TAXABLE YEAR

California Exempt Organization Annual Information Return

FORM	
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199

200	9 A	nnual li	nformatic	on Ret	turn										1	99	
Calendar		fiscal year beg		10day		ear <u>20</u>	0 <mark>09_</mark> , and	d endin	ng month	9	day_	30) y	ear_2	010		
A First Ref	turn Filed?	☑ Yes	B Type of orga	anization er Section 23	2701 d	(incart l	etter)			CORP #	ŧ						
		□No	IRC Section	4947(a)(1) tr	rust 🗌	(IIIOCIT II				C	2	9	5	2	9,	4	1
	/Organization	Name							ŀ	EIN							
Wiki Sp	ot									2 (6 7 1	, 7	7 , 2	2 2	_4	8	6
Address	101011																
	ox 401044								16	State	7ID	Code					
San Fra	ancisco								ľ	CA	ZIF	Code		140-	1044	1	
					yes ☑ No	o h	aak bay. Cas	Canaral	Instruction F.		foo io	rogui					
			emption?			1			ed (1) 🗹 Cash								.
			General Instruction L						Section 23701						/aar· (1	\ nartic	hatenin
									n or (2) attem						•		
` '	,					- 1			ider R&TC Sec								
		See instructions.)			103				attach form FT				-				
,		•	nization covered by a														
					Yes □No	1	-										
									s that have no								
					Yes □No	_		-	n and attach co						_	_	
■ Final retu						1			npt under R&T								
	Dissolved • [Surrendered (Wit	thdrawn)						of gross receip								
	/lerged/Reorgani	zed (attach explana	ation)			L Is t	the organizat	ion unde	er audit by the	IRS or h	as the	IRS a	udited	in			
If a box is	s checked, enter	date •			_	ар	rior year? .								• [□Yes	☑No
F Check the	e box if the orga	nization filed the fol	llowing federal forms (or schedule:		M Is 1	the organizat	ion a Lin	mited Liability	Compan	y?				• [□Yes	☑No
(1) ● □	990T (2) ●□	990PF (3) ● □	(Schedule H) 990				•		Form 100 or							_	
G If organiz	zation is exempt	under R&TC Sectio	on 23701d and is exclu	sively religious	3,	inc	ome?								• [□Yes	■No
education	nal, or charitable	, and is supported (primarily (50% or mor	e) by public co	ntributions	,											
Part I	Complete Parl	t I unless not re	quired to file this	form. See G	General Ir	nstructio	ons B and	C.									
	1 Gross sa	les or receipts f	rom other sources	. From Side	2, Part II.	, line 8.					•) 1				3	<mark>30</mark> 00
			nents from membe										2				00
Receipts	3 Gross co	ntributions, gift	s, grants, and sim	ilar amounts	received						•	3	3		2	27,44	<mark>49</mark> 00
and		3 Gross contributions, gifts, grants, and similar amounts received.4 Total gross receipts for filing requirement test. Add line 1 through line 3.											<u> </u>				
Revenues			leted. If the result					uction (C		•	4	ı		2	27,47	<mark>79</mark> 00
		-									000						
			sales expenses of								000	0					
			nd line 6									7	7				0 00
			tract line 7 from lir									8	3		2	27,47	<mark>79</mark> 00
Expenses	9 Total exp	enses and disbu	ursements. From S	Side 2. Part II	I. line 18						•	9)			3,21	11 00
Exhelises			expenses and disb		*							10)		2		68 00
		•	e General Instructi									11					0 00
Filing	_											12	2				0 00
Fee			ee General Instruc									13					0 00
			truction K									14					0 00
			1, line 13, and line								_	15					0 00
	Under pena	Ities of perjury, I de	eclare that I have exa	mined this retu	ırn, includii	ng accon	npanying sc	nedules	and statemer	ts, and t	to the b	oest c	f my k	nowled	ge and	l belief,	
Sign Here	true, correct	i, and complete. De	eclaration of preparer	(other than tax	xpayer) is I Title	based on	all informat	ion of wh		has any							
riere	Signature					=			Date		-		phone			_	
	of officer	<u> </u>			Execu	itive L	irector							304		2	
	Preparer's						Date		Check if s	_	•	Prep	oarer's	s SSN/I	PTIN		
Paid	signature	<u> </u>							employed	▶⊔		1					
Preparer's Use Only		e (or yours,									•	FEI	N				
OGC OTHY	if self-empl										L				1		
	and addres	SS									•	rele _i	phone)			
		_										()				
	May the F	TB discuss this	s return with the j	orenarer sho	own ahov	ve? See	instruction	ons				Пν	′es ୮	∃Nο			
	,				0.00						J	<u> </u>	JU _				

Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information. See Specific Line Instructions.

