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Form **990-EZ**

**Short Form
Return of Organization Exempt From Income Tax**

OMB No 1545-1150

2011

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 5/01, 2011, and ending 4/30, 2012

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C FULL CIRCLE LEARNING P.O. BOX 996 TOPANGA, CA 90290	D Employer identification number 95-4531367
		E Telephone number 310-455-3909
		F Group Exemption Number
		G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) _____

I Website: ▶ HTTP://WWW.FULLCIRCLELEARNING.ORG/

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Tax-exempt status (ck only one) - 501(c)(3) 501(c) () (Insert no.) 4947(a)(1) or 527

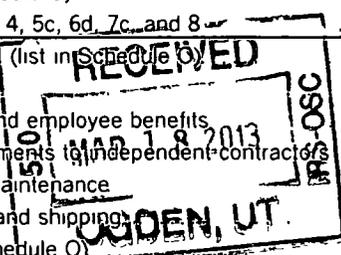
K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 166,065.

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

Check if the organization used Schedule O to respond to any question in this Part I

REVENUE	1 Contributions, gifts, grants, and similar amounts received	1	165,334.
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
c Less direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a	731.	
b Less cost of goods sold	7b	4,832.	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	-4,101.	
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	161,233.	
EXPENSES	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	1,954.
	12 Salaries, other compensation, and employee benefits	12	75,255.
	13 Professional fees and other payments to independent contractors	13	6,284.
	14 Occupancy, rent, utilities, and maintenance	14	11,005.
	15 Printing, publications, postage, and shipping	15	4,488.
	16 Other expenses (describe in Schedule O)	16	54,079.
	17 Total expenses. Add lines 10 through 16	17	153,065.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	8,168.	
ASSETS	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	56,560.
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	64,728.



SEE SCHEDULE O

BAA For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2011)

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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in SEE SCHEDULE O the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O.		X
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).		X
35 a 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)?		X
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		
35 c 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		X
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		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37 a 0.		
b Did the organization file Form 1120-POL for this year?		X
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38 b N/A	
39 Section 501(c)(7) organizations. Enter		
a Initiation fees and capital contributions included on line 9	39 a N/A	
b Gross receipts, included on line 9, for public use of club facilities	39 b N/A	
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0., section 4912 ▶ 0., section 4955 ▶ 0.		
b Section 501(c)(3) and 501(c)(4) 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		X
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
e 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		X
41 List the states with which a copy of this return is filed ▶ CA		

42 a The organization's books are in care of ▶ HYLA DOUGLAS Telephone no. ▶ 310-455-3909
 Located at ▶ 120 N TOPANGA CANYON BLVD #217 TOPANGA CA ZIP + 4 ▶ 90290

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)?
 If 'Yes,' enter the name of the foreign country ▶ _____

	Yes	No
42 b		X

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?
 If 'Yes,' enter the name of the foreign country ▶ _____

	Yes	No
42 c		X

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 ▶ N/A

	Yes	No
44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
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		X
c Did the organization receive any payments for indoor tanning services during the year?		X
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O		
45 a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?		X
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,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

	Yes	No
46		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II

	Yes	No
47		X
48		X
49a		X
49b		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If 'Yes,' was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

e Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

e Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer: *[Signature]* Date: 3-12-13
 Type or print name and title: TERESA LANGNESS, PRESIDENT

Paid Preparer Use Only
 Print/Type preparer's name: DEBORAH ANN POSADA
 Preparer's signature: *[Signature]* Date: 3/7/13
 Check if self-employed PTIN: P00116463
 Firm's name: POSADA & ASSOCIATES, CPAS
 Firm's address: 14011 VENTURA BLVD., SUITE 221 SHERMAN OAKS, CA 91423
 Firm's EIN: 20-1816369
 Phone no: (818) 986-9720

May the IRS discuss this return with the preparer shown above? See instructions

Yes No

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

2011

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. See separate instructions.

Name of the organization: FULL CIRCLE LEARNING; Employer identification number: 95-4531367

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions...
10 An organization organized and operated exclusively to test for public safety.
11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations...
e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations...
f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box.
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

Table with 2 columns: Yes, No. Rows for 11g(i), 11g(ii), 11g(iii).

Table with 7 main columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization in column (i) listed in your governing document?, (v) Did you notify the organization in column (i) of your support?, (vi) Is the organization in column (i) organized in the US?, (vii) Amount of support. Rows (A) through (E) and Total.

