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_{Form} 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A	For the 2	2011 cale	ndar year, or t	ax year be	ginning			, 2011,	and endi	ng			, 20			
В	Check if a	pplicable:	C Name of organ	nization We	dgwood (Circle	Institute					D Employer identification number				
	Address c	hange	Doing Busines	s As Wed	gwood Cir	rcle							26-3899171			
$\overline{\Box}$	Name cha	nae	Number and s	street (or P.O.	box if mail	is not d	lelivered to stre	et address)	Room/s	uite		Telepho	ne number			
$\overline{\sqcap}$	Initial retur	-	5272 Lyngate	Court					Sı	uite 20	00		703-425-7390)		
$\overline{\Box}$	Terminate		Crty or town, s		try, and ZIP	+ 4		·								
\exists	Amended		Burke, Virgini	ia 22015-1	688						- 1	G Gross receipts \$ 730,439				
\exists			F Name and add			Mai	k Rodgers	*		Т.		is a group return for affiliates? Yes Vo				
	Аррисация	n bearing	6052 Ridge Fo				_					Il affiliates included? Yes No				
_							-	14047/-1/41	527				i list. (see instruc			
÷	Tax-exem		<u>√</u> 501(c)(3) w.wedgwoodc		501(c) ((Insertio)	4947(a)(1) or	LJ 527	⊢.		-	•	201.07		
<u></u>	Website:				1		N	1					number >			
_			✓ Corporation	_] irust	Association	n ∐ c	Other >	Į L Y	ear of forma	ation.	2009	M State	of legal domicale	: VA		
٢	art I	Summ														
		-	escribe the on	_			-						t in cultural ar			
ø	-		good, true and							intate o	opportuni	ties for	strategic gran	is and		
}	ļ <u>.</u>	investme	nts in various	sectors w	ithin the a	arts an	d entertainm	ent industry	·.							
Ĕ	ļ <u>-</u> .															
Š	2 (is box ▶☐ if	_			-		disposed	of mo	ore than	25,% of	its net assets).		
9	3 1		of voting men									3		8		
88	4 1	Number	of independer	nt voting n	nembers	of the	governing b	oody (Part V	/I, line 1b) .		4		0		
ŧ	5 7	Total nur	nber of individ	duals emp	loyed in	calend	tar year 201	1 (Part V, lir	ne 2a)			5		0		
큥	6 1	Total nur	nber of volunt	teers (estir	mate if ne	ecessa	ary)					6		3		
	7a 1	otal unr	elated busine	ss revenu	e from Pa	art VIII	l, column (C)	, line 12				7a		0		
2	d (Net unre	lated business	s taxable ı	ncome fr	rom Fo	990-T, l i	ne-34				7b		0		
00	I						KF	CEIVE	n		Prior Yea	ur	Current	Year		
~	8 (Contribu	tions and grar	nts (Part V	'III, line 11	h)		——————————————————————————————————————	1		-	664,590		677,839		
Retyeline	9 Program service revenue (Part VIII, line 2g)											16,233		41,055		
35	10 li	- 1 										0		0		
	11 (Other rev	enue (Part VI	II. column	(A) lines	5. 6d	8c 9c 10c	and 11e)	RS.					(23,462)		
Ω			enue-add line									680,823		695,432		
EXPONENCE ON THE CO			nd similar am						, , , , , , , , , , , , , , , , , , , 	_		80,145	-	107,800		
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4			other compens		•									0		
و ا			=	-			-		S 5–10)	}						
(B)			onal fundraisin	_												
묽	L		draising expe	•			•					445,430				
_	L		penses (Part I									445,430		533,022		
			enses. Add li		-			nn (A), line 2	25) .	<u> </u>		525,575		640,823		
		Revenue	less expense	s. Subtrac	ct line 18	rrom	line 12	· · · :				155,248	F . 4 . 4	54,609		
Net Assets or Fund Balances	_									Begin	ning of Cun		End of			
	20 1		ets (Part X, lir	-								305,194		359,803		
F E	21 7		oilities (Part X,	•								0		0		
			ts or fund bal	ances. Su	btract lin	e 21 f	rom line 20	<u> </u>				305,194	<u> </u>	359,803		
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Tru	e, correct,	and comp	lete. Declaration of	or preparer (o	uner trian o	incer) is	based on all in	Commandon of Wi	nich prepar	erilasi	any knowne					
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Pa	id	Print/Ty	pe preparer's nar	пе	P		's signature	Rock	, [9	Date	2012	Check	✓ if PTIN			
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	eparer se Only		name ►								Firm'	s EIN 🕨				
U	e Cilly			Barren Roa	d, Newto	wn Squ	uare, PA 190	73			Phon	e no.	703-599-8	3523		
Ma	y the IRS		s this return w	vith the pro	eparer sh	nown a	above? (see	instructions	s)				🗸 Y	es 🗌 No		
For	Paperwo	ork Redu	ction Act Notic	ce, see the	separate	instru	ictions.		Cat	No. 11	282Y		Form	990 (2011)		

