** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

► Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Α	For th	e 2021 calendar year, or tax year beginning ਹਾ	ль 1, 2021 and	lending J	UN 30, 2022						
В	Check if applicab	C Name of organization			D Employer	identifica	tion number				
	Addre										
	Name chang	Doing business as			30-0790695						
	Initial return	N	ivered to street address)	Room/suite	E Telephone number						
	Final return		·	408	415-770						
	termir ated	City or town, state or province, country, and	ZIP or foreign postal code	· · · · · ·	G Gross receipts	\$	2,373,186.				
	Amen	CHICO, CA 93928			H(a) Is this a 🤉	group retu					
	Application pendi	F Name and address of principal officer: FRANCE	SCHULENBURG		for subor	rdinates?	Yes X No				
_		SAME AS C ABOVE			H(b) Are all subo	rdinates inclu	uded? Yes No				
				or 527	If "No," a	attach a lis	st. See instructions				
		te: WWW.WIKIEDU.ORG	🗔 🔪		H(c) Group ex						
		. or game and .	sociation Other	L Year	of formation: 20	13 M :	State of legal domicile: DE				
Р	$\overline{}$	Summary	TATE OF THE TATE O	DOME NAME		GII					
٩	1	Briefly describe the organization's mission or most STUDENT LEARNING, AND BUILD A MORE IN		ROVE WIK.	IPEDIA, ENRI	CH					
Governance					H 050/ - 61-						
ā	2		ntinued its operations or dispo			1 . 1	is. 10				
چُ	3 4	Number of voting members of the governing body Number of independent voting members of the gov					10				
		Total number of individuals employed in calendar y					13				
Activities &	6	Total number of volunteers (estimate if necessary)				. –	487				
. <u>₹</u>	7 2	Total unrelated business revenue from Part VIII, col					0.				
۵	۱ ' h	Net unrelated business taxable income from Form					0.				
_	 ~	The difference basiness taxasis meeting from Ferri			Prior Year		Current Year				
_	. 8	Contributions and grants (Part VIII, line 1h)			2,058		2,195,564.				
Revenue	9	. (5 1)(11) (1 6)				,556.	173,302.				
Š	10	Investment income (Part VIII, column (A), lines 3, 4,				93.	162.				
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			2	,660.	4,158.				
	1	Total revenue - add lines 8 through 11 (must equal			2,266	,611.	2,373,186.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.	0.				
	1	Benefits paid to or for members (Part IX, column (A				0.	0.				
ų	15	Salaries, other compensation, employee benefits (F	ries, other compensation, employee benefits (Part IX, column (A), lines 5-10)								
Fynenses	16a	Professional fundraising fees (Part IX, column (A), li			0.	0.					
ם ג	g b	Total fundraising expenses (Part IX, column (D), line	e 25) > 244 ,	929.							
Ú	^j 17	Other expenses (Part IX, column (A), lines 11a-11d,	11f-24e)			,362.	347,981.				
	18	Total expenses. Add lines 13-17 (must equal Part IX	K, column (A), line 25)		1,408		1,675,734.				
		Revenue less expenses. Subtract line 18 from line	12		857	,921.	697,452.				
s or	ces			Ве	ginning of Curren		End of Year				
Assets	ਰੂ 20	Total assets (Part X, line 16)			1,030		1,501,966.				
Net As	a	Total liabilities (Part X, line 26)				,496.	96,860.				
-		Net assets or fund balances. Subtract line 21 from	line 20		707	,654.	1,405,106.				
	art II	Signature Block									
		alties of perjury, I declare that I have examined this return,				-	nowledge and belief, it is				
true	e, corre	ct, and complete. Declaration of preparer (other than office	r) is based on all information of w	hich preparer							
		Signature of officer				<u>24 / 20:</u>	23				
Sig		' -	amon.		Date						
He	re	FRANK SCHULENBURG, EXECUTIVE DIRE	CTOR								
_		,	Daniel de C	Т	Date	Chack	T PTIN				
D-:	a.	Print/Type preparer's name JACOB YAU	Preparer's signature	I	7/40/00	Check	P01560332				
Pai						self-employed	94-1254756				
	parer Only	THIN STRAINS	<u> </u>		Firm's	CIIN) I I I I I I I I I I I I I I I I I I I				
US	Only	Firm's address 60 SO. MARKET ST, STE 20 SAN JOSE, CA 95113	v		Dhara	no 408 G	998 8400				
<u> </u>	+h - '	•	vo2 Coo instructions		Pnone	110.400.2	998.8400 X Yes No				
		RS discuss this return with the preparer shown about					Yes No Form 990 (2021)				
132	001 12-0	9-21 LHA For Paperwork Reduction Act Notic	e, see the separate instruction	uns.			Form 330 (2021)				

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print 30-0790695 WIKI EDUCATION FOUNDATION File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 341 BROADWAY STREET, 408 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions CHICO, CA 95928 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) FRANK SCHULENBURG The books are in the care of ► 341 BROADWAY STREET, 408 - CHICO, CA 95928 Telephone No. ► (415)770-1060 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 TINs of all members the extension is for. MAY 15, 2023 , to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year ► X tax year beginning JUL 1, 2021 , and ending JUN 30, 2022 Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

123841 01-12-22

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Form 8868 (Rev. 1-2022)

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

	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
•	WIKI EDUCATION ENGAGES STUDENTS AND ACADEMICS TO IMPROVE WIKIPEDIA,		
	ENRICH STUDENT LEARNING, AND BUILD A MORE INFORMED PUBLIC.		
