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# **Return of Organization Exempt From Income Tax**

OMB No 1545-0047

2013

Department of the Treasury

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

▶ Do not enter Social Security numbers on this form as it may be made public.

Open to Public

Inter	nai Reven	ue Service	► Information about Form 990 and its instructions is at www.irs.gov/fo	orm990.	·	IIIS	section
A	For the	2013 cale	ndar year, or tax year beginning , 2013, and ending			, 20	
В	Chack if	applicable.	D Employer Identification number				
	Address		C Name of organization Wedgwood Circle Institute  Doing Business As			26-38991	71
$\bar{\Box}$	Name ch		Number and street (or P O, box if mail is not delivered to street address) Room/suite		· <del></del>		
	Initial ret			703-425-73	เดก		
$\overline{\sqcap}$	Terminat			700 ,40 /			
$\overline{\mathbb{Z}}$	Amende		City or town, state or province, country, and ZIP or foreign postal code  Burke, Virginia 22015-1688	1.	G Gross re	Patrion	585,679
							Yas / No
	Applican	on belong	***	-	-		. —
	T					ist (see inst	Yes ∐ No
<u>'</u>		rpt status.					dobonaj
<u>K</u>	Website				<del>,</del>	number >	
	art I			2009	M State	of legal domi	cile VA
		Summ					
_	1		scribe the organization's mission or most significant activities: The Organiza				
Activrties & Governance			artifacts for the common good, it provides education and facilitates opportunitie	s in vai	nous sec	tors within	the
Ē			ntertainment industry				
ě	2		is box $ ightharpoonup$ if the organization discontinued its operations or disposed of mor	re than	25,% of	its net ass	ets.
g	3	Number	of voting members of the governing body (Part VI, line 1a)		3		
త	4	Number	of independent voting members of the governing body (Part VI, line 1b)		4		5
ě	5	Total nur	nber of individuals employed in calendar year 2013 (Part V, line 2a)		5		0
₹.	6	Total nur	nber of volunteers (estimate if necessary)		6		0
Ş	7a		elated business revenue from Part VIII, column (C), line 12		7a		0
_	1		ated business taxable income from Form 990-T, line 34		7b		0
	<del> </del> -	***************************************	· · · · · · · · · · · · · · · · · · ·	Prior Yea		Curre	ent Year
	8	Contribu					
Revenue	1		nons and grants (Part VIII, line 1h)		371,490		465,295
ě	9	-	service revenue (Part VIII, line 2g)		103,326		120,054
æ	10		nt income (Part VIII, column (A), lines 3, 4, and 7d)		582		330
	11		enue (Part VIII, column (A), línes 5, 6d, 8c, 9c, 10c, and 11e)				
	12		nue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)		475,398		585,679
	13	Grants a	nd similar amounts paid (Part IX, column (A), lines 1-3)		64,000		69,000
	14	Benefits	oald to or for members (Part IX, column (A), line 4)				
ŞŞ.	15	Salanes,	other compensation, employee benefits (Part IX, column (A), lines 5-10)				
Š	16a	Professio	nal fundraising fees (Part IX, column (A), line 11e)				
Expenses	ь	Total fun	draising expenses (Part IX, column (D), line 25).				
낖	17		penses (Part IX, column (A), lines 114-11d, 11f-24e)		446,747		497,118
	18	75	A del la constant de		510,747		566,118
	19	Revenue	less expenses. Subtract line 18 from line 12.2. 2 2015 Beginnin		(35,349)		19,561
7 5		110101100	Beginnin		rent Year	End	of Year
et Assets or ind Balances	20	Total ass	ets (Part X, line 16)		316,956		258,578
3,6	21		ilities (Part X, line 26)				236,376
¥ 5	21		· · · · · · · · · · · · · · · · · · ·		0		250 570
-4	22		ts or fund balances. Subtract line 21 from-line 20 1 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		316,956		258,578
_	art II		ture Block	<del></del>			
			ry, I declare that I nave examined this return, including accompanying schedules and statements, ete. Dyplaration of preparer (other than officer) is based on all information of which preparer has an			ny knowledge	e and belief, it is
	0,0000	T. and oomp	ato operation of property (one) was oned; is based on at an anomalogy of which property has an	17 11 10 11 12	~~~~~		
۵.			) from			13/12	
Sig	-	Sign	Mrx Riders	Dat	.0		
He	ere						
			or print name and title				
Ps	id	Print/Ty	pe preparer's name Preparer's signature Date		Check	NITS I	
	epare	T. Rav	mond Conton, CPA TRayment Conton pt 3-26	×15	self-em	<del></del> .l	01486002
	se On		ame ► Conlon and Associates LLC	Firm	's EIN >		
U:	oe Oili	ı y ———	ddress ► PO Box 6213, Silver Spring, MD, 20916-6213		ne no.	301-59	98-6851
Ma	y the II	RS discus	s this return with the preparer shown above? (see instructions)		•		Yes No
_			ction Act Notice, see the separate instructions. Cat No 1128	82Y			om 990 (2013)