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Part	,
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	Empower members to invest in the creation of cultural artifacts that are good, true and beautiful for the common good. Provide
	education and facilitate opportunities for grants/strategic investments in various sectors within the arts and entertainment industry.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of
	grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code: A01.04) (Expenses \$ 91,024 including grants of \$) (Revenue \$ 11,903)
	Wedgwood Annual Investor Event held on October 19 - 21, 2011 in Santa Monica, California.
	Wedgwood members were empowered with education and outstanding investment choices through which they can engage and
	inspire the imagination of the mainstream and contribute to the renewal of the culture by investing in cultural "artifact" creation
	in the key influential sectors of film, music, television, interactive media/gaming, publishing, theatre, fashion and fine arts.
	For education, panels of industry experts presented. For philanthropic & investment opportunities, 5 new deals deals were presented
	to accredited investors. Each deal was consistent with Wedgwood's investment criteria and mission and sector strategies and
	included GeoWhiz, Amazing Grace, Kill Screen, Blue Lobster and Life and Soul Pictures. Financing commitments have not

	been finalized at the time of filing this report. Prior year deal updates were presented for Blue Like Jazz, 1A Productions, Cracker
	Jack, GoPlay.com and Number the Stars. Participants included Roberta Green Ahmanson, Sean Astin, Terry Botwick, Robert Davi,
	Craig Detweiler, Bret Lott, Chip Flaherty, Jr., Bob Fry, Gen Fukunaga, Brian Godawa, Jonathan jackson, Doug Jones, Andrew Klavan,
	Jim Krueger, Nicholas Longano, Phil Lorin, Erwin McManus, Kiel Murray, Ethan Nicolle, Lance Priebe, Ralph Winter, Doug TenNaple
	and Scott Wong.
4b	(Code: A01.04) (Expenses \$ 18,797 including grants of \$) (Revenue \$ 652)
	Wedgwood Annual Member Retreat held on May 4 and 5, 2011 in Nashville, Tennessee.
	With an emphasis on the music sector, members met with industry executives and artists to discuss the changing business model of
	music. The agenda of the event was built around conversations and relationship building. Music was performed by Attwater, Will
	Gray, River James, Green River Ordinance, Matthew Smith, Alli Dahlgren & Claire Indie. Conversations focused on genres and were
	facilitated by Craig Detweiler Steve Garber and Charlie Peacock. Special guest Gene Thornton (Malice from The Clipse) addressed
	the distinguished group.
4c	(Code: A01.03) (Expenses \$ 54,277 including grants of \$ 45,750) (Revenue \$)
	Sapere Fund program related investments deployed during 2011.
	2011 Sapere Fund program grants were in television, graphic novels and music.
	Two successful writers began mentoring and developing the skills of six talented Hollywood TV writers to elevate their craft to a
	higher level for greater recognition, greater opportunities and greater cultural influence through their work in this sector.
	One graphic novel is nearing completion. Four musical bands are producing EPs and CDs and performing throughout the U.S.
	The graphic victor is realing oscillation. For interest paragraph of the performing throughout the state
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 71,160 including grants of \$ 62,050) (Revenue \$ 0)
4e	Total program service expenses ▶ 235,258

Part	Checklist of Required Schedules		_	Lago
			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	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
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		1
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? <i>If "Yes," complete Schedule C, Part II</i>	4		1
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		√
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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		1
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		1
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	1	
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		1
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	<u> </u>	7
	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		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		▼
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, XII, and XIII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		7
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 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		1
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		1
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		,
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		-

Form 99	90 (2011)			Page
Part	IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	/	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	1	
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		1
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 25	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		1
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		1
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		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	1	V
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		∀
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		▼
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		▼
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		<u>√</u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		7
b	Did the organization receive any payment from or engage in any transaction with a controlled entity 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		✓
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,			

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and

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Form 90	90 (2011)			Dono
Part				Page :
rait	Check if Schedule O contains a response to any question in this Part V			_
	Onder in Contraction of Contraction and Contraction of Contraction	<u> </u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 8			1
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	4		ŀ
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
	reportable gaming (gambling) winnings to prize winners?	1c	1	- -
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			\vdash
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0	1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority		}	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		1	١.
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶	1		
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		ļ	-l
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	L	1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		١.	1
	organization solicit any contributions that were not tax deductible?	6a	✓	<u> </u>
þ	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).			
а	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	/	-
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?			1
	·	7c	 	/
d e	If "Yes," indicate the number of Forms 8282 filed during the year	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, no a personal benefit contract?	7f	ļ. 	1
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	ļ	+
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	 	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
•	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8	 	
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		1
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			l
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1		
11	Section 501(c)(12) organizations. Enter:		1	
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.)]	<u></u>	<u> </u>
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 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>	<u> </u>	<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	ļ	<u> </u>
	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			

c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year? .

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a

14b

13b

13c

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	ee ins	struct	ions.			
Sect	Check if Schedule O contains a response to any question in this Part VI	<u>···</u>	•	. <u>V</u>			
	•		Yes	No			
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 in Schedule O.						
b 2	Enter the number of voting members included in 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 officer, director, trustee, or key employee?	2		1			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		1			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓			
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5 6		1			
6 7a							
b Are any governance decisions of the organization reserved to (or subject to approval by) members stockholders, or persons other than the governing body?							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
а	The governing body?	8a	✓				
þ	Each committee with authority to act on behalf of the governing body?	8b	✓				
9	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 in Schedule O	9	./				
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven		ode.)	<u> </u>			
			Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓			
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		✓			
b 12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	100		لــــا			
ıza b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	<u>√</u>	<u> </u>			
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		1			
13	Did the organization have a written whistleblower policy?	13	✓				
14	Did the organization have a written document retention and destruction policy?	14		✓			
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?						
a	The organization's CEO, Executive Director, or top management official	15a		✓			
b	Other officers or key employees of the organization	15b		√			
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		/			
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	100		•			
	organization's exempt status with respect to such arrangements?	16b					
<u>Secti</u> 17	on C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ Virginia						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(c)(3)s	only)			
19	Own website Another's website Upon request Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	inter	est p	olicy,			
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: Neil Corkery, 9502 Nelson Lane, Manassas, VA 20110, Phone: 571.247.3688	of the					

