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Form **990-EZ****Short Form**  
**Return of Organization Exempt From Income Tax**

OMB No 1545-1150

**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 **04/01/09**, and ending **03/31/10****B** Check if applicable

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization**THE STUDIO POTTER**

Number and street (or P.O. box, if mail is not delivered to street address)

**P.O. BOX 352**

Room/suite

City or town, state or country, and ZIP + 4

**MANCHESTER****NH 03105****D** Employer identification number**23-7213616****E** Telephone number**603-436-3818****F** Group Exemption

Number ▶

- 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: ▶ **N/A****J** Tax-exempt status (check only one) — ☒ 501(c) ( **3** ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527

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

**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 ▶ \$ **141,935****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       | 39,510  |
|            | 2   | Program service revenue including government fees and contracts  | 2       | 96,057  |
|            | 3   | Membership dues and assessments  | 3       |         |
|            | 4   | Investment income  | 4       | 288     |
|            | 5a  | Gross amount from sale of assets other than inventory  | 5a      | 6,080   |
|            | b   | Less cost or other basis and sales expenses  | 5b      | 7,234   |
|            | c   | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)  | 5c      | -1,154  |
|            | 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   |         |         |
| 7a         | 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          | Other revenue (describe ▶ )   | 8  |         |         |
| 9          | <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8                           | 9  | 134,701 |         |
| Expenses   | 10  | Grants and similar amounts paid (attach schedule)  | 10      |         |
|            | 11  | Benefits paid to or for members  | 11      |         |
|            | 12  | Salaries, other compensation, and employee benefits  | 12      | 30,373  |
|            | 13  | Professional fees and other payments to independent contractors  | 13      | 32,345  |
|            | 14  | Occupancy, rent, utilities, and maintenance  | 14      | 13,684  |
|            | 15  | Printing, publications, postage, and shipping  | 15      | 57,208  |
|            | 16  | Other expenses (describe ▶ <b>See Statement 2</b> )  | 16      | 5,901   |
|            | 17  | <b>Total expenses.</b> Add lines 10 through 16   | 17      | 139,511 |
| Net Assets | 18  | Excess or (deficit) for the year (Subtract line 17 from line 9)  | 18      | -4,810  |
|            | 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      | 51,875  |
|            | 20  | Other changes in net assets or fund balances (attach explanation) <b>See Statement 3</b>   | 20      | -11     |
|            | 21  | Net assets or fund balances at end of year Combine lines 18 through 20   | 21      | 47,054  |

**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  | 33,473                | 31,368          |
| 23 Land and buildings  |                       |                 |
| 24 Other assets (describe ▶ <b>See Statement 4</b> )                           | 63,492                | 61,793          |
| 25 Total assets  | 96,965                | 93,161          |
| 26 Total liabilities (describe ▶ <b>See Statement 5</b> )                      | 45,090                | 46,107          |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 51,875                | 47,054          |

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

Form **990-EZ** (2009)

## Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

28a

29a

30a

31a

139.511

32

139,511

(a) Name and address

| (a)  | (b) Title and average hours per week devoted to position |
|------|--|
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(c) Compensation  
(If not paid,  
enter -0-.)