66 V

Form 99	90 (2013) 26-3899171 Amended Page 2
Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	The Organization empowers members to invest in cultural artifacts for the common good. It provides education and facilitates
	opportunities 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?
3	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
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 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:) (Expenses \$ 220,521 including grants of \$) (Revenue \$ 95,716)
	the imagination of the mainstream and contribute to the renewal of the culture by investing in cultural artifact creation in the key influencial sectors of film, music, television, interactive media/gaming, publishing, theater, fashion, and fine arts. For education, panels of industry experts made presented to accredited investors.
4b	(Code:) (Expenses \$85,309 including grants of \$) (Revenue \$24,338)
	The Wedgwood annual meeting retreat was held on October 23 to 25 in Nashville TN, with an emphasis on seeding culture with
	artists and projects that will make an impact on the "good, true, and beautiful for the common good." The agenda of the event
	started with a seated dinner, led by Jack Heaslip. The next day was spent in seminars with cultural experts in music, film, and
	theater, as well as presentations by our sector liasons about new project investment opportunities. The event ended its
	second evening with a concert by our Wedgwood granted and supported artisits. The event concluded with a roundtable discussion with philanthropists, investors, and industry experts, on the impact of their contributions.
	discussion with primaria reprisely investors, and intensity experts, on the impact of their contributions.
4c	(Code:) (Expenses \$115,386 including grants of \$69,000) (Revenue \$)
	Wedgwood awarded and monitored grants to 13 artists and artist groups during 2013.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )

421,216

4e Total program service expenses ▶

**Checklist of Required Schedules** 

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
•	complete Schedule A	1	<b>V</b>	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	✓	
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	_		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		<u> </u>
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	-		<u> </u>
_	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		✓
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		✓_
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		<b>✓</b> _
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	_		,
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a	8		<b>✓</b>
9	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		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	<u> </u>		
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		✓
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, iX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			,
h	complete Schedule D, Part VI	11a		<b>✓</b>
U	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	110		<u> </u>
-	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		✓
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
T	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.			,
19 a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i>	11f		<b>✓</b>
124	Schedule D, Parts XI and XII	12a		✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	120		
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		✓
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		<b>✓</b>
ь	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 unvestments valued at \$100,000 or more? If "You" complete School up 5. Porto I and IV			
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	ļ	<b>✓</b>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	13		<b>✓</b>
	assistance to or for foreign individuals? 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			<u> </u>
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
46	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		✓
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			,
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		1
zva b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		<b>-</b>
			n <b>99</b> 0	(2013)

Part	V Checklist of Required Schedules (continued)	-		
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	·	<b>✓</b>
22	Did the organization report more than \$5,000 of grants or 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	<b>✓</b>	
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		<b>✓</b>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		✓
b b	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 24c		
d		24d		
25a	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	25a		<b>√</b>
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		<b>→</b>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		<b>✓</b>
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		<b>√</b>
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		<b>√</b>
С	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	_
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 30		<b>√</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		
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		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	33		<b>▼</b>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		\ <u> </u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<b>*</b>	1
Ь	If "Yes" to line 35a, 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,			
	Part VI	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	1	
		For	п <b>990</b>	(2013)

Part								
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>						
10	February and the Bendular Bend		Yes	No				
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	-						
C	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable   1b   0    Did the organization comply with backup withholding rules for reportable payments to vendors and	-						
•	reportable gaming (gambling) winnings to prize winners?							
2a								
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0							
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" to line 3b, 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 account)?			/				
b	If "Yes," enter the name of the foreign country: ▶	4a	_	<b>V</b>				
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<b>∀</b>				
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							
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or							
-	gifts were not tax deductible?	6b						
7 a	Organizations that may receive deductible contributions under section 170(c).							
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7.						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		✓				
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	76						
	required to file Form 8282?	7c		1				
d	If "Yes," indicate the number of Forms 8282 filed during the year			Ť				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	ĺ	✓				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		✓				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g						
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h						
0	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						
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							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b							
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders							
a b	Gross income from members or shareholders							
-	against amounts due or received from them.)							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	-20						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	Note. See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which							
-	the organization is licensed to issue qualified health plans							
C 140	Enter the amount of reserves on hand							
14a h	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓_				
	1 - 100, has it mod a roth 120 to report these payments! If two, provide an explanation in Schedule O	14b	l					