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

Schedule A (Form 990 or 990-EZ) 2011

Part III 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) 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'.)	162,172.	132,348.	193,339.	147,972.	165,334.	801,165.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3	162,172.	132,348.	193,339.	147,972.	165,334.	801,165.
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)						242,929.
6 Public support. Subtract line 5 from line 4						558,236.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	162,172.	132,348.	193,339.	147,972.	165,334.	801,165.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			37.	3.		40.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
11 Total support. Add lines 7 through 10						801,205.
12 Gross receipts from related activities, etc (see instructions)					12	3,388.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)).	14	69.67 %
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	69.38 %
16a 33-1/3% support test – 2011. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33-1/3% support test – 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test – 2011. 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 IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test – 2010. 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 IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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.) *N/A*

Section A. Public Support

Calendar year (or fiscal yr 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'.)						
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 furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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						
c 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						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lns 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

- 19a 33-1/3% support tests – 2011.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ▶
- b 33-1/3% support tests – 2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ▶
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ▶

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

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**

Name of the organization

FULL CIRCLE LEARNING

Employer identification number

95-4531367

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

EDUCATION

FORM 990-EZ, PART III, LINE 28 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

FCL SERVES SCHOOLS AND NON-GOVERNMENTAL ORGANIZATIONS AROUND THE WORLD BY TRAINING
TEACHERS, PROVIDING THE FCL MODEL/CURRICULUM AND ANCILLARY MATERIALS, MENTORING
EDUCATORS, ASSISTING IN LAUNCHING SITES THAT PROMOTE INTEGRATION AND EXPANSION OF
STUDENTS' CHARACTER STRENGTHS, ACADEMIC EXCELLENCE, ARTISTIC CAPACITIES AND PEACE
MAKING SKILLS IN SERVICE TO THE GLOBAL HUMAN FAMILY.

FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? NO

CLIENT 8000

FULL CIRCLE LEARNING

95-4531367

**FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES**

ADVERTISING AND PROMOTION	\$	619.
AMORTIZATION		3,813.
BANK FEES & FINANCE CHARGE		160.
CONFERENCES, CONVENTIONS, AND MEETINGS		75.
DEPRECIATION		1,307.
FILING FEES		70.
FUNDRAISING EXPENSE		3,105.
INSURANCE		5,075.
OFFICE EXPENSES		1,005.
PAYPAL FEES		119.
PAYROLL FEES		1,038.
PROGRAM EXPENSE -INT'L SITES		14,588.
TEACHING AND PROJECT EXPENSE		6,555.
TELEPHONE EXPENSE		1,658.
TRANSLATION		1,410.
TRAVEL		13,040.
UTILITIES		442.
TOTAL	\$	<u>54,079.</u>

**FORM 990-EZ, PART II, LINE 24
OTHER ASSETS**

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS RECEIVABLE	\$ 0.	\$ 663.
FURNITURE AND FIXTURES	497.	165.
INTANGIBLE ASSETS	36,149.	33,718.
INVENTORIES	7,241.	7,669.
MACHINERY AND EQUIPMENT	0.	3,898.
TOTAL	\$ <u>43,887.</u>	\$ <u>46,113.</u>

**FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES**

	<u>BEGINNING</u>	<u>ENDING</u>
CREDIT CARD	\$ 75.	\$ 120.
TOTAL	\$ <u>75.</u>	\$ <u>120.</u>

CLIENT 8000

FULL CIRCLE LEARNING

95-4531367

FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	HEALTH BENEFITS & CONTRIB- UTION TO EBP & DC	EXPENSE ACCOUNT & OTHER ALLOWANCES
TERESA LANGNESS TOPANGA, CA 90290	PRESIDENT 60	\$	\$	\$
PAYAM AFSHARIAN BEVERLY HILLS, CA 90211	BOARD MEMBER 5hr/mo			
KATE FOLB TOLUCA LAKE, CA 91602	VICE PRESIDENT 5 hr/mo			
MARGIE MAHER PORTSMOUTH, RI 02871	BOARD MEMBER 10 hr/mo			
TARANEH DARABI GAINESVILLE, FL 32653	BOARD MEMBER 5hr/mo			
FARIBA MAHJOUR PALOS VERDES ESTATES, CA 90275	BOARD MEMBER 5hr/mo			
TOM HOFFMAN AGOURA, CA 91301	TREASURER 5hr/mo			
VALERIE MYERS LOS ANGELES, CA 90043	SECRETARY 5hr/mo			
MARISOL REXACH MISSION VIEJO, CA 92692	BOARD MEMBER 20hr/mo			
RODNEY B. DAWSON-HUME BEAUMONT, CA 92223	BOARD MEMBER 5hr/mo			
STEPHANIE MEDINA RODRIGUEZ NORTH HOLLYWOOD, CA 91606	BOARD MEMBER 5hr/mo			
TONI ISAACS WEST HILLS, CA 91304	BOARD MEMBER 20 hr/mo			
TOTAL		\$	\$	\$