_			
	aan	(2011)	

Page **7**

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- 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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☑ Check this box if neither the organization no	r any relate	d orga	aniz	atic	n c	ompe	nsa	ited any currer	nt officer, directo	r, or trustee.	
				_	C)						
(A)	(B)			Position check more than one				(D)	(E)	(F)	
Name and Title	Average hours per	box,	unles	ss pe	rson	ıs both or/trust	n an	Reportable compensation	Reportable compensation from	Estimated amount of	
	week (describe							from the	related organizations	other compensation	
	hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	ghes nploy	Former	organization	(W-2/1099-MISC)	from the	
	related organizations	합	iona		nglo.	96 č		(W-2/1099-MISC)		organization and related	
	ın Schedule	ste	뙲		8	nper				organizations	
	O)	8	stee			Highest compensated employee					
(1) Mark Rodgers											_
President and Managing Director	8	1						0	0	(0
(2) Steven Garber											
Facilitator of Meaning and Director	0	✓		1				o	O	(0
(3) Gabriel Schultz											_
Director	0	✓		✓				0	0		0
(4) Brad Reeves											
Director	0	✓						0	0	(0
(5) Charlie Peacock											
Director and Sector Liaison	0	✓		_	ļ		<u> </u>	0	0	(<u>0</u>
(6) Makoto Fujimura	.	,									_
Orrector and Sector Liaison (7) Ralph Winter	0	✓			\vdash			0	0	· · · · · · · · · · · · · · · · · · ·	0
Director and Sector Liaison	0	1						۰ ا	٥	,	0
(8) David Kiersznowski					Н		-	<u> </u>		<u>`</u>	-
Director	0	1		✓				٥	o	(0
(9)											_
(10)		•									_
(11)											_
(12)											
(13)									-		_
(14)											_

Fair	(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more that box, unless person is b officer and a director/treat		than o	ne an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)		(F) Estimated amount o other compensati		of tion e on ed		
/1E\		,		lee			sated		· - · · · · · · · · · · · · · · · · · ·			····-		
(15)														
(16)														
(17)														
(18)												 -		
(19)														
(20)														
(21)				Н										
(22)				Н										
(23)					_									
(24)	······													
(25)														
1b c d	Sub-total	-	n A				•	> > >	0		0			0
2	Total number of individuals (including but reportable compensation from the organi		to th	ose	list	ed a	above) w	ho received mo	ore than \$10	00,00	0 of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete S	ficer, direct						mp	loyee, or high	•	nsate	d 3	Yes	No √
4	For any individual listed on line 1a, is the organization and related organizations individual	greater tha	an \$1 	50,0	000	? If	"Yes	s,"	complete Sch	edule J for	suc	h		√
5	Did any person listed on line 1a receive of for services rendered to the organization?									ation or indi	vidua 	al	-	1
	n B. Independent Contractors													
1	Complete this table for your five highest of compensation from the organization. Repyear.													tax
	(A) Name and business add	'ess						_	(B) Description of se	ervices	-	(C Comper	-	
		· · · · · · · · · · · · · · · · · · ·												
2	Total number of independent contracto received more than \$100,000 of compens							th	ose listed abo	ove) who				

Par	CVIII	Statement of Revenue						
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
के क	1a	Federated campaigns	1a	***				
ru,	ь	Membership dues	1b	308,500				
s, Grants Amounts	ŀ	Fundraising events	1c	300,300				
fts	C			<u> </u>				
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations	1d					
ns, Sim	e	Government grants (contributions)	1e					
rtio er (f	All other contributions, gifts, grants,						
흎		and similar amounts not included above	1f	369,339				
da	g	Noncash contributions included in lines 1a-1	lf: \$					
ဒိုင်	h	Total. Add lines 1a-1f			677,839			
				Business Code				
Program Service Revenue	2a	Annual Conference Fees		900099	10,055	10,055		
ě				711510				
96	b	FMV of goods and services		711310	31,000	31,000		
Ξ	C							
S S	d							
ш	е	***************************************						
bo	f	All other program service revenue) .					
Ĕ	g	Total. Add lines 2a-2f		▶	41,055		•	
	3	Investment income (including of			İ			
		and other similar amounts)						
	4	Income from investment of tax-exem						
	5	Royalties	•	· -				
	,	(i) Real	<u>·</u>	(ii) Personal				
	0-			(ii) i croonar				
	6a	Gross rents						
1	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)		▶				
	7a	Gross amount from sales of (i) Secuntie	s	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses .						į
-	C	Gain or (loss)						·
	d	Net gain or (loss)		<u> ▶ </u>				
Other Revenue	8a b	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c) See Part IV, line 18		11,545 35,007				
9		Net income or (loss) from fundrais	ina ((23,462)			(23,462)
		Gross income from gaming activities	~ .					(20,102)
		See Part IV, line 19						
- 1								
- 1		Less: direct expenses		data a				
		Net income or (loss) from gaming		/ities ▶				
	10a	Gross sales of inventory, le				ŀ		
		returns and allowances	a					
l	b	Less: cost of goods sold	ь					
ı	С	Net income or (loss) from sales of	inve	ntory ►				
ř		Miscellaneous Revenue	T	Business Code				1
ŀ	11a	· · · · · · · · · · · · · · · · · · ·	-+					
	_		<u>}</u>					
	b		}					
	C							
	đ	All other revenue	L					
	е	Total. Add lines 11a-11d						
- 1	12	Total revenue. See instructions.		▶ [695,432	41,055	0	(23,462)