	90 (2013)	_		Page <b>6</b>
Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
<del></del>	Check if Schedule O contains a response or note to any line in this Part VI	<u>····</u>		. 🗸
Secti	on A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year   1a   5		105	NO
Ia	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	Enter the number of voting members included in line 1a, above, who are independent . 1b 5			
2	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		✓
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		<b>✓</b>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	<u> </u>	1
5	Did the organization become aware during the year of a significant diversion of the organization's assets?.	5		<b>/</b>
6 7a	Did the organization have members or stockholders?	6	<u> </u>	
10	one or more members of the governing body?	7a		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	/a		<del>                                     </del>
	stockholders, or persons other than the governing body?	7Ь	Ì	✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following.			
а	The governing body?	8a	<b>√</b>	
b	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		]	1.
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	L,	<b>  ✓</b>
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	OGE.,	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	165	7
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	IUa	$\vdash$	<del>  •                                   </del>
_	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	1	<del> </del>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	1	
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	<b>V</b>	ļ
13	Did the organization have a written whistleblower policy?	13	<b>✓</b>	<b>-</b> ,-
14 15	Did the organization have a written document retention and destruction policy?	14		✓
,,,	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Γ
b	Other officers or key employees of the organization	15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		1
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			
<u> </u>	organization's exempt status with respect to such arrangements?	16b	L	<u> </u>
<u>Secti</u>	List the states with which a copy of this Form 990 is required to be filed None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	n 501	(c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.	551	-//-/	
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	polic	y, and
	financial statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	9	
	organization: ► Neil Corkery 5272 Lyngate Court, Suite 200, Burke, Virginia, 22015-1688, (703) 425-7390			

_				-		-
Λ.	m	Θ.	n	a	$\sim$	$\sim$
$\overline{}$		—			_	u

Part VII	Compensation of Officers, Directors, Trustee	es, 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 nor any related organization compensated any current officer, director, or trustee.											
	(C) Position									·	_
(A)	(B)			eck	more	than c		(D)	(E)	(F)	
Name and Title	Average hours per					is both or/trust		Reportable compensation	Reportable compensation from	Estimated amount of	
	week (list any hours for							from the	related organizations	other compensation	
	related	Individual trustee or director	Institutional trustee	Officer	Key employee	ghes oploy	Former	organization	(W-2/1099-MISC)	from the	
	organizations below dotted	tor to	ional		(oldr	e con	<b>\</b>	(W-2/1099-MISC)		organization and related	
	line)	uste	trus		/ee	npen				organizations	
		•	ê			Highest compensated employee					
											_
(1) Steven Garber	11	1						_			
Director	0	<b>V</b>	_				├	0	0	· .	0
(2) Brad Reeves Director	0	1						o	o		0
(3) Ralph Winter	1	<b>-</b>				-	$\vdash$	•	0		<u></u>
Director	0	1						۰ ا	o		0
(4) Makato Fujimura	1										Ť
Director	0	✓					_	0	o		0
(5) Mark Rodgers	10									-	
Director, President and Chairman	0	1		✓			<u> </u>	0	0		0
(6)											
(7)											_
			_	ļ	L						_
(8)											
(9)											_
		ļ	<u> </u>	<b> </b>			ļ	ļ			_
(10)						:					
(11)											_
(12)							-				-
	I										_
(13)	<u> </u>										
(14)											_

Part	Section A. Officers, Directors, Trust	ees, Key E	mplo	yees			lighes	st C	ompensated E	mployees (	contin	ued)
	(B) Average hours per week (list any	(C) Position (do not check more than of box, unless person is both officer and a director/trust						(D) Reportable compensation from	(E) Reportable compensation f	ortable sation from	(F) Estimated amount of other	
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatio (W-2/1099-M		compensation from the organization and related organizations
(15)												
(16)												-
(17)												
(18)								_				
(19)												<del></del>
(20)										<u></u>		
(21)										<u> </u>		·
(22)												<del></del>
(23)									-			1
(24)							-					
(25)												
1b	Sub-total							<b>•</b>	0		0	0
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)			-	-		-		0	ļ	0	
2	Total number of individuals (including but reportable compensation from the organi	not limited						e) w		ore than \$1	00,00	
3	Did the organization list any former of	ficer, direc	tor, c	or tr	uste	ee,	key e	emp	oloyee, or high	est compe	nsate	Yes No
4	employee on line 1a? If "Yes," complete 5 For any individual listed on line 1a, is the organization and related organizations individual	sum of reg	portal an \$1	ble ( 150,	con	nper	nsatio	s, "	complete Sch			h
5	Did any person listed on line 1a receive of for services rendered to the organization?	r accrue co	mpe	nsat	ion	fro	m any	un	related organiz	ation or ind		
Section	on B. Independent Contractors	700, 0		-		,000		0, 0		· · · ·	<del>· ·</del>	5   ✓
1	Complete this table for your five highest compensation from the organization. Repyear.	compensat port compe	ed ind	depe	end or th	ent ne c	contr alend	acto ar y	ors that receive rear ending wit	ed more tha h or within t	n \$10 the or	0,000 of ganization's tax
	(A) Name and business add	ress							(B) Description of s	ervices		(C) Compensation
								<u> </u>	<del></del>			
		· <del></del> · · · ·						$\vdash$	<del></del>			
	Total number of independent contractor	re (include	na bi	ıt n	Ot 1	imi	od +-	\ \ +h	nee listed sh	ovel who		
	received more than \$100,000 of compens							, ui	0	OVE) WITO		