(d) Contributions to employee benefit plans and deferred compensation

(e) Expense account and other allowances

|                        |              |           |   |   |   |
|------------------------|--------------|-----------|---|---|---|
| HARRIET BRISSON        | REHOBOTH     |           |   |   |   |
| P.O. BOX 85            | MA 02769     | 2.00      | 0 | 0 | 0 |
| MOLLY HATCH            | FLORENCE     |           |   |   |   |
| 31 LEXINGTON AVEN #2   | MA 01062     | 2.00      | 0 | 0 | 0 |
| JOAN SINATRA HATHWAY   | ASHBURNHAM   |           |   |   |   |
| 88 KELTON ROAD         | MA 01430     | 2.00      | 0 | 0 | 0 |
| LYNN GERVENS           | CAMBRIDGE    | SECRETARY |   |   |   |
| 39 R. C. KELLEY STREET | MA 02138     | 3.00      | 0 | 0 | 0 |
| DIANE HOUSKEN          | CAMBRIDGE    |           |   |   |   |
| 50 INMAN STREET        | MA 02139     | 2.00      | 0 | 0 | 0 |
| KATHY KING             | E WALPOLE    |           |   |   |   |
| 64 CONEY STREET        | MA 02032     | 2.00      | 0 | 0 | 0 |
| KRISTEN KIEFFER        | BALDWINVILLE |           |   |   |   |
| 141 MAIN STREET        | MA 01436     | 2.00      | 0 | 0 | 0 |
| MAUREEN MILLS          | PORTSMOUTH   | TREASURER |   |   |   |
| 911 GREENLAND          | NH 03801     | 4.00      | 0 | 0 | 0 |
| NANCY MAGNUSSON        | TOLLAND      |           |   |   |   |
| 365 JEFF MILLER ROAD   | MA 01034     | 2.00      | 0 | 0 | 0 |
| TOM O'MALLEY           | WOONSOCKET   | PRESIDENT |   |   |   |
| 24 GASKILL STREET      | RI 02895     | 3.00      | 0 | 0 | 0 |
| SUSAN SILVERMAN        | FITZWILLIAM  |           |   |   |   |
| FIVE WINGS STUDIO      | NH 03447     | 2.00      | 0 | 0 | 0 |
| NICK SEVIGNEY          | HOLDERNESS   | VICE PRES |   |   |   |
| 11 STONE POST ROAD     | NH 03245     | 2.00      | 0 | 0 | 0 |
| PAULA SIBRACK MARIAN   | SHERMAN      |           |   |   |   |
| 5 BENCHMARK            | CT 06784     | 2.00      | 0 | 0 | 0 |

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

|  | Yes | No       |
|--|-----|----------|
| <b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity   |     | <b>X</b> |
| <b>34</b> Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the changes   |     | <b>X</b> |
| <b>35</b> 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  |     |          |
| <b>a</b> 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?  |     | <b>X</b> |
| <b>b</b> If "Yes," has it filed a tax return on Form 990-T for this year?  |     |          |
| <b>36</b> 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  |     | <b>X</b> |
| <b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instr. <span style="float:right">▶ <b>37a</b></span>  |     |          |
| <b>b</b> Did the organization file Form 1120-POL for this year?  |     | <b>X</b> |
| <b>38a</b> 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?  |     | <b>X</b> |
| <b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved <span style="float:right"><b>38b</b></span>  |     |          |
| <b>39</b> Section 501(c)(7) organizations Enter <span style="float:right"><b>39a</b></span>  |     |          |
| <b>a</b> Initiation fees and capital contributions included on line 9 <span style="float:right"><b>39a</b></span>  |     |          |
| <b>b</b> Gross receipts, included on line 9, for public use of club facilities <span style="float:right"><b>39b</b></span>   |     |          |
| <b>40a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <span style="float:right">▶</span> _____, section 4912 <span style="float:right">▶</span> _____, section 4955 <span style="float:right">▶</span> _____   |     |          |
| <b>b</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 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 |     | <b>X</b> |
| <b>c</b> 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 <span style="float:right">▶</span> _____   |     |          |
| <b>d</b> Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <span style="float:right">▶</span> _____   |     |          |
| <b>e</b> 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   |     | <b>X</b> |
| <b>41</b> List the states with which a copy of this return is filed <span style="float:right">▶</span> <b>NH</b>   |     |          |
| <b>42a</b> The organization's books are in care of <span style="float:right">▶</span> <b>MAUREEN MILLS</b> Telephone no <span style="float:right">▶</span> <b>603-436-3818</b>   |     |          |
| <b>911 GREENLAND ROAD</b>  |     |          |
| Located at <span style="float:right">▶</span> <b>PORTSMOUTH, NH</b> ZIP + 4 <span style="float:right">▶</span> <b>03801</b>  |     |          |
| <b>b</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)?  |     | <b>X</b> |
| If "Yes," enter the name of the foreign country <span style="float:right">▶</span> _____   |     |          |
| See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  |     |          |
| <b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U S ?  |     | <b>X</b> |
| If "Yes," enter the name of the foreign country <span style="float:right">▶</span> _____   |     |          |
| <b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <span style="float:right">▶</span> <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float:right">▶</span> <b>43</b>   |     |          |
| <b>44</b> Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ   |     | <b>X</b> |
| <b>45</b> 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  |     | <b>X</b> |