	·		
2	Did the organization undertake any significant program services during the year which were not list	ted on the	
	prior Form 990 or 990-EZ?		Yes X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any progra	am services?	Yes X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants are required to report the grant are required to report the grants are required to repor	ations to others, the	total expenses, and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 412,039. including grants of \$	0. (Revenue \$	0.
	STUDENT PROGRAM - INSTRUCTORS ASSIGN THEIR STUDENTS TO WRITE WIKIPEDIA		
	ARTICLES INSTEAD OF TRADITIONAL TERM PAPERS. WORK IN THIS PROGRAM		
	INCLUDES ONBOARDING AND TRAINING INSTRUCTORS AND STUDENTS, ENSURING THAT ASSIGNMENTS AND COURSES RUN SMOOTHLY AND SUCCESSFULLY. AND		
	RESOLVING ANY INCIDENTS THAT ARISE FROM OUR 12,452 STUDENTS FROM 691		
	CLASSES AT 331 UNIVERSITIES.		
	CHASSES AT 331 UNIVERSITIES.		
4b	(Code:) (Expenses \$ 298,930. including grants of \$	0.) (Revenue \$	173,302.
	SCHOLARS & SCIENTISTS - 94 ACADEMIC SUBJECT MATTER EXPERTS IMPROVE		,
	WIKIPEDIA AND WIKIDATA IN AREAS OF HIGH DEMAND. WORK IN THIS PROGRAM		
	INCLUDES TRAINING ACADEMICS IN HOW TO CONTRIBUTE THEIR KNOWLEDGE TO		
	WIKIPEDIA OR WIKIDATA AS WELL AS TRACKING AND RESOLVING ANY INCIDENTS		
	THAT ARISE FROM THIS ACTIVITY.		
4c	(Code:) (Expenses \$ including grants of \$	0. (Revenue \$	<u> </u>
	PARTNERSHIPS & OUTREACH - WE COLLABORATE WITH 24 ORGANIZATIONS -		
	INCLUDING 13 ACADEMIC ASSOCIATIONS, 4 RESEARCH NETWORKS, 3 PROFESSIONAL		
	ORGANIZATIONS, AND 4 OTHER NONPROFIT ORGANIZATIONS - AS THEY PROMOTE		
	THE USE OF WIKIPEDIA AND WIKIDATA AMONG THEIR MEMBERS; INDIVIDUAL		
	SUBJECT MATTER EXPERTS ARE ENCOURAGED TO SHARE THEIR KNOWLEDGE WITH THE		
	GENERAL PUBLIC. WORK INCLUDES BUILDING AND MAINTAINING INSTITUTIONAL		
	PARTNERSHIPS AS WELL AS RECRUITMENT OF INDIVIDUAL SCHOLARS AND		
	SCIENTISTS.		
	Other program services (Describe on Schedule O.)		
4u	(Expenses \$ 177,742. including grants of \$ 0.) (Revenue \$		4,158.)
<u></u>	Total program service expenses \(\bigsim \frac{1777,122}{1722} \) including grants of \$\\ \text{1,090,691.}		,
			Form 990 (2021)

30-0790695

Form 990 (2021) WIKI EDUCATION FOUNDATION Part IV Checklist of Required Schedules

			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? See instructions	2	Х	
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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	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	11b		Х
С	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	11c		Х
d	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	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			x
46	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		Α
15		4.5		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	 		
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	 ''		 -
.0	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	<u>. </u>		
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
			~~~	

132003 12-09-21

Part IV   Checklist of Required Schedules (continu	ipd)
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	·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	<u> </u>
24a	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 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
ч	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?   If			
а		28a		x
h	"Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	554		
_	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Da	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			NI-
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  1b  0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c	х	
132004	12-09-21	Form	990	(2021)

Form 990	2021) WIKI EDUCATION FOUNDATION	30-0790695	Page
Part V	Statements Regarding Other IRS Filings and Tax Compliance (c	ontinued)	

			Yes	No
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 this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		L
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
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		-
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			۱
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		$\vdash$
h o	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		
8		8		
9	sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.	8		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	OD.		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			۱.
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			1
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes." complete Form 6069.			

7a

7b

8a

8b

WIKI EDUCATION FOUNDATION Page 6 Form 990 (2021) 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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 10 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 10 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?

Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or

Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?

**b** Each committee with authority to act on behalf of the governing body?

10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		

#### Section C. Disclosure

persons other than the governing body?

17	List the states with which a copy of this Form 990 is required to be filed	<b>▶</b> AI	,AK	, AR	, CA	, co	,CT	,DC	,FL	, GA	,HI,	,IL	,KS
----	----------------------------------------------------------------------------	-------------	-----	------	------	------	-----	-----	-----	------	------	-----	-----

- Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply
  - X Own website X Upon request ___ Other (explain on Schedule O) Another's website
- Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- State the name, address, and telephone number of the person who possesses the organization's books and records AURORA DALY FINANCIAL, INC. - 415-606-3946

180 CAPP STREET, SAN FRANCISCO, CA 94110 SEE SCHEDULE O FOR FULL LIST OF STATES

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization n	or any related	orga	niza	tion	con	nper	sate	ed any current officer, di	rector, or trustee.	
(A)	(B)			_ (0	C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos heck			one	Reportable	Reportable	Estimated
	hours per		, unle					compensation	compensation	amount of
	week		T			T	100)	from the	from related organizations	other compensation
	(list any hours for	direct				_		organization	(W-2/1099-MISC/	from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	nal tru		oyee	om pe		1099-NEC)	,	and related
	below	ndividual trustee or director	Institutional trustee	Je	Key employee	Highest compensated employee	ner			organizations
	line)	Indi	Inst	Officer	Key	High	Former			
(1) FRANK SCHULENBURG	40.00	1								
EXECUTIVE DIRECTOR				Х				199,314.	0.	29,621.