Form **990** (2013)

Part	VIII	Statement of Reve	enue						
		Check if Schedule O	contains	a res	ponse or note to			. <u></u>	
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns	s	1a					
ie ii	ь	Membership dues .		1b	350,500				
S, C	C	Fundraising events .		1c					
ia ia	d	Related organizations		1d	ļ. <u>.</u>				
ns, Sim	e	Government grants (con		1e					
er.	f	All other contributions, gr							
ë g		and similar amounts not inc			114,795				
Contributions, Gifts, Grants and Other Similar Amounts	9   h	Noncash contributions includ				105.005			
	<del>  "</del> -	Total. Add lines 1a-1	1	• •	Business Code	465,295			
Program Service Revenue	2a	Annual retreat			900099	24,338	24,338	0	
æ	ь	Project management			541610	95,716	95,716	0	- 0
8	c				341010	33,710	55,710		
ξ	d								
Ē	е								
g	f	All other program sen	vice reveni	Je.					
<u> </u>	g	Total. Add lines 2a-2	f		▶	120,054			
	3	Investment income							. —
		and other similar amo	-		L	330	330	0	
	4	Income from investmen		•					
	5	Royalties	() Rea	<del></del>	(ii) Personal				
	6a	Gross rents	- (7)1102		(ii) i Giddinai				
	b	Less. rental expenses	<u> </u>						
	C	Rental income or (loss)							
	d	Net rental income or			▶			-"	
	7a	Gross amount from sales of	(i) Securi		(ii) Other				
		assets other than inventory							
	b	Less: cost or other basis			_				
		and sales expenses .							
	С	Gain or (loss)	L		L				
	d	Net gain or (loss) .			· · · · <b>&gt;</b>				
venue	8a	Gross income from fuevents (not including \$	undraising						
Other Rev		of contributions reporte See Part IV, line 18 .							
돌		Less: direct expenses							
_		Net income or (loss) f			events . ►				
	9a	Gross income from ga							
		See Part IV, line 19 .							
	1	Less: direct expenses Net income or (loss) f							
	10a	Gross sales of in	_	-	VILLES P				
	.00	returns and allowance							
	Ь	Less: cost of goods s		_					
		Net income or (loss) f							
		Miscellaneous F			Business Code				
	11a	<del></del>					-		
	b								
	С								
	d	All other revenue .							
	e	Total. Add lines 11a-							
	12	Total revenue. See in	nstructions	i	🕨 🛚	585.679	120.384	0	1

	Statement of Functional Expenses n 501(c)(3) and 501(c)(4) organizations must con	nolete all columns. A	U other organization	s must complete co	lumn (A)
360110	Check if Schedule O contains a respon				
	t include amounts reported on lines 6b, 7b, , 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		·		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	69.000	69,000		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	33,000			
<b>4</b> <b>5</b>	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				_
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages				····
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management	212,385	99,822	78,582	33,981
b	Legal	2,458	0	2,458	0
C	Accounting	14,000	0	14,000	0
đ	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	103,344	97,648	0	5,696
12	Advertising and promotion				
13	Office expenses	11,721	1,536	9,678	507
14	Information technology			_	
15	Royalties				
16	Occupancy				·····
17 18	Travel				
19	Conferences, conventions, and meetings .	110,210	110,210	0	0
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
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	Loss on loans	43,000	43,000	o	0
b					
C					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	566,118	421,216	104,718	40,184
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here    if following SOP 98-2 (ASC 958-720)				