**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.

|   | Yes | No                                  |
|---|-----|-------------------------------------|
| 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 |     | <input checked="" type="checkbox"/> |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II   |     | <input checked="" type="checkbox"/> |
| 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   |     | <input checked="" type="checkbox"/> |
| 49a Did the organization make any transfers to an exempt non-charitable related organization?   |     | <input checked="" type="checkbox"/> |
| 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."

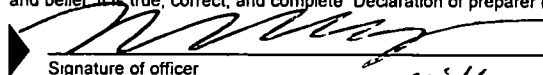
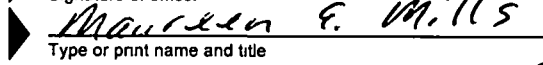
| (a) Name and address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|--|--|------------------|---|--|
| None   |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |

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

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 each receiving over \$100,000 ▶

|                                 |  |  |  |  |
|---------------------------------|--|--|--|--|
| <b>Sign Here</b>                | 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. |  |  |  |
|                                 | <br>Signature of officer  |  | Date <u>1 Nov 2010</u>   |  |
| <b>Paid Preparer's Use Only</b> | <br>Type or print name and title  |  |  |  |
|                                 | Preparer's signature   |  | Date <u>10/28/10</u>   |  |
|                                 | Firm's name (or yours if self-employed),<br><b>WEIDEMA AND LAVIN, CPAS, PA</b>   |  | Preparer's Identifying Number (See instr.)<br><b>P00089663</b> |  |
|                                 | address, and ZIP + 4<br><b>1 PARK AVENUE, SUITE 2-1<br/>HAMPTON, NH 03842</b>  |  | EIN ▶ <b>02-0466178</b><br>Phone no ▶ <b>603-926-3679</b>      |  |

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



**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**

| Calendar year (or fiscal year beginning in) ►  | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")   |          |          |          |          |          |           |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge   |          |          |          |          |          |           |
| <b>4</b> <b>Total.</b> Add lines 1 through 3   |          |          |          |          |          |           |
| <b>5</b> 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) |          |          |          |          |          |           |
| <b>6</b> <b>Public support.</b> Subtract line 5 from line 4  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009  | (f) Total |
|--|----------|----------|----------|----------|-----------|-----------|
| <b>7</b> Amounts from line 4   |          |          |          |          |           |           |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  |          |          |          |          |           |           |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on  |          |          |          |          |           |           |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  |          |          |          |          |           |           |
| <b>11</b> <b>Total support.</b> Add lines 7 through 10   |          |          |          |          |           |           |
| <b>12</b> Gross receipts from related activities, etc. (see instructions)  |          |          |          |          | <b>12</b> |           |
| <b>13</b> <b>First five years.</b> 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 <b>stop here</b> ► <input type="checkbox"/> |          |          |          |          |           |           |