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) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX										
	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to governments and									
	organizations in the United States. See Part IV, line 21	68,300	68,300							
2	Grants and other assistance to individuals in									
	the United States. See Part IV, line 22	39,500	39,500							
3	Grants and other assistance to governments,				· · · · · · · · · · · · · · · · · · ·					
	organizations, and individuals outside the									
	United States. See Part IV, lines 15 and 16	o								
4	Benefits paid to or for members	0								
5	Compensation of current officers, directors,									
	trustees, and key employees	o								
6	Compensation not included above, to disqualified]						
	persons (as defined under section 4958(f)(1)) and			İ						
	persons described in section 4958(c)(3)(B)	0								
7	Other salaries and wages	0		·						
8	Pension plan accruals and contributions (include									
	section 401(k) and 403(b) employer contributions)	0								
9	Other employee benefits	0								
10	Payroll taxes	0								
11	Fees for services (non-employees):									
а	Management	278,113		222,490	55,623					
b	Legal	2,773	1,898	875						
C	Accounting	11,000		11,000						
d	Lobbying	·· · · · · · · · · · · · · · · · · · ·								
е	Professional fundraising services. See Part IV, line 17									
f	Investment management fees									
g	Other									
12	Advertising and promotion	4,760	2,380		2,380					
13	Office expenses									
14	Information technology									
15	Royalties									
16	Occupancy	47.474		07.000						
17 18	Travel	47,471		27,023	20,448					
10	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings .	115,890	104,062		11,828					
20	Interest	113,630	104,002		11,020					
21	Payments to affiliates									
22	Depreciation, depletion, and amortization .		1							
23	Insurance				_ _					
24	Other expenses. Itemize expenses not covered									
	above. (List miscellaneous expenses in line 24e. If									
	line 24e amount exceeds 10% of line 25, column									
	(A) amount, list line 24e expenses on Schedule O.)									
а	Branding	5,400		4,320	1,080					
b	Miscellaneous	5,849	5,849							
С	Bank Fees	387		387						
d	Sapere PRI Outsource	9,817	9,817							
e	All other expenses Contractors and other	51,563	3,452		48,111					
25	Total functional expenses. Add lines 1 through 24e	640,823	235,258	266,095	139,470					
26	Joint costs. Complete this line only if the									
	organization reported in column (B) joint costs from a combined educational campaign and			1						
	fundraising solicitation. Check here if]							
	following SOP 98-2 (ASC 958-720)									

F	art X	Balance Sheet			Fage I
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	216,194	1	225,053
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary		5	
ets	_	employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
4	8	Inventories for sale or use	· · · · · · · · · · · · · · · · · · ·	8	
	9 10a	Prepaid expenses and deferred charges		9	
	Ь	Less: accumulated depreciation 10b	T	10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11	89,000	13	134,750
	14	Intangible assets	03,000	14	104,730
	15	Other assets. See Part IV, line 11		15	· <u></u>
	16	Total assets. Add lines 1 through 15 (must equal line 34)	305,194	16	359,803
	17	Accounts payable and accrued expenses		17	000,000
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	.
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.		-	
Ē		Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
_ sec		Organizations that follow SFAS 117, check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.			
ā	27	Unrestricted net assets		27	
3al	28	Temporarily restricted net assets		28	
5	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			·
S	30	Capital stock or trust principal, or current funds		30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fund	· · · -··	31	
As	32	Retained earnings, endowment, accumulated income, or other funds .		32	····
Vet	33	Total net assets or fund balances	305,194	33	359,803
_	34	Total liabilities and net assets/fund balances	305,194	34	359,803

•					
Form 9	90 (2011)			Pa	ge 1 2
Par	XI Reconciliation of Net Assets				-
	Check if Schedule O contains a response to any question in this Part XI	<u> </u>	<u> </u>	<u> </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		60	- 422
2	Total revenue (must equal Part VIII, column (A), line 12)	2			5,432
3		3			0,823
4	Revenue less expenses. Subtract line 2 from line 1	4			4,609
5	- · · · · · · · · · · · · · · · · · · ·	5		30	5,194
6	Other changes in net assets or fund balances (explain in Schedule O)	3			
	column (B))	6		359	9,803
Part					
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: 🗸 Cash 🔲 Accrual 🔲 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plain in			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		1
b	Were the organization's financial statements audited by an independent accountant?		2b		√
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for of	versight			
	of the audit, review, or compilation of its financial statements and selection of an independent according		2c		
	If the organization changed either its oversight process or selection process during the tax year, e. Schedule O.	kplaın in			··
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the ye issued on a separate basis, consolidated basis, or both:	ear were			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in			

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 in Schedule O and describe any steps taken to undergo such audits

Form **990** (2011)

3a

3b

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047 2011

Department of the Treasury Internal Revenue Service Name of the organization 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. ▶ See separate instructions.