Form 990 (2013)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X . (B) Beginning of year End of year 1 189,059 163,661 2 Savings and temporary cash investments . . . . . . 2 3 3 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other 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 employees' beneficiary 6 **Assets** 7 127,897 94,897 Inventories for sale or use . . . . . . 8 Prepaid expenses and deferred charges . . . 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10b Less: accumulated depreciation . . . . b 10c Investments—publicly traded securities . . . . . . . . . 11 11 12 Investments—other securities. See Part IV, line 11 . . . . . 12 13 investments-program-related. See Part IV, line 11 . . . . . . 13 14 14 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . . . 16 316,956 258,578 17 Accounts payable and accrued expenses . . . . . . . . . . . . 17 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L. . . . . . . . 22 23 23 Secured mortgages and notes payable to unrelated third parties . . . 24 Unsecured notes and loans payable to unrelated third parties . . . 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 Total liabilities. Add lines 17 through 25 . . . . 26 o۱ 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and **Fund Balances** complete lines 27 through 29, and lines 33 and 34. 27 27 28 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ✓ and complete lines 30 through 34. ō Capital stock or trust principal, or current funds . . . . . . . . . 30 30 Net Assets 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 32 Retained earnings, endowment, accumulated income, or other funds . 316,956 32 258,578 33 316,956 33 258,578 34 Total liabilities and net assets/fund balances . . . . . 34 316,956 258,578

Form 9	<sub>90 (2013)</sub> 26-3899171 Amended			Pag	e <b>12</b>
Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>	<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		585	,679
2	Total expenses (must equal Part IX, column (A), line 25)	2		566	5,1 <u>18</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		19	9,5 <u>61</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		316	3,956
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		(77,	,939)
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		258	3,5 <u>78</u>
Pari	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	<u>.</u>		
				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	plain in			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		✓_
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	oiled or			
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		✓_
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on a			
	separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	-		1	
	of the audit, review, or compilation of its financial statements and selection of an independent accou	ntant?	2c		

If the organization changed either its oversight process or selection process during the tax year, explain in

3a

3b

Form **990** (2013)

**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.

# SCHEDULE A (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

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

2013

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public

Name	of the organization						T I	Employer id	dentificatio	n number
	wood Circle Institu								26-38	399171
Par			rity Status (All orga						nstruction	ons.
1 he c	A church, conv	vention of churc	ation because it is: (Fo hes, or association of	churche	s describ				).	
2			170(b)(1)(A)(ii). (Attac							
3			spital service organiza							
4	hospital's nam	e, city, and state							,	
5		on operated for ()(1)(A)(iv). (Com	the benefit of a colle plete Part II.)	ge or un	iversity o	wned or	operated	by a go	vernmen	tal unit described in
6 7	☐ An organizatio	n that normally	nment or government receives a substantia ( <b>A)(vi).</b> (Complete Par	al part of					nit or fron	n the general public
8	☐ A community t	rust described in	n <b>section 170(b)(1)(A</b> )	<b>)(vi).</b> (Co	mplete Pa	art II.)		tributions manhamb		
9	☑ An organizatio	n that normally	receives: (1) more that	an 331/3%	6 of its su	upport fro	om contri	butions,	members	ship fees, and gross
	support from	gross investme	d to its exempt funct ent income and unrel fter June 30, 1975. Se	lated bus	siness ta	xable ind	come (les	s sectio	no mor n 511 ta	e than 331/3% of its ax) from businesses
10			operated exclusively					•	4)	
			nd operated exclusive							or to carry out the
	purposes of o	ne or more pub	olicly supported organ describes the type of	nizations	describe	d in sect	ion 509(a	a)(1) or se	ection 50	9(a)(2). See section
	a 🗌 Type I	<b>b</b> 🗌 Type								_
е	☐ By checking the other than four or section 509	ndation manage	that the organization ers and other than one	is not co e or more	ntrolled de publicly	lirectly or support	I d ☐ Type III–Non-functionally integrated or indirectly by one or more disqualified per orted organizations described in section 509.	disqualified persons		
f			written determination	on from	the IRS 1	that it is	a Type	e I, Type II, or Type III s		ne III supporting
		heck this box .						m any of the	· · · · ·	
g	Since August	17, 2006, has tl	he organization accep	pted any	gift or co	ontributio	n from a		_	
	following perso									
			ndirectly controls, eithody of the supported of							nd Yes No
			on described in (i) abo							11g(ii)
			a person described in							11g(iu)
h	···		on about the support	7	<del></del>					
(1)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col (1) li	organization sted in your document?	the organ	ou notify nization in of your port?	organizat (i) organi	s the tion in col zed in the S ?	(vii) Amount of monetary support
			(300 111311 30 40 113))	Yes	No	Yes	No	Yes	No	1
(A)										
(B)										
(C)										
(D)										
(E)										
									-	

