Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form, as it may be made public.

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

A F	or the	2021 calenda	ar year, or tax year beginning 10/01/2021 and ending	09	/30/202	22
B c	heck if ap	oplicable:	C Name of organization	D Empl	oyer ide	entification number
	Address c	45-2106571				
	Name cha	*	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	E Telep	hone nı	umber
$\overline{}$	nitial retur	rn n/terminated		57	1-218-6816	
=	Amended		City or town, state or province, country, and ZIP or foreign postal code	F Grou	ıp Exer	mption
=		n pending	Washington, DC 20016	Num	nber 🕨	•
G A	ccount	ting Method:	☐ Cash	Check I	▶ 🗌 i	f the organization is not
ΙV	/ebsite	:: ► https				ach Schedule B
J Ta	ax-exen	npt status (che	ck only one) — ✓ 501(c)(3)	(Form 99	90).	
KF	orm of	organization:	✓ Corporation ☐ Trust ☐ Association ☐ Other			
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total			
(Par	t II, col	umn (B)) are \$	500,000 or more, file Form 990 instead of Form 990-EZ		> \$	50,942
Pa	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the			•
		Check if	the organization used Schedule O to respond to any question in this Part I			<u>v</u>
	1	Contribution	ns, gifts, grants, and similar amounts received		1	50,942
	2	Program se	ervice revenue including government fees and contracts		2	0
	3	Membersh	ip dues and assessments		3	0
	4	Investment			4	0
	5a	Gross amo	unt from sale of assets other than inventory 5a	0		
en	b		or other basis and sales expenses	0		
	С 6		ss) from sale of assets other than inventory (subtract line 5b from line 5a) d fundraising events:		5c	0
	а		ome from gaming (attach Schedule G if greater than	0		
Revenue	b	from fundr	me from fundraising events (not including \$ 0 of contribution aising events reported on line 1) (attach Schedule G if the h gross income and contributions exceeds \$15,000) 6b	ns 0		
	c d	Less: direct	t expenses from gaming and fundraising events 6c e or (loss) from gaming and fundraising events (add lines 6a and 6b and subsets)	0		
	- -	line 6c) .			6d	0
	7a		s of inventory, less returns and allowances	0		
	b		of goods sold	0	7.	
	C				7c 8	0
	8 9		nue (describe in Schedule O)		9	0
	10		similar amounts paid (list in Schedule O)		10	50,942
	11		aid to or for members		11	0
S	12		ther compensation, and employee benefits		12	74,257
ıse	13		al fees and other payments to independent contractors		13	0
Expenses	14		/, rent, utilities, and maintenance		14	600
Ä	15			15	411	
	16		ublications, postage, and shipping		16	33,278
	17	Total expe	enses. Add lines 10 through 16	. ▶	17	108,546
	18		deficit) for the year (subtract line 17 from line 9)		18	-57,604
Net Assets	19	Net assets	or fund balances at beginning of year (from line 27, column (A)) (must agree r figure reported on prior year's return)	with	19	·
řΑ	20		ges in net assets or fund balances (explain in Schedule O)		20	63,392
N N	21		or fund balances at end of year. Combine lines 18 through 20		21	5,788

Form 990-EZ (2021) Page 2 Part II Balance Sheets (see the instructions for Part II) Check if the organization used Schedule O to respond to any question in this Part II (A) Beginning of year (B) End of year 63,392 22 22 Cash, savings, and investments . . . 5,788 23 Land and buildings 0 23 0 24 0 24 0 25 63,392 25 5,788 Total liabilities (describe in Schedule O) . . 26 0 26 0 Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . 27 63,392 27 5.788 Statement of Program Service Accomplishments (see the instructions for Part III) Part III **Expenses** Check if the organization used Schedule O to respond to any question in this Part III (Required for section What is the organization's primary exempt purpose? See Schedule O, Statement 2 501(c)(3) and 501(c)(4) Describe the organization's program service accomplishments for each of its three largest program services, organizations; optional for others.) as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. Wikimedia DC continued to hold collaborative editing events (edit-a-thons), which is our main institutional partnership program activity. Most of these are public events organized by our staff, and we present (Continued on Schedule O, Statement 3) 0) If this amount includes foreign grants, check here . . . 28a 75,051 Wikimedia DC served as fiscal sponsor for the WikiConference North America 2021 events and activities, Oct 8-10, 2021. 29a 0) If this amount includes foreign grants, check here 28,039 30 30a 0) If this amount includes foreign grants, check here 31a 32 103,090 List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated – see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV (c) Reportable (d) Health benefits, (b) Average compensation contributions to employee (e) Estimated amount of hours per week (Forms W-2/1099-MISC/ (a) Name and title benefit plans, and other compensation devoted to position 1099-NEC) deferred compensation (if not paid, enter -0-) Peter Meyer 10.00 0 0 0 President 0 John Sadowski 10.00 0 n Vice President Diane Shaw 2.00 0 0 0 Secretary Sara Snyder 6.00 0 0 0 Treasurer Ariel Cetrone 40.00 74,257 0 0 **Institutional Partnerships Manager** Gerald Shields 2.00 0 0 0 **Board Member** Kelly Doyle 2.00 0 0 0 **Board Member** 0 0 Kevin Payravi 2.00 0 **Board Member** Robert Fernandez 2.00 0 0