(2) LIANNA DAVIS	40.00	1								
CHIEF PRGM OFFICER/DEPUTY DIRECTOR					Х			153,775.	0.	37,856.
(3) SAGE ROSS	40.00	1								
CHIEF TECHNOLOGY OFFICER						Х		131,787.	0.	35,949.
(4) JAMI MATHEWSON	40.00	4							_	
DIRECTOR OF PARTNERSHIPS						Х		104,545.	0.	21,577.
(5) P.J. TABIT	4.00	4							_	_
CHAIR		Х		Х				0.	0.	0.
(6) CARWIL BJORK-JAMES	4.00	4							_	_
VICE-CHAIR		Х		Х				0.	0.	0.
(7) ROBERT CUMMINGS	4.00	1								
SECRETARY		Х		Х				0.	0.	0.
(8) GARFIELD BYRD	4.00	4							_	_
TREASURER		Х		Х				0.	0.	0.
(9) SUE GARDNER	3.00	4							_	_
DIRECTOR		Х						0.	0.	0.
(10) RICHARD KNIPEL	3.00	l								
DIRECTOR		Х						0.	0.	0.
(11) KAREN A. TWITCHELL	3.00	ł								
DIRECTOR	2 00	Х						0.	0.	0.
(12) MEAGAN DUFF	3.00	<b>∤</b>							_	0
DIRECTOR	2.00	Х						0.	0.	0.
(13) JON CAWTHORNE	3.00	٠,,							_	0
DIRECTOR (144) OLYMPIA AMERIK	2.00	Х						0.	0.	0.
(14) OLYMPIA AMMON	3.00	-							,	0
DIRECTOR		Х				$\vdash$		0.	0.	0.
		1								
						$\vdash$	<del>                                     </del>			
		1								
-		<u> </u>								
		1								
	l	<u> </u>					<u> </u>	1		000

(A) Name and title		(B) Average hours per week	box	not cl	Pos heck i ss per	more rson i	than of the state	n an	(D) (E)  Reportable Reportable compensation compensation from from relate			(F) Estimated amount of other				
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations	organizations (W-2/1099-MISC/ 1099-NEC) c		pensa om th aniza d relat anizat	ation ne tion ted		
-																
	total al from continuation sheets to Part VII								589,421.		0.			003.		
	al (add lines 1b and 1c)ll number of individuals (including but no							o re	589,421. eceived more than \$100,	000 of reportable	0.		125,	,003.		
com	pensation from the organization												Yes	No		
	the organization list any <b>former</b> officer, 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> so			-	-	-		_	•	•		3		х		
<b>4</b> For a	any individual listed on line 1a, is the su related organizations greater than \$150	m of reportable	е со	mpe	ensa	tion	and	oth	ner compensation from t	he organization		4	Х			
5 Did a	any person listed on line 1a receive or a lered to the organization? If "Yes." com	ccrue compen	sati	on fr	om	any	unre	elate	ed organization or individ	dual for services		5		х		
Section E	3. Independent Contractors	-												·		
	nplete this table for your five highest con organization. Report compensation for t								the organization's tax y		risai					
	(A) Name and business	address	NO	NE					(B) Description of s	ervices	С	ompe		n		
	Il number of independent contractors (ir 0,000 of compensation from the organiz	•	ot lin	nited	d to		se lis 0	ted	above) who received mo	ore than						
												Form	990 ₍	(2021)		

30-0790695

Part VIII	Statement of	Revenue
-----------	--------------	---------

		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
			<b>,</b>	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated	Revenue excluded from tax under
					Tunction revenue	business revenue	sections 512 - 514
SΩ	1 :	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
ي ق		Fundraising events 1c					
ífts, r A		d Related organizations 1d					
nila		Government grants (contributions)	265,587.				
Sir		All other contributions, gifts, grants, and	, -				
uti Je		similar amounts not included above 1f	1,929,977.				
er E		Noncash contributions included in lines 1a-1f					
οn	•	Total. Add lines 1a-1f		2,195,564.			
<u> </u>		Total Add III oo Ta Ti	Business Code	, , ,			
	2 8	WEB DEV SERVICE FEES	541511	173,302.	173,302.		
Vice	- L	•			, , , , ,		
Ser							
я Ver							
gra Re							
Program Service Revenue		All other program service revenue					
_		Total. Add lines 2a-2f		173,302.			
-+	3	Investment income (including dividends, interest		270,002.			
	3	other similar amounts)		162.			162.
	4	Income from investment of tax-exempt bond p					
	5	Royalties					
	3	(i) Real	(ii) Personal				
	6 -	a Gross rents 6a	()				
		D Less: rental expenses 6b					
		Rental income or (loss) 6c					
		a Gross amount from sales of (i) Securities	(ii) Other				
	, ,	assets other than inventory <b>7a</b>	(-,				
		Less: cost or other basis					
ø	•	and sales expenses 7b					
her Revenue	,	Gain or (loss)					
ě		d Net gain or (loss)					
౼		a Gross income from fundraising events (not					
ğ	•	including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
		Less: direct expenses					
		Net income or (loss) from fundraising events	<b>•</b>				
		a Gross income from gaming activities. See					
		Part IV, line 19	1				
		Less: direct expenses					
		Net income or (loss) from gaming activities	<b>•</b>				
		a Gross sales of inventory, less returns					
		and allowances 10	a				
		Less: cost of goods sold 10					
		Net income or (loss) from sales of inventory					
		, , , , , , , , , , , , , , , , , , , ,	Business Code				
snc	11 a	OTHER INCOME	900099	4,158.	4,158.		
