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D

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SEE FORM 990 PART V

SCHEDULE A, PART IV-A - OTHER INCOME

DESCRIPTION	2006	2005	2004	2003	TOTAL
OTHER INCOME	6,541.	2,517.		680.	9,738.
TOTALS	6,541.	2,517.		680.	9,738.

EIN: 20-0049703
FYE: 06/30/2008

FORM 990, PART II, LINE 42 - DEPRECIATION

<u>Description</u>	<u>Current Depreciation</u>
Land Improvements	
Buildings	
Leasehold Improvements	5,806.
Equipment	200,807.
Furniture & Fixtures	26,701.
Total Depreciation Expense	<u>233,314.</u>
Amortization Expense	
Total Depreciation & Amortization line 42	<u><u>233,314.</u></u>

NOTE: Depreciation is calculated using the straight-line method over the estimated useful life of the asset.