Board Member

Part V

	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	3 Part	۷.	
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		>
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	0.4		. 4
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	34		•
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35a 35b		~
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		~
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			,
b 38a	Did the organization file Form 1120-POL for this year?	37b		<i>-</i>
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		/
	If "Yes," complete Schedule L, Part II, and enter the total amount involved	-		
39 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 \blacktriangleright			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		~
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		~
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ Peter B Meyer Telephone no. ▶ 5	571-21	8-6816	5
_	Located at ► PO Box 9822, Washington, DC 20016 ZIP + 4 ►	200	016	
b	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)?	42b	Yes	No 🗸
	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year \Delta 43		. 1	▶ □
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		~
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		>
С	Did the organization receive any payments for indoor tanning services during the year?	44c		٧
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schodulo O			
1E-	explanation in Schedule O	44d		~
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		
D	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-F7. See instructions	1Eh		

Other Information (Note the Schedule A and personal benefit contract statement requirements in the

Form 99	90-EZ (2	J21)						-	age -
								Yes	No
46		ne organization engage, directly or ir							
	to ca	ndidates for public office? If "Yes," o	complete Schedule C,	Part I			. 46		~
Part	VI	Section 501(c)(3) Organizations	s Only						
		All section 501(c)(3) organization	s must answer que	stions 47–49b ar	nd 52, and	complete th	e tables	for lin	es
		50 and 51.	•			•			
		Check if the organization used Sch	nedule O to respond	to any question i	n this Part	VI			. П
		9						Yes	No
47	Did t	he organization engage in lobbying	activities or have a s	section 501(h) elec	tion in effe	ct during the	tax	1.00	1
		If "Yes," complete Schedule C, Par					. 47		/
48	-	organization a school as described in				_	. 48		~
49a		ne organization make any transfers to							~
		-	-	•					
ь БО		s," was the related organization a se plete this table for the organization's							d ko
50		oyees) who each received more than							
	empi	Syees) who each received more than	i \$100,000 oi compei	1	_		e, enter i	vone.	
	, ,		(b) Average	(c) Reportable compensation		alth benefits, ons to employee	(e) Estimat	ed amo	unt of
	(a)	Name and title of each employee	hours per week devoted to position	(Forms W-2/1099-MIS	SC/ benefit pla	ns, and deferred	other cor		
			dovoted to position	1099-NEC)	con	npensation			
None									
f	Total	number of other employees paid over	er \$100,000	. ▶					
51	Com	olete this table for the organization'	s five highest compe	ensated independe	ent contract	ors who each	n received	d more	thar
	\$100	,000 of compensation from the organ	nization. If there is no	ne, enter "None."					
	(2)	Name and business address of each independ	lent contractor	(b) Type of s	convice	(6)) Compensat	tion	
	(ω)	Traine and Submood address of oddin maspens	ioni contractor	(b) Type of (301 1100	(0)	Componed		
None									
d	Total	number of other independent contra	actors each receiving	over \$100,000 .	.▶				
52	Did 1	the organization complete Schedu	ıle A? Note: All se	ction 501(c)(3) or	ganizations	must attacl	 า a		
		oleted Šchedule A			-		► 🗹 Yes	s 🗌	No
Under p	enalties	of perjury, I declare that I have examined this r	return, including accompan	ying schedules and state	ements, and to	the best of my ki	nowledge an	d belief.	it is
		d complete. Declaration of preparer (other than					Ü	,	
		1							
Sign		Signature of officer			I	Date			
Here		Peter Meyer, President							
		Type or print name and title							
De:-	I	Print/Type preparer's name	Preparer's signature		Date	Charle	e PTIN		
Paid	oro	. No a series and a series				Check self-emplo	if · · · · · · · · · · · · · · · · · ·		
Prep		Firm's name ►	-1			Firm's EIN ▶	-		
Use	Unly	Firm's address ►				Phone no.			
May th	ne IRS	discuss this return with the preparer	shown above? See i	nstructions			► ☐ Yes	s \square	No