Miscellaneous Revenue	i	)					
elle	(	;					
lisc Be	(	All other revenue					
2		Total. Add lines 11a-11d		4,158.			
	12	Total revenue. See instructions	<del>-</del>	2,373,186.	177,460.	0.	162.

132009 12-09-21

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# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do r	Check if Schedule O contains a response to include amounts reported on lines 6b.	(A) Total expenses	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	410,399.	233,017.	132,396.	44,986
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	673,004.	555,854.	17,150.	100,000
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	35,501.	28,291.	2,403.	4,807
9	Other employee benefits	133,775.	109,304.	5,623.	18,848
10	Payroll taxes	75,074.	54,889.	9,936.	10,249
11	Fees for services (nonemployees):				
а	Management				
b	Legal	105.		105.	
С	Accounting	81,580.	6,327.	74,350.	903
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	24.22			
	column (A), amount, list line 11g expenses on Sch 0.)	86,925.	18,909.	24,278.	43,738
12	Advertising and promotion	30,421.	30,357.	32.	32
13	Office expenses	12,291.	1,289.	5,107.	5,895
14	Information technology	34,299.	24,997.	3,387.	5,915
15	Royalties	16 105	10 505	1 500	1 500
16	Occupancy	16,107.	12,527.	1,790.	1,790
17	Travel	8,899.		3,612.	5,287
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	F0 776	245	F0 041	100
19	Conferences, conventions, and meetings	58,776.	345.	58,241.	190
20	Interest		-	+	
21	Payments to affiliates		-	+	
22	Depreciation, depletion, and amortization	0 110	6 041	000	1 100
23	Insurance	9,119.	6,941.	992.	1,186
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	1 226	9.01	106	240
	MATERIALS, REPRODUCTION	1,336.	801.	186.	349
b	STATE TAX FILINGS	601.	467.	67.	67
С					
d	<u></u>	7 500	6 276	450	607
	All other expenses	7,522.	6,376.	459.	244 929
<u> 25</u>	Total functional expenses. Add lines 1 through 24e	1,675,734.	1,090,691.	340,114.	244,929
26	<b>Joint costs.</b> Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Form 990 (2021)
Part X | Balance Sheet

² ar	t X	Balance Sheet					
		Check if Schedule O contains a response or r	note to ar	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	102,514.	1	53,043		
	2	Savings and temporary cash investments	700,035.	2	200,003		
	3	Pledges and grants receivable, net	123,600.	3	500,019		
	4	Accounts receivable, net			25,928.	4	718,000
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul	ostantial	contributor, or 35%			
		controlled entity or family member of any of the	nese pers	ons		5	
	6	Loans and other receivables from other disqu	alified pe				
		under section 4958(f)(1)), and persons describ	ed in sec	tion 4958(c)(3)(B)		6	
ပ္သ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
₹	9	Donner and a common and a deferment about a common			69,359.	9	27,18
	10a	Land, buildings, and equipment: cost or other	·				
		basis. Complete Part VI of Schedule D	10a	3,714.			
	b	Less: accumulated depreciation	10b	0.	3,714.	10c	3,71
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lin				12	
	13	Investments - program-related. See Part IV, lin	ne 11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	5,000.	15			
	16	Total assets. Add lines 1 through 15 (must e			1,030,150.	16	1,501,96
	17	Accounts payable and accrued expenses			69,409.	17	77,36
	18	Grants payable		18			
	19	Deferred revenue			12,500.	19	19,50
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
_တ ြ	22	Loans and other payables to any current or fo	rmer offi	er, director,			
<u> </u>		trustee, key employee, creator or founder, sul	ostantial	contributor, or 35%			
Liabilities		controlled entity or family member of any of the	nese pers	ons		22	
֡֡֞֜֞֜֞֜֞֜֞֜֞֜֞֜֡֡֡֡֡֡֡֡֡֡	23	Secured mortgages and notes payable to unr	elated th			23	
	24	Unsecured notes and loans payable to unrela	ted third	oarties	240,587.	24	(
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lir	nes 17-24	. Complete Part X			
		of Schedule D				25	
	26	Takal Balanda Add Basa 47 Nasasala OF			322,496.	26	96,86
		Organizations that follow FASB ASC 958, c	heck he	e ▶ X			
es		and complete lines 27, 28, 32, and 33.					
au	27	Net assets without donor restrictions			584,054.	27	894,860
Da	28	Net assets with donor restrictions			123,600.	28	510,240
<u> </u>		Organizations that do not follow FASB ASC					
로		and complete lines 29 through 33.					
١٥	29	Capital stock or trust principal, or current fund	ds			29	
set	30	Paid-in or capital surplus, or land, building, or				30	
AS	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			707,654.	32	1,405,10
_	33	Total liabilities and net assets/fund balances			1,030,150.	33	1,501,966

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number

				DUCATION FOUNDA						30-0790695
Pa	rt I		Reason for Public (	Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instruction	S.	