Total

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

26-3899171

(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) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	361,750	664,590	677,839	371,490	465,295	2,540,964
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the						
3	organization's tax-exempt purpose	19,658	16,233	41,055	103,326	120,054	300,326
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	381,408	680,823	718,894	474,816	585,349	2,841,290
7a	Amounts included on lines 1, 2, and 3	·					
	received from disqualified persons .	225,000	200,000	100,000	87,500	60,000	672,500
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	0	0	0	0	341,500	341,500
	Add lines 7a and 7b	225,000	200,000	100,000	87,500	401,500	1,014,000
8	<b>Public support</b> (Subtract line 7c from line 6.)						1,827,290
Secti	on B. Total Support				-		.,,==,,==
Calen	dar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	381,408	680,823	718,894	474,816	585,349	2,841,290
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	0	0	0	582	330	912
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						312
С	Add lines 10a and 10b	0	0	0	582	330	912
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	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)				<del> </del>		
14	First five years. If the Form 990 is for the	381,408	680,823	718,894	475,398	585,679	2,842,202
	organization, check this box and stop he	re		u, mira, iourm			
	on C. Computation of Public Support						
15	Public support percentage for 2013 (line		•			15	%_
16	Public support percentage from 2012 Sci			<u> , . </u>	<u></u>	16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2013 (					17	%
18	Investment income percentage from 2012					18	%
19a	331/3% support tests—2013. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests—2012. If the organiz						
	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization di	id not check a l	box on line 14,	, 19a, or 19b, c	neck this box	and see instru	ctions 🕨 🔲

# SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service

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.

► Attach to Form 990.

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Schedule I (Form 990) (2013) ° □ (h) Purpose of grant or assistance **Employer identification number** ✓ Yes 26-3899171 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and . . . . . . . . . . . . . (g) Description of non-cash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (e) Amount of non- (f) Method of valuation (book, FMV, appraisal, cash assistance other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (d) Amount of cash grant Enter total number of other organizations listed in the line 1 table (c) IRC section if applicable the selection criteria used to award the grants or assistance? General Information on Grants and Assistance (a) 1 (a) Name and address of organization Wedgwood Circle Institute or government Name of the organization E Part II € ල 9 Ξ 2 ව 5 Ε **©** 

Amended

Page ,		٠	8	
,	Is in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.		(f) Description of non-cash assistance	
	ation answered "Yes" to		(e) Method of valuation (book,	FMV, appraisal, omer)
	nplete if the organiz		(d) Amount of	non-cash assistance
	United States. Cor	d.	(c) Amount of	cash grant
	lividuals in the	space is needed.	(b) Number of	recipients
Schedule I (Form 990) (2013) 26 - 3899L/L	Part III Grants and Other Assistance to Individuals	Part III can be duplicated if additional space	(a) Type of grant or assistance	
Schedule 1 (Fo.	Part III			

	(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 suppo	1 support to 13 artists	13	000'69\$	0\$	\$0 n/a	n/a
2						
က						
4						
5						
ဗ						
7						
Part IV	Part IV Supplemental Information. Provide the inform	he information r	equired in Part I, lin	e 2, Part III, column	ation required in Part I, line 2, Part III, column (b), and any other additional information.	onal information.

Part I, Line 2: Each of the 13 artist signs an agreement prior to disbursement of funds. A Wedgwood representative is responsible to track the artist's progress on the project... Periodic communication via social networking, conference calls, and face to face meetings at Wedgwood events provide for monitoring and evaluation of results.

The results are recorded and maintained in office files.

Schedule I (Form 990) (2013)

## **SCHEDULE L** (Form 990 or 990-EZ)

**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.
 ► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name o	f the organization								Emplo	yer ide:	ntificati	ion nu	mber		
Wwdg	wood Circle Instutute										26-3	38991	71		
Part	Excess Beneficial Excess Benef	<b>fit Transactio</b> r e organization	ns (section 501 answered "Ye	(c)(3) s" on	and sect Form 990	ion 501(c)(4 0, Part IV, I	4) org ine 25	anizations a or 25b	s only). , or Fo	rm 99	0-EZ,	Part	V, lıne	40b.	
1	(a) Name of disqualified	person	(b) Relationship be			person and		(a) D	escription	n of trac	acactic:			(d) Con	rected?
	(a) Name of disquamed	person		organiz	ation			(0) 00	sscriptio	ii Oi u ai	isaction	•		Yes	No
(1)															
(2)															
_(3)_															
(4)			· · · · · · · · · · · · · · · · ·												
(5)															
(6)							<u> </u>	···							
2	Enter the amount										he ye	ar			
_	under section 4958								•		!	- \$	<u></u>		
3	Enter the amount o	f tax, if any, on	line 2, above,	reimb	ursed by	the organi	izatio	η			!	▶ \$	5		
	т	,													
Part	Complete if the	or From Inter organization			Form 99	0-E7 Part	V line	382 or E	orm a	an Da	# IV	lina 2	6. or i	f tha	
	organization re	eported an am	ount on Form 9	990. P	art X. line	e 5. 6. or 2	v, iii ic 2.	, 50a 01 1	OIIII 3	50, r a	urtiv,	11116 2	.O, OI 1	1 1116	
		· ·	<u> </u>	Г		, ,								Γ	
(a) Na	ame of interested person	(b) Relationship with organization	(c) Purpose of loan		oan to or om the	(e) Ongir principal arr		(f) Baland	ce due	(g) In c	default?		proved pard or	(i) Wi	
		With Organization	1041		nization?	pinopa an	iount.						nittee?	agreei	inent:
				To	From					Yes	No	Yes	No	Yes	No
(1)					1						1.00	1,42	1		
(2)	••										<b></b>				
(3)															
(4)										1			i		
(5)															
(6)															
(7)															
_(8)												L			
(9)												<u> </u>	<u> </u>		
(10)	-														
Total		<u> </u>					<u>. ▶</u>	<u>\$</u>							
Part	Grants or Ass	sistance Bene	fiting Interest	ed Pe	rsons.	0 D N/ I	· 07	•							
	Complete ii th	e organization	answered te	s on	Form 99	o, Part IV, I	ine 27	•							
(a)	Name of interested persor		ship between inter and the organization	ested on	(c) Amount	of assistance	'	<b>d)</b> Type of a	issistano	e	(e)	) Purpo	ose of a	ssistan	ce
(1)															
(2)															
(3)							ļ			_					
_(4)_															
_(5)_	<del> </del>														
(6)															
(7)															
(8)											<u> </u>				
(9)							├				L				