CLIENT 8000

FULL CIRCLE LEARNING

95-4531367

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS PCT.	CUR 179 BONUS SP	SPECIAL DEPR ALLOW	PRIOR 179/ BONUS/ SP	PRIOR DEC BAL DEPR	SALVAG /BASIS REDUCT	DEPR BASIS	PRIOR DEPR	METHOD	LIFE	RATE	CURRENT DEPR
FORM 990/990-PF																
AMORTIZATION																
1	CD COST	10/28/03		4,419							4,419	2,212	S/L	15		295
2	CURRICULUM COST	3/08/04		3,574							3,574	1,706	S/L	15		238
3	CD COST	11/22/04		3,892							3,892	1,662	S/L	15		259
4	CURRICULUM COST	12/08/04		4,268							4,268	1,829	S/L	15		285
5	POSTER COST	12/08/04		214							214	90	S/L	15		14
6	CD COST	11/30/05		7,209							7,209	2,605	S/L	15		481
7	DVD/VIDEO COST	2/27/06		8,588							8,588	2,960	S/L	15		573
8	CURRICULUM COST	11/30/05		8,976							8,976	3,239	S/L	15		598
11	CD COST	6/12/06		600							600	197	S/L	15		40
12	DVD COST	5/21/06		1,800							1,800	590	S/L	15		120
13	CURRICULUM	6/15/06		5,976							5,976	1,957	S/L	15		398
14	CD COST	9/14/07		321							321	77	S/L	15		21
15	DVD COST	5/10/07		170							170	44	S/L	15		11
16	CURRICULUM	2/21/08		225							225	48	S/L	15		15
17	CD COST	4/24/09		500							500	66	S/L	15		33
18	CD COST	3/25/09		1,000							1,000	140	S/L	15		67
19	DVD COST	5/06/08		211							211	42	S/L	15		14
20	CURRICULUM	12/08/08		500							500	80	S/L	15		33
21	CD COSTS	5/20/09		1,875							1,875	240	S/L	15		125
22	CURRICULUM	8/10/09		1,100							1,100	128	S/L	15		73
23	CURRICULUM	10/21/10		630							630	21	S/L	15		42
24	COPYRIGHT	5/17/10		35							35	2	S/L	15		2
26	SOFTWARE	8/22/11		82							82		S/L	3		18

CLIENT 8000

FULL CIRCLE LEARNING

95-4531367

NÚ.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS PCT.	CUR 179/ BONUS/ SP_DEPR	SPECIAL DEPR ALLOW	PRIOR 179/ BONUS/ SP_DEPR	PRIOR DEC BAL DEPR	SALVAG /BASIS REDUCT	DEPR BASIS	PRIOR DEPR	METHOD	LIFE	RATE	CURRENT DEPR
27	ANTHOLOGY COST	9/15/11		1,300							1,300		S/L	15		58
	TOTAL AMORTIZATION			57,465	0	0	0	0	0	0	57,465	19,935				3,813
	FURNITURE AND FIXTURES															
9	FURNITURE	8/27/05		3,720							3,720	3,223	200DB HY	7	.08930	332
	TOTAL FURNITURE AND FIXTURE			3,720	0	0	0	0	0	0	3,720	3,223				332
	MACHINERY AND EQUIPMENT															
10	EQUIPMENT	5/17/05		668							668	668	200DB HY	5		0
25	EQUIPMENT	6/30/11		489							489		200DB HY	5	.20000	98
28	EQUIPMENT	5/03/11		4,384							4,384		200DB HY	5	.20000	877
	TOTAL MACHINERY AND EQUIPME			5,541	0	0	0	0	0	0	5,541	668				975
	TOTAL DEPRECIATION			9,261	0	0	0	0	0	0	9,261	3,891				1,307
	GRAND TOTAL AMORTIZATION			57,465	0	0	0	0	0	0	57,465	19,935				3,813
	GRAND TOTAL DEPRECIATION			9,261	0	0	0	0	0	0	9,261	3,891				1,307

COMPUTATION OF COST OF GOODS SOLD (FORM 990-EZ)

1. INVENTORY AT START OF YEAR	7,241.
2. PURCHASES	5,260.
3. COST OF LABOR	0.
4. ADDITIONAL 263A COSTS	0.
5. OTHER COSTS	0.
6. TOTAL (ADD LINES 1 THROUGH 5)	<u>12,501.</u>
7. INVENTORY AT END OF YEAR	<u>7,669.</u>
8. COST OF GOODS SOLD (SUBTRACT LINE 7 FROM LINE 6)	<u><u>4,832.</u></u>

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the extended due date for filing the return. See instructions	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
	FULL CIRCLE LEARNING	<input checked="" type="checkbox"/> 95-4531367
	Number, street, and room or suite number. If a P.O. box, see instructions	Social security number (SSN)
	POSADA & ASSOCIATES, CPAS 14011 VENTURA BLVD., SUITE 221	<input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	SHERMAN OAKS, CA 91423	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

• The books are in care of HYLA DOUGLAS

Telephone No 310-455-3909 FAX No 818-986-9754

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until 3/15, 20 13

5 For calendar year _____, or other tax year beginning 5/01, 20 11, and ending 4/30, 20 12

6 If the tax year entered in line 5 is for less than 12 months, check reason Initial return Final return Change in accounting period

7 State in detail why you need the extension. TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.

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

Signature and Verification must be completed for Part II only.

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

Signature Deborah Beade

Title CPA

Date 12/12/12

BAA

FIF20502L 07/29/11

Form 8868 (Rev 1-2012)

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