The 1 2 3 4	orga	] , ] , ] ,	zation is not a private found A church, convention of ch A school described in sect A hospital or a cooperative A medical research organiz city, and state:	urches, or associatio ion 170(b)(1)(A)(ii). (a hospital service orga	n of churches described Attach Schedule E (Forn unization described in se	l in <b>sectio</b> n 990).) <b>ection 170</b>	n 170(b)(1 (b)(1)(A)(ii	ii).	<b>)(iii).</b> Enter	the hospital's name,
5 6 7 8 9	X	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)  An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or								
10 11		; ;	An organization that norma activities related to its exen income and unrelated busin See section 509(a)(2). (Col An organization organized a	npt functions, subject ness taxable income mplete Part III.)	t to certain exceptions; a (less section 511 tax) fro	and (2) no i	more than sses acquii	33 1/3% of its red by the org	s support f	rom gross investment
11 12 a		] '	An organization organized a more publicly supported or lines 12a through 12d that Type I. A supporting orgathe supported organization	and operated exclusing anizations described describes the type of anization operated, so on (s) the power to reconsists.	vely for the benefit of, to d in section 509(a)(1) of f supporting organization upervised, or controlled gularly appoint or elect a	perform the section of and complete by its supplemental properties.	ne functior 509(a)(2). plete lines ported orga	ns of, or to ca See <b>section !</b> 12e, 12f, and anization(s), ty	509(a)(3). 0 12g. pically by	Check the box on
b			organization. You must of Type II. A supporting org control or management of organization(s). You must be supported by the control of the con	anization supervised of the supporting orga	or controlled in connect anization vested in the sa			-		-
С			Type III functionally inte its supported organization						ly integrate	ed with,
d			Type III non-functionally that is not functionally int requirement (see instruct Check this box if the organization)	y integrated. A supp tegrated. The organiz ions). You must con	orting organization oper ation generally must sat nplete Part IV, Sections	ated in conisty a district A and D,	nnection with the control of the con	vith its suppor quirement and <b>V.</b>	an attentiv	. ,
Ū	_		functionally integrated, or					1,700 1, 1,700	, 1 <b>/ P</b>	
f			the number of supported of							
g	Pr		de the following information Name of supported organization	about the supporter	d organization(s).  (iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the orga in your governi <b>Yes</b>	nization listed ng document?	(v) Amount of support (see in	•	(vi) Amount of other support (see instructions)
[ot:	al .									

# Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,660,844.	2,149,270.	1,621,746.	2,058,302.	2,195,564.	9,685,726.
2	Tax revenues levied for the organ-						
	ization'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	1,660,844.	2,149,270.	1,621,746.	2,058,302.	2,195,564.	9,685,726.
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)						5,617,162.
6	Public support. Subtract line 5 from line 4.						4,068,564.
	ction B. Total Support		<u>'</u>				· · · ·
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	1,660,844.	2,149,270.	1,621,746.	2,058,302.	2,195,564.	9,685,726.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources		186.		93.	162.	441.
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 VI.)						
11	<b>Total support.</b> Add lines 7 through 10						9,686,167.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	730,476.
13		•		ourth, or fifth tax v	ear as a section 50		· ·
	organization, check this box and stor			-			
Sec	ction C. Computation of Publi						
14	Public support percentage for 2021 (I	ine 6, column (f), di	vided by line 11, co	olumn (f))		14	42.00 %
15	Public support percentage from 2020	Schedule A, Part I	I, line 14			15	36.18 %
16a	33 1/3% support test - 2021. If the o					ore, check this box	and
	stop here. The organization qualifies	as a publicly suppo	orted organization				<b>▶</b> X
b	33 1/3% support test - 2020. If the	organization did no	t check a box on lir				
	and stop here. The organization qual	ifies as a publicly s	upported organizat	tion			▶□
17a	10% -facts-and-circumstances test	- 2021. If the orga	anization did not cl				
	and if the organization meets the fact	s-and-circumstance	es test, check this I	oox and stop her	e. Explain in Part	VI how the organiza	tion
	meets the facts-and-circumstances te	st. The organization	n qualifies as a pub	olicly supported or	ganization		▶□
b	10% -facts-and-circumstances test	- 2020. If the orga	anization did not cl	neck a box on line			
	more, and if the organization meets the	_					
	organization meets the facts-and-circu				-		<b>&gt;</b>
<u>1</u> 8	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	<u>, 16b, 17a,</u> or 17b,	, check this box ar	nd see instructions	

Schedule A (Form 990) 2021

## Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	ion A. Public Support	, picase comp	5.0.0 i dit II.j				
	ar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
m	tifts, grants, contributions, and nembership fees received. (Do not not not not not not not not not no						
m fo aı	iross receipts from admissions, nerchandise sold or services per- ormed, or facilities furnished in ny activity that is related to the rganization's tax-exempt purpose						
aı	iross receipts from activities that re not an unrelated trade or busness under section 513						
iz	ax revenues levied for the organ- ation's benefit and either paid to r expended on its behalf						
<b>5</b> TI	he value of services or facilities urnished by a governmental unit to ne organization without charge						
6 T	otal. Add lines 1 through 5						
	mounts included on lines 1, 2, and received from disqualified persons						
fro	mounts included on lines 2 and 3 received on other than disqualified persons that ceed the greater of \$5,000 or 1% of the mount on line 13 for the year						
	dd lines 7a and 7b						
	ublic support. (Subtract line 7c from line 6.)						
Calend	ar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 A 10a G d se	mounts from line 6	(1)	12/22/2	(2)	(1) = = =	(7)	(2)
<b>b</b> U (I	nrelated business taxable income ess section 511 taxes) from businesses cquired after June 30, 1975						
<b>11</b> N ac w	dd lines 10a and 10b						
<b>12</b> O	other income. Do not include gain r loss from the sale of capital ssets (Explain in Part VI.)						
	otal support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
	irst 5 years. If the Form 990 is for the	•			•		. —
	heck this box and stop here						<b>&gt;</b>
	ion C. Computation of Public			. (6)		145	
	ublic support percentage for 2021 (lin		•	.,,		15	<u>%</u>
	ublic support percentage from 2020		•			16	%
	ion D. Computation of Invest			ino 10   (0)		17	
	ovestment income percentage for 202					17	%
	envestment income percentage from 2			on line 14 and line		18	7 in not
	3 1/3% support tests - 2021. If the					- 4.5	▶ □
b 3	nore than 33 1/3%, check this box and 3 1/3% support tests - 2020. If the	organization did n	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
	ne 18 is not more than 33 1/3%, chec		•	•		-	
20 P	rivate foundation. If the organization	a did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

132023 01-04-22

Schedule A (Form 990) 2021

# Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? |f "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes." provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
За		
Ja		
3b		
0.0		
0-		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
00		
9c		
10a		
.54		
10b		
	n 990)	2021

132024 01-04-21

Schedule A (Form 9

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
		а		
b	A family member of a person described on line 11a above?	b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).			