26-3899171

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction		ation ues?
4)				Yes	No
1) Mark Rodgers 2)	Director, Officer	\$192,115	Program, Admin, Fundrai		1
3)					-
1)				_	├─
5)		<del></del>			$I^-$
5)				<del>-  </del>	
)					
) ))		·· <del></del> .		-	
art V Supplemental Information					_
Provide additional information	n for responses to questions	on Schedule L (see	instructions).		
m 990, Schedule L, Part IV: Mark Rodgers	s is owner of the Clapham Grou	ıp, who provided pr	ogram managment, administrativ	e, and	<u>-</u>
draising services to Wedgwood Circle Ins	stitute. All contracts for service	s by/among and bet	ween Wedgwood Circle Institute		
the Clapham Group were approved purs	uant to the Conflict of Interest	Policy.			
·					
					- <b>-</b>
			·		•
			·		
	•				

# SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

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

20**13** 

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

Wedgwood Circle Institute	26-3899171
Form 990, Box B: Originally, the Organization filed a Form 990-N. Upon further understanding, it is our	belief that the correct form to
file is this Form 990.	
Form 990, Part VI, Section B,Line 11b: The Form 990 and schedules were prepared by an independent	CPA. It is reviewed by officer and
directors. Comments are addressed before filing with IRS.	
Form 990, Part VI, Section B, Line 12: Officer and directors read and attest to conflict of interest policy	annually.
Form 990, Part VI, Section B, Line 15: No compensation paid to the officer and directors. There are no	employees.
Form 990, Part VI, Section C, Line 19: The documents are available from the Organization's office, as r	equired by IRS instruction.
Form 990, Part IX, Line 11g: The composition of other employee services, in the total amount of \$103,	344, is as follows:
Music Production \$97,648; Program Marketing \$5,696.	
Form 990, Part XI, Line 8: The prior period adjustments results from a correction of the amount of loan	is outstanding to artists as of
December 31, 2012.	
<u></u>	

SCHEDULE R (Form 990)

Partl

Department of the Treasury Internal Revenue Service Name of the organization

OMB No. 1545-0047 2013

> ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. ► Attach to Form 990. ► See separate instructions.

Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Open to Public Inspection

26-3899171

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Wedgwood Circle Institute

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(6)					
(4)					
(5)					
(9)					
Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.	omplete if the organization tax year.	answered "Yes" or	Form 990, Part	I. IV, line 34 becau	se it had
(a) Name, address, and EIN of related organization Prim	(b) (c) (c) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	(d) te Exempt Code section	(e) Public chanty status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
					Yes No
(1) Wedgwood Culture Fund 46-1156374 5272 Lyngate Court, Burke, VA 22015-1688	Type 1 Support Org VA	501(c)(3)	11, Type 1 N/A	1 N/A	`
(2)					
(6)					
(4)					
(5)					
(9)					
(i)					
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	S	Cat No 50135Y		Schedule R	Schedule R (Form 990) 2013