Open to Public Inspection

Employer identification number

	gwood Circle Instit	ute							26-38	99171 	
Pai			rity Status (All orga						nstructio	ons.	
The o		•	ation because it is: (Fo		_		-	•			
1			ches, or association of			ed in sec	tion 170	(b)(1)(A)(i	i).		
2			170(b)(1)(A)(ii). (Atta		•		.=-0.141				
3			spital service organiza						0/5/4//4/	Giil Entortho	
4		ne, city, and stat	on operated in conjun	Cuon witi	n a nospii	aı descn	bea in se	cuon 17	U(D)(1)(A)((III). Enter the	
5			the benefit of a colle	ae or un	iversity o	wned or	operated	l by a go	vernment	al unit describe	d ir
	_	o)(1)(A)(iv). (Com		30 01 0			-,	, - g-			
6			rnment or government								
7	described in s	section 170(b)(1	receives a substantia)(A)(vi). (Complete Pa	rt İI.)			a governi	mental ur	nit or from	n the general pu	ıblic
8	_		in section 170(b)(1)(A								
9			receives: (1) more that								
			d to its exempt funct								
		•	ent income and unre after June 30, 1975. Se				•		n on ta	x) Irom busines	Ses
10		-	d operated exclusively					•	(A)		
11	-	_	nd operated exclusive		-	-				or to carry out	the
••			olicly supported organ								
	, ,	•	describes the type of				•	, , ,		, , , ,	
	a 🗌 Type I	b □	Type II c	☐ Type	III-Funct	ionally in	tegrated		d 🗌	Type III-Other	
е	☐ By checking t	his box, I certify	that the organization	is not co	ntrolled c	directly or	indirect	y by one	or more o	disqualified pers	ons
		_	ers and other than on	e or more	e publicly	support	ed organ	izations d	described	ın section 509(a	a)(1
_	or section 509						_				
f	_		a written determination	on from	the IRS 1	that it is	a Type	I, Type	ll, or Typ	e III supporting	
_	-	check this box						 مطاح کومیرس			Ш
g	following pers		the organization acce	pied any	giit or co	ontributio	n irom a	iny or the	,		
	(i) A person	who directly or	indirectly controls, eit	her alone	or toget	her with	persons	describe	d in (ii) an	nd Yes	No
	(iii) below,	the governing b	ody of the supported	organizat	ion?					11g(i)	
	(ii) A family m	ember of a pers	on described in (i) abo	ove?						11g(ii)	
			a person described in							11g(iii)	
<u>h</u>		llowing informat	on about the support	, .	··········	,		· · · · · · · · · · · · · · · · · · ·			
(i)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9		organization sted in your		ou notify		s the tion in col.	(vii) Amount of support	
	Organization		above or IRC section		document?	col (i)	of your port?	(i) organı	zed in the	осррон	
			(see instructions))	Yes	No	Yes	No	Yes	S? No		
									114	-	
(A)											
(B)											
(C)					_						
(D)											
(E)											
\ - /										<u>.</u>	
Total	Í	1	I	ł	I			1	1 1		

Part							
	(Complete only if you checked the				_	•	alify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")			ļ <u>.</u>			ļ
2	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
•							
3	The value of services or facilities furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3		<u> </u>				
	· ·						
5	The portion of total contributions by each person (other than a				İ	<u> </u>	
	each person (other than a governmental unit or publicly						
	supported organization) included on		1				
	line 1 that exceeds 2% of the amount			1			
	shown on line 11, column (f)				1		
6	Public support. Subtract line 5 from line 4.						
Secti	on B. Total Support						
Caler	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
_	sources			ļ			ļ
9	Net income from unrelated business						
	activities, whether or not the business is regularly carried on						
40							
10	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part IV.)						
44	Total support. Add lines 7 through 10						-
11 12	Gross receipts from related activities, etc	(see instruction	l nns)	<u> </u>		12	I
13	First five years. If the Form 990 is for the			d third fourth	or fifth tax v		n 501(c)(3)
••	organization, check this box and stop he						
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2011 (line 6	6, column (f) di	vided by line 1	1, column (f))		14	%
15	Public support percentage from 2010 Sch					15	<u></u> %
16a	331/3% support test-2011. If the organiz				d line 14 is 331	/3% or more, c	heck this
	box and stop here. The organization qua			_			
b	331/3% support test-2010. If the organ					15 is 33 ¹ /3%	or more,
	check this box and stop here. The organi	ization qualifie	s as a publicly	supported org	ganization .		🕨 🔲
17a	10%-facts-and-circumstances test — 20						
	10% or more, and if the organization me						
	Part IV how the organization meets the "f	acts-and-circu	ımstances" tes	st. The organiz	ation qualifies	as a publicly s	upported
	organization						. ▶ □
b	10%-facts-and-circumstances test-20						
	15 is 10% or more, and if the organizat						
	Explain in Part IV how the organization m	eets the "facts			ne organizatio	n qualities as a	a publicly
40	supported organization						. • 📙
18	Private foundation. If the organization di instructions	u not check a	box on line 13.	, 10a, 10D, 1/a	i, or 1/D, chec	k this box and	see 🕨 🗂
							11