			•	·						
		1	Gross sales or receipts from all business a	ctivities. See instructions			0 00			
		2	30 00							
		3	Dividends		0 00					
Rec	•	4	Gross rents	4	0 00					
from Othe		5	Gross royalties		0 00					
Soul			Gross amount received from sale of assets			0 00				
			Other income. Attach schedule				0 00			
			Total gross sales or receipts from other so							
				30 00						
		9	Contributions, gifts, grants, and similar am				0 00			
			Disbursements to or for members				0 00			
			11	000						
Evne	nooo		Other salaries and wages				000			
and	nses		Interest			_	000			
	urse-		Taxes				000			
men	ts		Rents				200			
			Depreciation and depletion (See instruction							
			Other. Attach schedule				3,209 00			
			Total expenses and disbursements. Add lin				3,211 00			
Sal	nedu		•	-	f taxable year		axable year			
Asse		16 1	L Datatice Streets	(a)	(b)	(c)	(d)			
				(a)	220	(6)	24,202			
			nts receivable		0		134			
			receivable. Attach schedule		0		0			
			S		0		0			
			nd state government obligations		0		0			
			nts in other bonds. Attach schedule		0		0			
			nts in other bonds. Attach schedule		0		0			
					0		0			
			loans (number of loans 0)		0		0			
			estments. Attach schedule	600	U	752				
			able assets		600	120				
			cumulated depreciation (0	120	002			
			ets. Attach schedule		0		0			
					820		24,968			
			tsd net worth		020		24,900			
					0		• 0			
			payable		0		0			
			ons, gifts, or grants payable		0		0			
			d notes payable. Attach schedule		0		0			
			s payable		0		0			
			ilities. Attach schedule		0		• 0			
			ock or principle fund		0					
			capital surplus. Attach reconciliation		820		• 0 • 24,968			
			earnings or income fundlities and net worth		820		24,968			
	iolai ii 1edu			with income ner return	020		24,300			
			Do not complete this schedule if the		ne 13, column (d), is less t	han \$25,000				
1	Nat in	com	ne per books		7 Income recorded on	hooke this year				
					1	•				
					1					
	year. Attach schedule									
			in this return. Attach schedule		9 Total. Add line 7 and					
	aeauc Total.	ıdu	in this return. Attach schedule		1					
		ne 1	through line 5		10 Net income per return	ı. ine 6				
	nuu II	iic I	i unough inic o	<u> </u>	Jubilati IIIE 9 IIUIII I	IIIO U				

Wiki Spot 2009 C2952941

Form 199 - Item II-11: Officers & Directors

Name Address	Title & Expense Hours /wk	Co	ompensation	Benefits Account
Philip Neustrom, PO Box 401044, San Francisco, CA 94140-1044	Executive Director 10	\$ 0	\$ 0	\$ 0
Arlen Abraham, PO Box 401044, San Francisco, CA 94140-1044	Treasurer 2	\$ 0	\$ 0	\$ 0
Graham Freeman, PO Box 401044, San Francisco, CA 94140-1044	Chair 4	\$ 0	\$ 0	\$ 0
Evan Edwards PO Box 401044, San Francisco, CA 94140-1044	Director 2	\$ 0	\$ 0	\$ 0
William Lewis PO Box 401044, San Francisco, CA 94140-1044	Director 2	\$ 0	\$ 0	\$ 0
Mike Ivanov PO Box 401044, San Francisco, CA 94140-1044	Director 2	\$ 0	\$ 0	\$ 0

Form 199 - Item II - 17: **Costs:**

Banking Fees	\$1,142
Accounting Fees	\$ 45
Fundraising Fees	\$ 1298
Rent	\$ 2
Printing and Copying	\$ 50
Website Hosting	\$617
Travel	\$ 20
Meals	\$36.00
Total	\$3,211