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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.

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

Wiki	Society of Washington DC Inc aka W	ikimedia DC				45-210	06571
Pa	rt I Reason for Public Char	rity Status. (All	organizations mus	t comple	ete this p	art.) See instruction	ons.
The	organization is not a private founda	tion because it is	s: (For lines 1 through	12, chec	k only or	ne box.)	
1	☐ A church, convention of church					0(b)(1)(A)(i).	
2	☐ A school described in section	170(b)(1)(A)(ii).	(Attach Schedule E (F	orm 990)	.)		
3	A hospital or a cooperative hos						
4	A medical research organization	•	onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)(iii). Enter the
	hospital's name, city, and state						
5	An organization operated for t section 170(b)(1)(A)(iv). (Comp		college or university	owned o	r operate	ed by a government	al unit described in
6 7							
8	☐ A community trust described in	section 170(b)	(1)(A)(vi). (Complete I	Part II.)			
9	An agricultural research organior university or a non-land-granuniversity:	nt college of agri	iculture (see instruction	ons). Ente	r the nan	ne, city, and state of	the college or
10	An organization that normally r receipts from activities related support from gross investment acquired by the organization at	to its exempt fur income and unr	nctions, subject to ce related business taxal	rtain exce ble incom	eptions; a le (less se	and (2) no more than ection 511 tax) from	33 ¹ / ₃ % of its
11	☐ An organization organized and	operated exclus	sively to test for public	c safety. S	See sect i	ion 509(a)(4).	
12	☐ An organization organized and of	operated exclusi	vely for the benefit of,	to perfor	m the fun	ctions of, or to carry	out the purposes of
	one or more publicly supported						
	the box on lines 12a through 12	d that describes	the type of supporting	g organiza	ation and	complete lines 12e,	12f, and 12g.
a	_ ,						
	the supported organization supporting organization. You					he directors or trust	ees of the
k							
	control or management of to organization(s). You must o				persons	that control or mana	age the supported
C	Type III functionally integrees its supported organization(s						ally integrated with,
c	I ☐ Type III non-functionally i	ntegrated. A su	pporting organization	operated	d in conne	ection with its suppo	orted organization(s)
	that is not functionally integ						d an attentiveness
	requirement (see instruction	ns). You must c	omplete Part IV, Sec	tions A a	and D, ar	nd Part V.	
6	 Check this box if the organ functionally integrated, or T 						e II, Type III
f	Enter the number of supported o	rganizations .					
ç	Provide the following information	about the supp	orted organization(s).				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	rganization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
/A\							
(A)							
(B)							
(C)							
(D)							
(E)							

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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2017 **(b)** 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . 161,862 82,267 52,188 97,714 50,942 444,973 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 0 0 0 0 0 0 The value of services or facilities furnished by a governmental unit to the organization without charge 0 0 0 0 0 Total. Add lines 1 through 3. . . . 4 161,862 82,267 52,188 97.714 50,942 444,973 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) Public support. Subtract line 5 from line 4 444.973 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2017 **(b)** 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 7 Amounts from line 4 161,862 97,714 50,942 82,267 52,188 444,973 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 0 0 0 0 0 Net income from unrelated business 9 activities, whether or not the business is regularly carried on 0 0 0 0 0 0 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 0 0 0 0 0 0 **Total support.** Add lines 7 through 10 11 444,973 Gross receipts from related activities, etc. (see instructions) 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) 100 % Public support percentage from 2020 Schedule A, Part II, line 14 15 331/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 331/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported

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 falls to quality	under the te	sis listed bei	ow, piease co	implete Fart	11.)	
	on A. Public Support		1				
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
•	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
Ū	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
ı a	received from disqualified persons .						
	•						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
_	· · · · · · · · · · · · · · ·						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
01:	line 6.)						
	on B. Total Support	/) 0047	# N 0040	() 0040	(1) 0000	() 0004	(n =
	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the	organization'	s first, second	, third, fourth,	or fifth tax ye	ar as a section	n 501(c)(3)
	organization, check this box and stop her	·е					🕨 🗆
Secti	on C. Computation of Public Suppor	t Percentag	ie				
15	Public support percentage for 2021 (line 8	B, column (f), c	divided by line	13, column (f))		15	%
16	Public support percentage from 2020 Sch		•			16	%
Secti	on D. Computation of Investment Inc						
17	Investment income percentage for 2021 (I	ine 10c, colur	mn (f), divided b	oy line 13, colu	mn (f))	17	%
18	Investment income percentage from 2020			-		18	%
19a	331/3% support tests-2021. If the organi					ore than 331/3	
	17 is not more than 331/3%, check this box a						
b	331/3% support tests—2020. If the organize	_	_	-		_	
-	line 18 is not more than 33 ¹ / ₃ %, check this b						
20	Private foundation If the organization did	_	=	•	-	-	_

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

Cu	on A. All Supporting Organizations			
			Yes	No
1	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.	1		
2	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).	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.	3a		
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.	3b		
С	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.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
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.	4b		
С	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.	4c		
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	5a		
	designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	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	6		
8	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		
_	7? If "Yes," complete Part I of Schedule L (Form 990).	8		
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.	9a		
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.	9b		
С	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.	9c		
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.	10a		
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.)	10b		

"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

a 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.

have engaged in these activities but for the organization's involvement.

Parent of Supported Organizations. Answer lines 3a and 3b below.

2b

3a

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.				
Secti	on 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		
Secti	on 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	Discount 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		
Secti	on 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 (see instructions).		ntegrated Type III suppo	rting organization

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continue	d)	
Sect	ion D-Distributions				Current Year
1 2	Amounts paid to supported organizations to accomplish a Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity		orted	2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	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	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	sponsive		
				8	
10	Distributable amount for 2021 from Section C, line 6 Line 8 amount divided by line 9 amount			9 10	
	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021		(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	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: \$				
a	Applied to underdistributions of prior years			_	
b	Applied to 2021 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.				
6	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:				
а	Excess from 2017				
b	Excess from 2018				
С	Excess from 2019				
d	Excess from 2020				
6	Excess from 2021				

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

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

Name of the organization	Employer identification number
Wiki Society of Washington DC Inc aka Wikimedia DC	45-2106571

Schedule O, Statement 1

Wiki Society of Washington DC Inc aka Wikimedia DC

Form: **Form 990-EZ (2021)** EIN: **45-2106571**

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Part I, Line 16

Other Expenses Structured Explanation

Description	Amount
Administrative Costs	3,936
Leadership Development and Support Projects	28,548
Institutional Partnership Travel	794
Total:	33,278

Schedule O, Statement 2

Wiki Society of Washington DC Inc aka Wikimedia DC

Form: **Form 990-EZ (2021)** EIN: **45-2106571**

Page: 2 Part III

Primary Exempt Purpose

Primary Exempt Purpose

Wiki Society of Washington, DC Inc. is a regional Wikimedia chapter serving Washington DC and nearby states: VA, MD, WV, and DE. We help promote free access to the world's knowledge in support of Wikipedia and the other projects of the Wikimedia Foundation for the advancement of education and general knowledge, through the collection, development, and dissemination of educational content under a free license or in the public domain.

Schedule O, Statement 3

Wiki Society of Washington DC Inc aka Wikimedia DC

Form: Form 990-EZ (2021)
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Part III, Line 28

First Program Service Accomplishments Description

Description

Wikipedia training. This fiscal year, Wikimedia DC ran or supported 24 events in partnership with 24 institutional partners and one company seeking to create a rewarding volunteer experience. These events included a broad spectrum of cultural, academic, and government institutions, and non-governmental organizations. The partners are listed on our web site: https://wikimediadc.org/wiki/Plans_and_reports