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	, ,	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	,		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruc	tion <u>s</u>	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	а		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	<b>o</b>		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	а		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Ves " describe in Part VI the role played by the organization in this regard	<b>5</b>		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	Nov. 20, 1970 ( explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	<b>Discount</b> claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
_7_	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrate	d Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990) 2021

Par	t V Type III Non-Functionally Integrated 50	9(a)(3) Supporting Orga	nizations (continued)	
Section	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes	1	
2	Amounts paid to perform activity that directly furthers exer	npt purposes of supported		
	organizations, in excess of income from activity	2		
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	· · · · · ·	4	
5	Qualified set-aside amounts (prior IRS approval required -	provide details in Part VI)	5	
	Other distributions (describe in Part VI). See instructions.		6	
	Total annual distributions. Add lines 1 through 6.		7	
	Distributions to attentive supported organizations to which	the organization is responsive		
	(provide details in <b>Part VI</b> ). See instructions.		8	
9	Distributable amount for 2021 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
	,	(i)	(ii)	(iii)
Section	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2021	Distributable Amount for 2021
_1_	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
С	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result greater	r		
	than zero, explain in <b>Part VI.</b> See instructions.			
	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			
	Excess from 2021			

Schedule A (Form 990) 2021

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

**Schedule of Contributors** 

► Attach to Form 990 or Form 990-PF.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Employer identification number

W	IKI EDUCATION FOUNDATION	30-0790695
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 <b>not</b> 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	
• •	is covered by the <b>General Rule</b> or a <b>Special Rule</b> . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions.
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling ny one contributor. Complete Parts I and II. See instructions for determining a contributor	•
Special Rules		
sections 509(a)(1 contributor, during	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support ) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, an 17 the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Z, line 1. Complete Parts I and II.	d that received from any one
contributor, durir literary, or educa	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a the year, total contributions of more than \$1,000 exclusively for religious, charitable, so tional purposes, or for the prevention of cruelty to children or animals. Complete Parts I (6) instead of the contributor name and address), II, and III.	sientific,
year, contributior is checked, enter purpose. Don't c	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from as exclusively for religious, charitable, etc., purposes, but no such contributions totaled may here the total contributions that were received during the year for an exclusively religious complete any of the parts unless the <b>General Rule</b> applies to this organization because it tole, etc., contributions totaling \$5,000 or more during the year	nore than \$1,000. If this box is, charitable, etc., received <i>nonexclusively</i>
answer "No" on Part IV, lir	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fine 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF or requirements of Schedule B (Form 990).	**
LHA For Paperwork Reduc	tion Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021) Page **2** 

Name of organization

Employer identification number

WIKI EDUCATION FOUNDATION

30-0790695

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Name, address, and Zir + 4	\$ 111,600.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 1,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	\$ \$50,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Training and coop and an 1 1	\$ 240,587.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Page 3

Name of organization Employer identification number

WIKI EDUCATION FOUNDATION

30-0790695

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
—		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
—		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	Cabachila P. (Farm 200) (2004)

Name of or	rganization			Employer identification numb	er				
WIKI EDU	CATION FOUNDATION			30-0790695					
Part III	Exclusively religious, charitable, etc., contributing from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	) through (e) and the followin charitable, etc., contributions of \$	a line entry. For a	O1(c)(7), (8), or (10) that total more than \$1,000 for the yrganizations he year. (Enter this info. once.)	ear				
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	f gift (d) Description of how gift is he						
					<u> </u>				
		(e) Transfe	er of gift						
	Transferee's name, address, a	nd ZIP + 4	R	elationship of transferor to transferee					
(a) No.					_				
from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Description of how gift is held					
					<u> </u>				
	(e) Transfer of gift  Transferee's name, address, and ZIP + 4  Relationship of transferor to transferee								
	Tunorere e name, adarese, a			controlled a difference of the difference	_				
					_				
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Description of how gift is held					
					_				
_	(e) Transfer of gift								
	Transferee's name, address, a	nd ZIP + 4	R	elationship of transferor to transferee	_				
					_				
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Description of how gift is held					
					_				
-	(e) Transfer of gift								
	Transferee's name, address, a	nd ZIP + 4	R	elationship of transferor to transferee					
					_				

## **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Inspection

Name of the organization

WIKI EDUCATION FOUNDATION

**Employer identification number** 30 - 0790695

Par	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		r Si	milar Funds o	r Ac	coun	ts. Complete if the
		(a) Donor adv	/isec	l funds	(1	<b>b)</b> Fun	ds and other accounts
1	Total number at end of year	. ,					
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in v		hele	d in donor advise	d fund	s	
	are the organization's property, subject to the organization's	-					Yes No
6	Did the organization inform all grantees, donors, and donor ad						
	for charitable purposes and not for the benefit of the donor or						
	impermissible private benefit?						
