



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Short Form Return of Organization Exempt From Income Tax

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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.

A For the 2009 calendar year, or tax year beginning , 2009, and ending

<p>B Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Termination</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>Please use IRS label or print or type. See Specific Instructions.</p>	<p>C Name of organization</p> <p>GLEN ECHO POTTERY, INC.</p> <p>Number and street (or P O box, if mail is not delivered to street address) Room/suite</p> <p>7300 MACARTHUR BLVD</p> <p>City or town, state or country, and ZIP + 4</p> <p>GLEN ECHO, MD 20812</p>	<p>D Employer identification number</p> <p>37-1468690</p> <p>E Telephone number</p> <p>(301) 229-5585</p> <p>F Group Exemption Number . . . ▶</p>
---	--	---	--

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method Cash Accrual
Other (specify) ▶

I Website: ▶ WWW.GLENECHOPOTTERY.COM

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

J Tax-exempt status (check only one) - 501(c)(03) ◀ (insert no) 4947(a)(1) or 527

K Check ▶ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ . . . ▶ \$ 230,555.

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

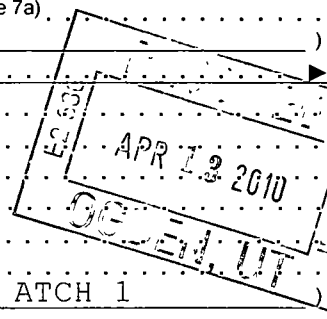
Revenue	1	Contributions, gifts, grants, and similar amounts received	1	11,534.
	2	Program service revenue including government fees and contracts	2	210,541.
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5	a Gross amount from sale of assets other than inventory 5a		
		b Less cost or other basis and sales expenses 5b		
		c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c		
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
		a Gross revenue (not including \$ of contributions reported on line 1) 6a		
	b Less direct expenses other than fundraising expenses 6b			
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6c			
	7 a Gross sales of inventory, less returns and allowances 7a			
	b Less cost of goods sold 7b			
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c		8,480.	
	8 Other revenue (describe ▶) 8			
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9		230,555.	
Expenses	10	Grants and similar amounts paid (attach schedule) 10		225.
	11	Benefits paid to or for members 11		
	12	Salaries, other compensation, and employee benefits 12		113,734.
	13	Professional fees and other payments to independent contractors 13		17,213.
	14	Occupancy, rent, utilities, and maintenance 14		48,730.
	15	Printing, publications, postage, and shipping 15		
	16	Other expenses (describe ▶) 16		34,626.
		17 Total expenses. Add lines 10 through 16 17		214,528.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9) 18		16,027.
	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		64,972.
	20	Other changes in net assets or fund balances (attach explanation) 20		-3,543.
	21	Net assets or fund balances at end of year Combine lines 18 through 20 21		77,456.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments ATCH 3	34,510.	69,588.
23	Land and buildings	18,982.	18,194.
24	Other assets (describe ▶) ATCH 4	20,556.	1,022.
25	Total assets 25	74,048.	88,804.
26	Total liabilities (describe ▶) ATCH 5	9,076.	11,348.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) 27	64,972.	77,456.

JSA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

SCANNED MAY 05 2010



ATCH 1

ATCH 2

20

Part V Other Information (Note the statement requirements in the instructions for Part V)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
35a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	If "Yes," has it filed a tax return on Form 990-T for this year?		
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
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		
37b	Did the organization file Form 1120-POL for this year?		X
38a	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 period covered by this return?		X
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	Section 501(c)(7) organizations Enter		
39a	Initiation fees and capital contributions included on line 9		
39b	Gross receipts, included on line 9, for public use of club facilities		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
40b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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		X
40c	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 ▶ _____		
40d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
40e	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 ▶ _____		
42a	The organization's books are in care of ▶ GLEN ECHO POTTERY, INC. Telephone no ▶ 301-229-5585 Located at ▶ 7300 MACARTHUR BLVD. GLEN ECHO, MD ZIP + 4 ▶ 20812		
42b	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 ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
42c	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 ▶ _____		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here. ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		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 46-49b and complete the tables for lines 50 and 51.

- 46 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 Yes No
46
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II Yes No
47
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Yes No
48
- 49a Did the organization make any transfers to an exempt non-charitable related organization? Yes No
49a
- 49b If "Yes," was the related organization a section 527 organization? Yes No
49b
- 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) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000 NONE

- 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		

d Total number of other independent contractors receiving over \$100,000 NONE

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: *[Handwritten Signature]* Date: 4/7/10

Type or print name and title: JEFFREY A. KIRK

Paid Preparer's Use Only

Preparer's signature: *[Handwritten Signature]* Date: 3/18/2010

Check if self-employed:

Firm's name (or yours if self-employed): BONNIE BEEBE

address, and ZIP: 4600 EAST-WEST HIGHWAY SUITE 900 BETHESDA, MD 20814

EIN: Preparer's identifying number (See instructions): 301-272-6000

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part II 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)

Section A. Public Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 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); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV); 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc (see instructions); 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.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Percentage, and Check box. Rows include: 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2008 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2009; 16b 33 1/3% support test - 2008; 17a 10%-facts-and-circumstances test - 2009; 17b 10%-facts-and-circumstances test - 2008; 18 Private foundation.