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

(Complete only if you checked the box on line 9 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	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants ")			361,750	664,590	677,839	1,704,179
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			19,658	16,233	41,055	76,946
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513			<u>-</u>			
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						
	furnished by a governmental unit to the organization without charge						
•			<u> </u>	201.400	600 000	710 004	1 701 125
6 7a	Total. Add lines 1 through 5		-	381,408	680,823	718,894	1,781,125
74	received from disqualified persons .			225,000	225,000	258,750	708,750
h	Amounts included on lines 2 and 3		 	223,000	223,000	238,730	700,730
b	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b			225,000	225,000	258,750	708,750
8	Public support (Subtract line 7c from						
	line 6.)						1,072,375
	on B. Total Support					- - · · · · · · - · -	
Calen	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6			381,408	680,823	718,894	1,781,125
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar sources.						
	· ·						
D	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 in line 10b, whether						
	or not the business is regularly carried on		1				
12	Other income. Do not include gain or					-	
	loss from the sale of capital assets				ļ		
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,	<u> </u>					
	and 12.)			381,408	680,823	718,894	1,781,125
14	First five years. If the Form 990 is for the						
Cooki	organization, check this box and stop he			· · · · ·	 	<u> </u>	▶ [/]
	on C. Computation of Public Suppor	 		2 lump (6)		1451	
15 16	Public support percentage for 2011 (line & Public support percentage from 2010 Sch		-			15	<u>%</u>
	on D. Computation of Investment Inc			<u> </u>	<u> </u>		
17	Investment income percentage for 2011 (v line 13 colum	n (fl)	17	%
18	Investment income percentage from 2010					18	
19a	331/3% support tests—2011. If the organi						
	17 is not more than 331/3%, check this box						
b	331/2% support tests-2010. If the organiz		_			_	_
	line 18 is not more than 331/3%, check this t		-	•	-		
20	Private foundation. If the organization di	d not check a	box on line 14,	19a, or 19b, c	heck this box a	and see instruc	tions 🕨 🗌

Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10;	Page
	Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	
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		-
		
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		·

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2011

Department of the Treasury Internal Revenue Service Name of the organization ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name o	the organization		Employer identification number
Wedg	vood Circle Institute		26-3899171
Par	Organizations Maintaining Dono organization answered "Yes" to F	or Advised Funds or Other Similar Fu orm 990, Part IV, line 6.	inds or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year) .		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and funds are the organization's property, subje		
6	Did the organization inform all grantees, do only for charitable purposes and not for the conferring impermissible private benefit?	nors, and donor advisors in writing that gr	ant funds can be used for any other purpose
Par	Conservation Easements. Comp	plete if the organization answered "Yes	" to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held	Š	·
	Preservation of land for public use (e.g.,	- · · · · · · · · · · · · · · · · · · ·	of an historically important land area
	☐ Protection of natural habitat	<u>.</u>	of a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organiza	ation held a qualified conservation contribu	tion in the form of a conservation
	easement on the last day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation eas	sements	2b
C	Number of conservation easements on a ce	rtified historic structure included in (a)	2c
d	Number of conservation easements include		t on a
	historic structure listed in the National Regis		
3	Number of conservation easements modifie tax year ▶	d, transferred, released, extinguished, or te	rminated by the organization during the
4 5	Number of states where property subject to Does the organization have a written polyiolations, and enforcement of the conserva	icy regarding the periodic monitoring, ir	
6	Staff and volunteer hours devoted to monito	ring, inspecting, and enforcing conservation	
7	Amount of expenses incurred in monitoring, \$ \\$	inspecting, and enforcing conservation ear	sements during the year
8	Does each conservation easement reported (i) and section 170(h)(4)(B)(ii)?	on line 2(d) above satisfy the requirements	s of section 170(h)(4)(B)
9	In Part XIV, describe how the organization rebalance sheet, and include, if applicable, the organization's accounting for conservation e	text of the footnote to the organization's f	
Part		ections of Art, Historical Treasures, or rered "Yes" to Form 990, Part IV, line 8	
1a	If the organization elected, as permitted und		
	works of art, historical treasures, or other public service, provide, in Part XIV, the text		
b	If the organization elected, as permitted unworks of art, historical treasures, or other public service, provide the following amount	similar assets held for public exhibition, e	education, or research in furtherance of
	(i) Revenues included in Form 990, Part VIII	, line 1	> \$
	(i) Revenues included in Form 990, Part VIII (ii) Assets included in Form 990, Part X		> \$
2	if the organization received or neid works following amounts required to be reported u	of art, historical treasures, or other similar and art, historical treasures, or other similar and art art.	ar assets for financial gain, provide the items:
а	Revenues included in Form 990, Part VIII, lin	e1	> \$
b	Assets included in Form 990, Part X	<u> </u>	▶ \$

Part	Organizations Maintaining							
3	Using the organization's acquisition, collection items (check all that apply):		other reco	ords, chec	ck any of the	follow	ving that are a si	gnificant use of its
а	☐ Public exhibition		d	Loan	or exchange	e progi	rams	
b	☐ Scholarly research		е	☐ Othe	r			
С	Preservation for future generations	S						
4	Provide a description of the organization		ns and expl	ain how t	hey further t	the org	anization's exem	pt purpose in Part
	XIV.							. , .
5	During the year, did the organization	solicit or recei	ve donatio	ns of art	historical tre	easures	s, or other simila	r
•	assets to be sold to raise funds rather							
Part								
rait	line 9, or reported an amoun				garnzation a	1134461	160 163 1010	1111 550, 1 dit 14,
40	Is the organization an agent, trustee				or contributi	one or	other assets no	+
1a	included on Form 990, Part X?							
_								☐ Yes ☐ No
ь	If "Yes," explain the arrangement in Pa	art XIV and con	nplete the f	ollowing t	able:		1 A-	
							Ar	nount
C	Beginning balance					_1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f	l	
2a	Did the organization include an amoun	nt on Form 990	, Part X, lin	e 21? .		. —		☐ Yes ☐ No
b	If "Yes," explain the arrangement in Pa	art XIV.						
	V Endowment Funds. Compl		nization a	nswered	"Yes" to Fe	orm 9	90, Part IV, line	10.
		(a) Current year		nor year	(c) Two years		(d) Three years back	
1a	Beginning of year balance				1			
b	Contributions	<u>-</u>						
	Net investment earnings, gains, and							
С	losses							
			-					
	Grants or scholarships							
е	Other expenditures for facilities and							
	programs							
f	Administrative expenses							
9	End of year balance					i		
2	Provide the estimated percentage of t	he current year	rend balan	ce (line 1g	g, column (a)) held a	as.	
а	Board designated or quasi-endowmen	nt ▶	<u></u> %					
b	Permanent endowment ▶	 %						
С	Temporarily restricted endowment ▶		6					
	The percentages in lines 2a, 2b, and 2	c should equa	l 100%.					
За	Are there endowment funds not in the	e possession o	f the organ	ızatıon th	at are held a	and ad	ministered for the	e
	organization by:							Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations							3a(ii)
b	If "Yes" to 3a(ii), are the related organi	izations listed a	s required	on Sched	lule R? .			3b
4	Describe in Part XIV the intended uses							
Part	VI Land, Buildings, and Equip	ment. See Fo	orm 990, F	Part X, lin	ie 10.			
	Description of property	(a) Cost of	or other basis estment)	(b) Cost	or other basis other)		Accumulated epreciation	(d) Book value
1a	Land	<u> </u>		1				
b	Buildings		·-·-·	1				
C	Leasehold improvements	·		†				
d	Equipment	·		+				
e	Other	•		+				
	Add lines 1a through 1e. (Column (d) n		n QQA Dart	X colum	n (R) line 10:	(c))		
i Utal.	Add littles to thirough the (Coldinit (a) th	iust equal FUIT	ıı əşu, rait	A, COIGITII	יווי, עטן זיין, ווויפ וויין,	<u>(~/·/ · · · · · · · · · · · · · · · · · ·</u>		