Par	t II Conservation Easements. Complete if the org	ganization answered "	'Yes	" on Form 990, Pa	art IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that appl	ly).				
	Preservation of land for public use (for example, recreat	tion or education)		Preservation of a	a histo	rically	important land area
	Protection of natural habitat	l		Preservation of a	certif	fied his	storic structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation cont	tribu	tion in the form of	a cor	servat	
	day of the tax year.						Held at the End of the Tax Year
а	Total number of conservation easements					2a	
b						2b	
С	Number of conservation easements on a certified historic stru					2c	
d	Number of conservation easements included in (c) acquired a				Э		
	listed in the National Register					2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	or te	rminated by the o	organiz	zation	during the tax
	year ▶						
4	Number of states where property subject to conservation eas		_				
5	Does the organization have a written policy regarding the per						
	violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, l	nandling of violations,	, and	d enforcing conse	rvatioi	n ease	ments during the year
_	Annual of constant in constant in constant in the constant in	llan afrikalaktara arad					to the state of the state of
7	Amount of expenses incurred in monitoring, inspecting, hand $\blacktriangleright \   \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! $	ling of violations, and	enio	orcing conservation	on eas	ement	is during the year
	▶ \$ Does each conservation easement reported on line 2(d) above	a actiofy the requirem	onto	of coation 170(b)	(4)(D)(	:\	
8		•					Yes No
9	and section 170(h)(4)(B)(ii)?						
9	balance sheet, and include, if applicable, the text of the footn						
	organization's accounting for conservation easements.	ote to the organizatio	11151	manciai statemei	ilo li ia	ii uesc	incs the
Par	t III Organizations Maintaining Collections of	Art, Historical T	rea	sures, or Oth	er Si	mila	r Assets.
	Complete if the organization answered "Yes" on Form	-		•			
1a	If the organization elected, as permitted under FASB ASC 95		revei	nue statement an	d bala	nce sh	neet works
	of art, historical treasures, or other similar assets held for pub	•					
	service, provide in Part XIII the text of the footnote to its finan	•	,			,-	
b	If the organization elected, as permitted under FASB ASC 956					sheet	works of
	art, historical treasures, or other similar assets held for public	•					
	provide the following amounts relating to these items:	,	,				,
	(i) Revenue included on Form 990, Part VIII, line 1					<b>&gt;</b> :	\$
							\$
2	If the organization received or held works of art, historical trea					rovide	
	the following amounts required to be reported under FASB A				· / [-		
а	Revenue included on Form 990, Part VIII, line 1					<b>&gt;</b> :	\$
b	Assets included in Form 990, Part X						\$

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

Schedule D (Form 990) 2021

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
<b>b</b> Buildings				
c Leasehold improvements				
d Equipment				
e Other		3,714.		3,714.
Total. Add lines 1a through 1e. (Column (d) must equ	al Form 990. Part X. colur	nn (B), line 10c.)	<b>&gt;</b>	3,714.

Schedule D (Form 990) 2021

Part VII Investments - Other Securities.  Complete if the organization answered "Yes"	on Form 990 Part IV line	11h See Form 990 Part V line 12	<u> </u>
(a) Description of Security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-vear market value
(A) = 1	(b) Book value	(c) meaned of variations described	or your marker value
(1) Financial derivatives (2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
<u>(F)</u>			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11d. See Form 990. Part X. line 15.	
	Description	, ,	(b) Book value
(1)	•		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	4=1		
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	9 15.)	·····	
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11e or 11f. See Form 990. Part X. line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	•		
2. Liability for uncertain tax positions. In Part XIII, provide	tne text of the footnote to	o the organization's financial statements th	at reports the

Schedule D (Form 990) 2021

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

30-0790695

Complete if the or	rganization answered "Yes" on Form 990, P	art IV, line 12a.		
1 Total revenue, gains, and	d other support per audited financial stateme	ents	1	2,373,186.
	e 1 but not on Form 990, Part VIII, line 12:	1 1		
	ses) on investments			
	e of facilities			
c Recoveries of prior year	grants	2c		
d Other (Describe in Part X	(III.)	2d		
e Add lines 2a through 2d				0.
3 Subtract line 2e from line	e <b>1</b>		3	2,373,186.
	rm 990, Part VIII, line 12, but not on line 1:	1 1		
	t included on Form 990, Part VIII, line 7b			
	(III.)	4b		
				0.
5 Total revenue. Add lines  Part XII Reconciliation	3 and 4c. (This must equal Form 990, Part I, n of Expenses per Audited Finance	line 12.)	5	2,373,186.
	rganization answered "Yes" on Form 990, P	_	o per neturn.	
		,	1	1,675,734.
•	e 1 but not on Form 990, Part IX, line 25:			
	e of facilities	2a		
	(III.)			
•			2e	0.
	e <b>1</b>			1,675,734.
	rm 990, Part IX, line 25, but not on line 1:			
a Investment expenses no	t included on Form 990, Part VIII, line 7b	4a		
	(III.)			
A 1 1 11 A 1 A1			4c	0.
	s <b>3</b> and <b>4c.</b> (This must equal Form 990. Part			1,675,734.
lines 2d and 4b; and Part XII, lines 2d and 4b; and Part XII, lines 2:	nes 2d and 4b. Also complete this part to рі	rovide any additional information.		
THE FOUNDATION, AS DESC	CRIBED IN SECTION 501(C)(3) OF THE	HE U.S. INTERNAL		
REVENUE CODE, IS EXEMPT	FROM INCOME TAXES ON RELATED IN	ICOME UNDER		
PROVISIONS OF THE U.S.	INTERNAL REVENUE CODE AND THE CA	ALIFORNIA REVENUE		
AND TAXATION CODE.				