Page 2		(k) Percentage ownership								۱۷,	(i) Section 512(b)(13) controlled entity?	No								Schedule R (Form 990) 2013
	ine 34		2	+	1	+		+		Part	Section	Yes							<u> </u>	Form
	art IV, I	(i) General or managing partner?	Yes							m 990,	(h) Percentage ownership									dule R (
	Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)								Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, Inne 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	(g) Share of Peend-of-year assets ov									Sche
	"Yes" or	(h) Disproportionate allocations?	Yes No							answered.										
	swered	(g) Share of end-of- [C year assets					-			ization tax year	Share of total income									
	ation an									e organ	(e) Type of entity (C corp, S corp, or trust)									
	organiza tax year	(f) Share of total income								ete if the rust dur	Type (C corp, S		· · · - ·							
	e if the ing the	Sh. (4)		_			<u> </u>			Complion or t	(d) Direct controlling entity									
	complet ship dur	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)								r Trust corpora										
	r <b>ship</b> C partners	a Inco			ļ	1				r <mark>ation c</mark> d as a c	(c) Legal domicile (state or foreign country)						:			
	<b>Identification of Related Organizations Taxable as a Partnership</b> Complete if the organiza because it had one or more related organizations treated as a partnership during the tax year.	(d) Direct controlling entity								a Corpo	Legal c (state or fon									
	ible as	or Director	-		<u> </u>			i	<u> </u>	ble as anizatio	tivity			:						
	א <b>s Taxa</b> anizatio	(c) Legal domicile (state or foreign country)		_			ļ		ļ	is Taxa ted orga	(b) Primary activity							!		
171	<b>izatio</b> ted org	λ <b>ι</b>								izatior re rela	-		•	 						
26-3899171	<b>d Orgar</b> ore rela	(b) Primary activity								<b>J Orgar</b> le or mo	ation									
26-3	Relate									Related had or	ed organiz									
	t had or	in of								tion of cause it	(a) EIN of relat									
990) 2013	lentifice ecause	(a) Name, address, and EIN of related organization								le 34 be	(a) Name, address, and EIN of related organization									
Schedule R (Form 990) 2013	l	Name, addi related								l	Name, add									
Schedul	Part III	<u> </u>	Ξ	(2)	6	<b>4</b>	(2)	(9)	ε	Part IV	:		Œ	(2)	(3)	<b>(4)</b>	(5)	(9)	E	

Schedule R (Form 990) 2013				Page 3	m I
Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34,	ered "Yes" on Form	990, Part IV, line 3	4, 35b, or 36.	۲	
				Yes No	
During the tax year, did the organization engage in any or the following transactions with one or more related organizations instead in hairs in vivial and the second of (ii) interest (ii) annuites (iii) royalties or (iv) rent from a controlled entity	or allore related organ	יילשווסווא ווארפת זוו בשור		1a   /	
Gift. grant, or capital contribution to related organization(s				1b /	1
				10 /	1
				/ pt	ı
				16 🗸	
(A) months for the first of the				/	
T DIVIDENTOR regired organization(8)				<b>^</b> \	1
g Sale of assets to related organization(s)				1g \	- 1
h Purchase of assets from related organization(s)				1h ~	,
i Exchange of assets with related organization(s)				- <del>-</del>	
j Lease of facilities, equipment, or other assets to related organization(s)				1j     🗸	
k Lease of facilities, equipment, or other assets from related organization(s)				<del>*</del>	
1 Performance of services or membership or fundraising solicitations for related organization(s)				<i>→</i>	
m Performance of services or membership or fundraising solicitations by related organization(s)				1m /	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).				1n \	
o Sharing of paid employees with related organization(s)				40	
p Reimbursement paid to related organization(s) for expenses				1p	
<b>q</b> Rembursement paid by related organization(s) for expenses				19 /	
F Other transfer of each or preparty to related erganization(e)				/ 4	
s Other transfer of cash or property from related organization(s)	· · · · · · · · · · · · · · · · · · ·			18	1
s for information on who must	complete this line, including covered relationships and transaction thresholds.	uding covered relation	ships and transactic	on thresholds.	, ,
(9)	æ	3	3		1
Name of related organization	Transaction type (a-s)	Amount involved	Nethod of determining amount involved	g amount involved	1
(1)					
(2)					
					1
					1
(4)					1
(9)					
(9)					
			Schedule R	Schedule R (Form 990) 2013	I ~

# Unrelated Organizations Taxable as a Partnership Complete If the organization answered "Yes" on Form 990, Part IV, line 37. Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets

(a) (b) (c) (d) (e) (f) (g)	(q)	(5)	(p)	(e)	S	(6)	ε	0)	s	3
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under	Are all partners section 501(c)(3) organizations?	St total	of year is	Disproportionate allocations?	Code amount of Sch	General or managing partner?	Percentage ownership
			sections 512-514)	Yes No			Yes No		Yes No	
(1)										
(2)										
(6)										
(4)										
(5)										
(9)										
(7)							-			
(8)										
(6)										
(10)										
(11)	•									
(12)										
(13)										
(14)										
(15)										
(16)										
								Sche	dule R (Fon	Schedule R (Form 990) 2013