Part VII	Investments - Other Securities	. See Form 990, Part X,	line 12.	
(6	a) Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year r	
(1) Financia	l derivatives			
	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				·
(H)				
(1)				
	(b) must equal Form 990, Part X, col (B) line 12.)			
Part VIII	Investments-Program Related	J. See Form 990, Part X,	line 13.	
	(a) Description of investment type	(b) Book value	(c) Method of va Cost or end-of-year r	
(1) Music S	ector Loan, 4%	33,000	Cost	
	ector Loan, 4% plus 1% of net rev	10,000		
	ector Loan, 4% plus 1% of net rev	10,000	Cost	
	Novel Sector revenue share	38,000	Combined Cost for eight investme	ents
	or Writer Developmt revenue share	8,750	Cost	
	ector Loan	15,000	Cost	
	ector Loan	10,000		
	ector Loan	5,000		
(9) Music S	ector Loan	5,000	Cost	
(10)				
	b) must equal Form 990, Part X, col (B) line 13.)	134,750		
Part IX	Other Assets. See Form 990, Pa			
	(a	n) Description		(b) Book value
(1)				
(2)				
(3)				
(4)		· · · · · · · · · · · · · · · · · · ·		
(5)				·
(6)				
(7)				
(8)				
(9)				
(10)	mn (b) must equal Form 990, Part X, co	ol (R) line 15.)		
Part X	Other Liabilities. See Form 990,			
1.	(a) Description of liability	(b) Book value		
	income taxes	(-,		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
	b) must equal Form 990, Part X, col. (B) line 25)			
	CC 740) Englands In Dort VIV mayida			

Par			ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	[2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	[3	
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities	[5	
6	Investment expenses	[6	
7	Prior period adjustments	[7	
8	Other (Describe in Part XIV.)	[8	
9	Total adjustments (net). Add lines 4 through 8		9	
10	Excess or (deficit) for the year per audited financial statements. Combine	lines 3 and 9	10	
Part	XII Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue per	Return	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments	2a]	
b	Donated services and use of facilities	2b]	
C	Recoveries of prior year grants	2c]	
d	Other (Describe in Part XIV.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIV.)		J	
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	•	5	
	XIII Reconciliation of Expenses per Audited Financial Statem		er Return	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1		
a	Donated services and use of facilities	2a	4	
b	Prior year adjustments	2b	4	
C	Other losses		4	
d	Other (Describe in Part XIV.)		4	
e	Add lines 2a through 2d		2e	· ·
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4.		
a	Investment expenses not included on Form 990, Part VIII, line 7b Other (Pagariba in Red VIV)	4a 4b	-	
b	Other (Describe in Part XIV.)	40	4	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line		4c	
Part		3 10.7	1. 3 1	
Comp Part V	ete this part to provide the descriptions required for Part II, lines 3, 5, and line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, ditional information.			
		•	·	
•				

Schedule D (Fo	m 990) 2011	Page 5
Part XIV	Supplemental Information (continued)	

		**
	•••••••••••••••••••••••••••••••••••••••	

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	•••••••••••••••••••••••••••••••••••••••	

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

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

Open to Public Inspection

OMB No. 1545-0047

201

▶ Attach to Form 990.