THE FOUNDATION REGULARI	LY EVALUATES ITS UNCERTAIN TAX PO	OSITIONS.		
ACCORDINGLY, A LOSS CON	WTINGENCY IS RECOGNIZED WHEN IT I	S PROBABLE THAT A		
LIABILITY HAS BEEN INCU	JRRED AS OF THE DATE OF THE FINAN	ICIAL STATEMENTS AND		
THE AMOUNT OF THE LOSS	CAN BE REASONABLY ESTIMATED, MAN	NAGEMENT EVALUATED		
THE FOUNDATION'S TAX PO	OSITIONS AND CONCLUDED THAT THE F	FOUNDATION HAD		
MAINTAINED ITS TAX EXEM	MPT STATUS AND HAD TAKEN NO UNCEF	RTAIN TAX POSITIONS		

# **SCHEDULE J** (Form 990)

**Compensation Information** 

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

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

30-0790695

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

► Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number WIKI EDUCATION FOUNDATION

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on 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 (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			77
	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	l a l		i

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

Schedule J (Form 990) 2021

Schedule J (Form 990) 2021 WIKI EDUCATION FOUNDATION 30-0790695 Page 2

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

For each individual whose compensation must be reported on 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 aren't listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation		(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) FRANK SCHULENBURG	(i)	199,314.	0.	0.	4,006.	25,615.	228,935.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) LIANNA DAVIS	(i)	153,775.	0.	0.	6,161.	31,695.	191,631.	0.
CHIEF PRGM OFFICER/DEPUTY DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) SAGE ROSS	(i)	131,787.	0.	0.	5,280.	30,669.	167,736.	0.
CHIEF TECHNOLOGY OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

# **SCHEDULE 0** (Form 990)

# Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Go to www.irs.gov/Form990 for the latest information. Inspection Internal Revenue Service **Employer identification number** Name of the organization 30-0790695 WIKI EDUCATION FOUNDATION FORM 990, PART I, LINE 6: THE NUMBER OF VOLUNTEER INSTRUCTORS IS BASED ON THE NUMBER OF COURSES IN THE STUDENT PROGRAM, FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: DIGITAL SERVICES - WE DEVELOP AND MAINTAIN A PLATFORM THAT EMPOWERS TENS OF THOUSANDS OF USERS TO CONTRIBUTE CONTENT TO WIKIMEDIA PROJECTS AND TRACK THEIR IMPACT. THIS INCLUDES USER RESEARCH AND PRODUCT PLANNING, DEVELOPMENT OF NEW AND EXISTING FEATURES, USER TESTING, FIXING SOFTWARE BUGS. WE ALSO USE TECHNOLOGY AND DESIGN TO IMPROVE THE EFFECTIVENESS AND EFFICIENCY OF OUR STUDENT PROGRAM. SCHOLARS & SCIENTISTS, AND PARTNERSHIPS & OUTREACH ACTIVITIES. EXPENSES \$ 177,742. INCLUDING GRANTS OF \$ 0. REVENUE \$ 4,158, FORM 990, PART VI, SECTION B, LINE 11B: THE DRAFT FORM 990 WAS REVIEWED BY MANAGEMENT, THE CHAIR OF THE BOARD, TREASURER AND THE AUDIT COMMITTEE. THE AUDIT COMMITTEE MEMBERS ALONG WITH THE OTHER REVIEWERS ASKED QUESTIONS AND PROVIDED COMMENTS. ONCE THE DRAFT WAS FINALIZED, THE AUDIT COMMITTEE APPROVED THE FILING OF THE FORM 990, AND DISTRIBUTED A COPY TO THE FULL BOARD FORM 990, PART VI, SECTION B, LINE 12C: BOARD COMMITTEE MEMBERS AND OFFICERS ARE REQUIRED TO REVIEW AND

SIGN ACKNOWLEDGEMENTS EACH FISCAL YEAR. IT IS THE RESPONSIBILITY OF

INDIVIDUAL MEMBERS TO DISCLOSE ANY POSSIBLE CONFLICT OF INTEREST TO THE

BOARD. THE BOARD. WITHOUT THE AFFECTED MEMBER. WILL DISCUSS AND DETERMINE

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021	Page 2
Name of the organization WIKI EDUCATION FOUNDATION	Employer identification number 30-0790695
WHETHER A CONFLICT EXISTS. IF IT IS DETERMINED THAT A CONFLICT OF INTEREST	
EXIST THE BOARD WILL INVESTIGATE WHETHER A SATISFACTORY ALTERNATIVE IS	
POSSIBLE FOR THE AFFECTED TRANSACTION.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE BOARD REVIEWED COMPARABLE POSITIONS IN THE AREA. THE BOARD SET THE	
EXECUTIVE DIRECTOR'S COMPENSATION, AND THE EXECUTIVE DIRECTOR SET THE REST	
OF THE ORGANIZATION'S COMPENSATION BASED ON THE SAME CRITERIA.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:	
AL,AK,AR,CA,CO,CT,DC,FL,GA,HI,IL,KS,KY,ME,MD,MA,MI,MN,MS,NV,NH,NJ,NM,NY,NC	
ND,OH,OK,OR,PA,RI,SC,TN,UT,VA,WA,WV,WI	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC. THE	
FINANCIAL STATEMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE ON OUR	
WEBSITE. THESE DOCUMENTS ARE AVAILABLE FOR THE SAME PERIOD OF TIME SET	
FORTH IN SEC. 6104(D).	



Title 990 Public Disclosure copy to sign for Deborah

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