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 lines 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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. 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 - 2008. 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 E
(Form 990 or 990-EZ)**

Schools

OMB No 1545-0047

2009

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 13,
or Form 990-EZ, Part VI, line 48.**

▶ **Attach to Form 990 or Form 990-EZ.**

Department of the Treasury
Internal Revenue Service

Name of the organization

GLENN ECHO POTTERY, INC.

Employer identification number

37-1468690

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	X	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	X	
3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Schedule O (Form 990) THE SCHOOL PUBLICIZES ITS POLICY DURING THE REGISTRATION PERIOD BY DISCLOSING THE POLICY WITH THE LIST OF OFFERED CLASSES EACH SEMESTER.	X	
4 Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? ATCH 8		X
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? ATCH 9		X
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	X	
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Schedule O (Form 990)	X	
5 Does the organization discriminate by race in any way with respect to a Students' rights or privileges?		X
b Admissions policies?		X
c Employment of faculty or administrative staff?		X
d Scholarships or other financial assistance?		X
e Educational policies?		X
f Use of facilities?		X
g Athletic programs?		X
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Schedule O (Form 990)		X
6a Does the organization receive any financial aid or assistance from a governmental agency?		X
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990)		X
7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form 990)	X	

ATTACHMENT 1FORM 990EZ, PART I - OTHER EXPENSES

SUPPLIES	1,702.
DEPRECIATION	8,101.
ADVERTISING AND PROMOTION	1,154.
CREDIT CARD AND BANK FEES	4,683.
INSURANCE	1,153.
MATERIALS	14,077.
MISCELLANEOUS	2,201.
VOLUNTEER SUPPORT	1,555.
TOTAL	<u>34,626.</u>

ATTACHMENT 2

FORM 990EZ, PART I - OTHER CHANGES IN FUND BALANCES

DECREASES IN FUND BALANCES

PRIOR YEAR REVENUE MISPOSTING

3,543.

TOTAL

3,543.

FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
CASH	34,510.	69,588.
TOTALS	<u>34,510.</u>	<u>69,588.</u>

ATTACHMENT 4FORM 990EZ, PART II - OTHER ASSETS

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
ACCOUNTS RECEIVABLE	16,128.	0.
INVENTORIES FOR SALE OR USE	428.	428.
EMPLOYEE ADVANCES	4,000.	594.
TOTALS	<u>20,556.</u>	<u>1,022.</u>

FORM 990EZ, PART II - TOTAL LIABILITIES

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
ACCOUNTS PAYABLE	9,076.	11,348.
OTHER LIABILITIES	0.	0.
TOTALS	<u>9,076.</u>	<u>11,348.</u>

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

TO EDUCATE INTERESTED INDIVIDUALS IN THE ART OF POTTERY MAKING.

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

ATTACHMENT 7

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
------------------	--	--------------	---	------------------------------------

JEFF KIRK 7300 MACARTHUR BLVD GLEN ECHO, MD 20812	EXECUTIVE DIRECTOR 40.00	93,669.	3,000.	0.
KATHLEEN DARBY 7300 MACARTHUR BLVD GLEN ECHO, MD 20812	DIRECTOR 2.00	9,352.	0.	0.
CYNTHIA DEITCH 7300 MACARTHUR BLVD GLEN ECHO, MD 20812	DIRECTOR 2.00	0.	0.	0.
SHERRILL DITTMANN 7300 MACARTHUR BLVD GLEN ECHO, MD 20812	DIRECTOR/SECRETARY 2.00	0.	0.	0.
MARSHA SLATER 7300 MACARTHUR BLVD GLEN ECHO, MD 20812	DIRECTOR/PRESIDENT 2.00	0.	0.	0.
LINDA EPSTEIN 7300 MACARTHUR BLVD GLEN ECHO, MD 20812	DIRECTOR/VICE-PRESIDENT 2.00	0.	0.	0.
JOYCE FORREST 7300 MACARTHUR BLVD	DIRECTOR/TREASURER 2.00	0.	0.	0.

GLEN ECHO POTTERY, INC.

37-1468690

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

ATTACHMENT 7 (CONT'D)

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>	<u>EXPENSE ACCT. AND OTHER ALLOWANCES</u>
-------------------------	---	---------------------	--	---

GLEN ECHO, MD 20812

GRAND TOTALS

103,021.

3,000.

0.

Name of the organization

GLEN ECHO POTTERY, INC.

Employer identification number

37-1468690

ATTACHMENT 8

SCHEDULE E - EXPLANATION FOR LINE 4A

INFORMATION REGARDING RACIAL COMPOSITION IS KEPT WITH GENERAL
PARK RECORDS; NO FINANCIAL ASSISTANCE IS GIVEN BY THE SCHOOL.

Name of the organization

GLEN ECHO POTTERY, INC.

Employer identification number

37-1468690

ATTACHMENT 9

SCHEDULE E - EXPLANATION FOR LINE 4B

NO SCHOLARSHIPS OR OTHER FINANCIAL ASSISTANCE IS PROVIDED BY THE ORGANIZATION.

TESTING 7-20-2009

FEDERAL FOOTNOTES

.

COMPENSATION PAID TO OFFICERS/DIRECTORS IS FOR SERVICES RENDERED AS INSTRUCTORS IN THE PROGRAM. NO COMPENSATION IS PAID FOR SERVICES AS AN OFFICER/DIRECTOR.