Wedgwood Circle Institute							26-3899171
Part General Information on Grants and Assistance	Grants and	Assistance					
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	ecords to subs	tantiate the amou	nt of the grants or	assistance, the g	rantees' eligibility fo	r the grants or assistanc	,
2 Describe in Part IV the organization's procedures for monitoring	on's procedure		the use of grant funds in the United States.	nds in the United	States.		. Tes No
Part II Grants and Other Assistance to Governments and	tance to Gov	vernments and	d Organizations in the United States.	in the United St	ates. Complete if	Complete if the organization answered "Yes"	wered "Yes"
Part II can be duplicated if additional space is needed	f additional s	space is needec		#3,000. Crieck		recipient received mo	re tnan \$5,000.
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ENation LLC 2210 W. Main Street #107-228. Battle			15.000	0			Music Draduction
(2) Churchill the Band LLC PO Box 101613, Denver, CO, 80250			10,000	0			Music Production
(3) Ten Out of Tennessee 2946 Vaulx Lane, Nashville, TN, 3720			10,000	0			Music Production
(4) Brightwater Digital 215 Pine Knoll Drive, Suite 1, Greenv			12,500	0			Music Production
(5) Attwater 7117 Mary Ann Way, Citrus Heights,			5,000	0			Music Production
(9)							
ω							
(8)							
(6)							
(10)							
(11)							
(12)							
 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table 	(c)(3) and gove izations listed	ernment organization the line 1 table	ions listed in the li	ne 1 table .			0
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	he Instructions	for Form 990.		Ca	Cat No. 50055P		Schedule I (Form 990) (2011)

Schedule I (Form 990) (2011) Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed.	e to Individuals in the Iditional space is neede	• United States. Com led.	plete if the organiz	ation answered "Yes" to	Page 2 Form 990, Part IV, line 22.
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 Loan		2,000			
2 Revenue Share	8	10,750			
3 Grant	2	23,750			
4					
5					
9					
7					
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	Complete this part to pre	ovide the information	n required in Part I,	line 2, and any other add	itional information.
Each grantee signs an agreement prior to disbursement of funds. A Wedgwood staff member or contractor is responsible to track the artists' work and progress in the project. Periodic communication via social networking, conference calls, and face to face meetings at Wedgwood events provides close monitoring and evaluation of results.	rrsement of funds. A Wedgw conference calls, and face t	vood staff member or co	ontractor is responsibi	e to track the artists' work an	d progress in the project.
recorded and maintained in office files.			,	0	
			E		
			9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
					Schedule I (Form 990) (2011)

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

► Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

Open To Public Inspection

Name of the organization

Employer identification number 26-3899171

Wedgwoo	od Circle Institute							26-	38991	71		
Part I	Excess Benefit Transactions Complete if the organization a	(section	501(c)(3 "Yes" or) and section 501(c) n Form 990, Part IV,	(4) organiz Iine 25a o	ations only) r 25b, or Fo	rm 99	0-EZ,	Part	V, line	40b.	
1	(a) Name of disqualified persor				(h) Descrip	tion of transact	100				(c) Cor	rected?
•			(b) Description of trans								Yes	No
(1)												
(2)												ļ
(3)											ļ	
(4)												
(5)											ļ	ļ
(6)						<u> </u>					<u> </u>	<u> </u>
un										S		
3 Er	nter the amount of tax, if any, on li	ne 2, ab	ove, reim	bursed by the orgar	nization		• •	!	▶ \$	-		
Part II	Loans to and/or From Intere Complete if the organization a			Form 990, Part IV,	line 26, or	Form 990-	Z, Pa	rt V, li	ine 38	Ba.		
(a) Name of interested person and purpose		(b) Loan to or from the organization?		(c) Onginal principal amount			(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
		То	From				Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)		ļ										
<u>(6)</u>			\perp				<u> </u>					
					ļ							
_(8)		<u> </u>	 		<u> </u>		ļ					
(9)	·				ļ		ļ					
(10)					<u> </u>		ļ	L				
					·		<u> </u>					
Part III	Grants or Assistance Benefit Complete if the organization a	ng Inte	"Yes" or	ersons. Form 990, Part IV,	line 27.							
	(a) Name of interested person	(b) Relationship between interested person and the organization (c) Amount and type of a				f assistance						
(1)												
(2)	<u> </u>											
(3)												
(4)												
(5)												
_(6)												
(7)		ļ										
(8)		-										
(9)	_			 _								
(10)												

(a) Name of interested person		(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
					Yes	No
(1)	Mark Rodgers	Founder/Board Member	278,113	Administrative fees		✓
(2)						ļ
(3)						ļ
(4) (5)		 		-		-
(6)		 			+	├
(7)						╁
(8)						\vdash
(9)						<u> </u>
(10)						
Pa	rt V Supplemental Information					
D	Complete this part to provide a			· · · · · · · · · · · · · · · · · · ·	•	
Pan	IV, (1) (d) - The Clapham Group provides	payroli, benefits, rent, phone		opier, janitorial services, utilities	& insurai	nce
to V	Vedgwood Circle Institute and Mark Rodg	-	•			
	***************************************		***************************************			

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			••••••			

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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047 2011

Department of the Treasury Internal Revenue Service Name of the organization 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 990-EZ.

Open to Public Inspection

Employer identification number

Wedgwood Circle Institute	26-3899171					
Part VI. Governance, Management, and Disclosure. Section A. Governing Body and Management. Item	9.					
Gabriel Schulze, Suite 1901 East Tower, LG Twin Towers B-12 Jianguomenwai Ave Beijing 100022 China						
Part VI. Governance, Management, and Disclosure. Section B. Policies. Item 11b.						
Form 990 is prepared by the Executive Director and made available to the board for review as soon as	practicable.					
Staff limitations have not permitted adequate time after preparation for a review by the Board of Directors.						
The Board currently has two members with financial acumen to provide a meaningful review. One is these lives in China.						
Section C. Disclosure. Item 19.						
Wedgwood makes its governing documents and conflict of interest policy available to the public upon						
Wedgwood does not make financial statements available to the general public but only to membership	o upon reasonable request.					
	······					
	·					
······································						

Schedule O (Form 990 or 990-EZ) (2011)		Page 2
Name of the organization	Employer identification number	
		••••
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