**Section C. Computation of Public Support Percentage**

|  |           |   |
|--|-----------|---|
| <b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))   | <b>14</b> | % |
| <b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14   | <b>15</b> | % |
| <b>16a</b> <b>33 1/3 % support test—2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input type="checkbox"/>   |           |   |
| <b>b</b> <b>33 1/3 % support test—2008.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input type="checkbox"/>  |           |   |
| <b>17a</b> <b>10%-facts-and-circumstances test—2009.</b> 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 <b>stop here.</b> 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>b</b> <b>10%-facts-and-circumstances test—2008.</b> 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 <b>stop here.</b> 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>18</b> <b>Private foundation.</b> 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.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")  | 27,732   | 57,505   | 111,791  | 48,337   | 39,510   | 284,875   |
| <b>2</b> 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 | 79,248   | 83,701   | 23,325   | 87,876   | 96,057   | 370,207   |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5   | 106,980  | 141,206  | 135,116  | 136,213  | 135,567  | 655,082   |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons  |          |          |          |          |          |           |
| <b>b</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           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b  |          |          |          |          |          |           |
| <b>8 Public support</b> (Subtract line 7c from line 6.)   |          |          |          |          |          | 655,082   |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6  | 106,980  | 141,206  | 135,116  | 136,213  | 135,567  | 655,082   |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 1,529    | 2,535    |          | 562      | 288      | 4,914     |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                          |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b  | 1,529    | 2,535    |          | 562      | 288      | 4,914     |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on     |          |          |          |          | 0        |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)                                 | 35,030   |          |          |          |          | 35,030    |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)  | 143,539  | 143,741  | 135,116  | 136,775  | 135,855  | 695,026   |

**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**

|  |    |        |
|--|----|--------|
| <b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) | 15 | 94.25% |
| <b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15                      | 16 | 93.97% |

**Section D. Computation of Investment Income Percentage**

|   |    |    |
|---|----|----|
| <b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) | 17 | 1% |
| <b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17                        | 18 | 1% |

**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 ☐



**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

**Part III, Line 12 - Other Income Detail**

\$ 35,030

**Depreciation and Amortization**  
(Including Information on Listed Property)

OMB No 1545-0172

**2009**

Attachment  
Sequence No **67**

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

**THE STUDIO POTTER**

Identifying number

**23-7213616**

Business or activity to which this form relates

**Indirect Depreciation**

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

|    |  |                              |                  |
|----|--|------------------------------|------------------|
| 1  | Maximum amount See the instructions for a higher limit for certain businesses  | 1                            | <b>250,000</b>   |
| 2  | Total cost of section 179 property placed in service (see instructions)  | 2                            |                  |
| 3  | Threshold cost of section 179 property before reduction in limitation (see instructions)   | 3                            | <b>800,000</b>   |
| 4  | Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-  | 4                            |                  |
| 5  | Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5                            |                  |
| 6  | (a) Description of property  | (b) Cost (business use only) | (c) Elected cost |
| 7  | Listed property Enter the amount from line 29  | 7                            |                  |
| 8  | Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7  | 8                            |                  |
| 9  | Tentative deduction Enter the smaller of line 5 or line 8  | 9                            |                  |
| 10 | Carryover of disallowed deduction from line 13 of your 2008 Form 4562  | 10                           |                  |
| 11 | Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)                      | 11                           |                  |
| 12 | Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11   | 12                           |                  |
| 13 | Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12   | 13                           |                  |

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.)**

|    |   |    |  |
|----|---|----|--|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) | 14 |  |
| 15 | Property subject to section 168(f)(1) election  | 15 |  |
| 16 | Other depreciation (including ACRS)   | 16 |  |

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

|    |  |    |              |
|----|--|----|--------------|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2009   | 17 | <b>1,699</b> |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> |    |              |

**Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System**

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only—see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 19a 3-year property            |                                      |  |                     |                |            |                            |
| b 5-year property              |                                      |  |                     |                |            |                            |
| c 7-year property              |                                      |  |                     |                |            |                            |
| d 10-year property             |                                      |  |                     |                |            |                            |
| e 15-year property             |                                      |  |                     |                |            |                            |
| f 20-year property             |                                      |  |                     |                |            |                            |
| g 25-year property             |                                      |  | 25 yrs              |                | S/L        |                            |
| h Residential rental property  |                                      |  | 27.5 yrs            | MM             | S/L        |                            |
| i Nonresidential real property |                                      |  | 39 yrs              | MM             | S/L        |                            |

**Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System**

|                |  |  |         |     |     |
|----------------|--|--|---------|-----|-----|
| 20a Class life |  |  |         | S/L |     |
| b 12-year      |  |  | 12 yrs. | S/L |     |
| c 40-year      |  |  | 40 yrs  | MM  | S/L |

**Part IV Summary (See instructions.)**

|    |  |    |              |
|----|--|----|--------------|
| 21 | Listed property Enter amount from line 28  | 21 |              |
| 22 | Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions | 22 | <b>1,699</b> |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs  | 23 |              |

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2009)

DAA

There are no amounts for Page 2

## Federal Statements

Statement 1 - Form 990-EZ, Part I, Line 5c - Sale of Assets Other than Inventory -  
Securities

| Description |             | How<br>Received | Whom<br>Sold | Date<br>Acquired | Date<br>Sold | Sale<br>Price   | Cost &<br>Expense | Depreciation | Gain /<br>Loss |
|-------------|-------------|-----------------|--------------|------------------|--------------|-----------------|-------------------|--------------|----------------|
| MFS         | Donation    |                 |              | Various          | 11/23/09     | \$ 6,000        | \$ 7,120          | \$           | -1,120         |
|             | OPPENHEIMER |                 |              | Various          | 6/25/09      | 80              | 114               |              | -34            |
|             | Donation    |                 |              |                  |              | <u>\$ 6,080</u> | <u>\$ 7,234</u>   | <u>\$ 0</u>  | <u>-1,154</u>  |
|             | Total       |                 |              |                  |              |                 |                   |              |                |

**Federal Statements****Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses**

| Description               | Amount          |
|---------------------------|-----------------|
| Expenses                  | \$              |
| Advertising and Promotion | 2,581           |
| Office                    | 1,170           |
| Insurance                 | 2,150           |
| Total                     | <u>\$ 5,901</u> |

**Statement 3 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances**

| Description | Amount        |
|-------------|---------------|
|             | \$ -11        |
| Total       | <u>\$ -11</u> |

**Statement 4 - Form 990-EZ, Part II, Line 24 - Other Assets**

| Description                   | Beginning of Year | End of Year   |
|-------------------------------|-------------------|---------------|
| Inventories for Sale or Use   | \$ 55,000         | \$ 55,000     |
| SCANNER                       | 9,907             | 9,907         |
| Less Accumulated Depreciation | 1,415             | 3,114         |
|                               | <u>63,492</u>     | <u>61,793</u> |

**Statement 5 - Form 990-EZ, Part II, Line 26 - Total Liabilities**

| Description           | Beginning of Year | End of Year   |
|-----------------------|-------------------|---------------|
| PREPAID SUBSCRIPTIONS | \$ 44,835         | \$ 44,835     |
| ACCRUED PAYROLL TAXES | 255               | 1,272         |
|                       | <u>45,090</u>     | <u>46,107</u> |

**Statement 6 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose****Description**

CENTERED IN STUDIO PRACTICE, THE STUDIO POTTER FOSTERS EDUCATION AND DISCUSSION WITHIN THE CERAMICS COMMUNITY BY PUBLISHING A PROFESSIONAL JOURNAL THAT FOCUSES ON CRITIAL ISSUES OF AESTHETICS, TECHNOLOGY, HISTORY AND PERSONAL DEVELOPMENT.

**Statement 7 - Form 990-EZ, Part III, Line 31 - Statement of Program Service Accomplishments****Description**

THE STUDIO POTTER PUBLISHES TWO ISSUES OF ITS PROFESSIONAL JOURNAL FOR CERAMISTS, EDUCATORS, HISTORIANS AND COLLECTORS. THE ISSUES ARE RICHL Y ILLUSTRATED AND OMMERCIAL-FREE.  
THE ARE DISTRIBUTED TO 2000 SUBSCRIBERS AND SOLD AS INDIVIDUAL ISSUES TO STUDENTS AND COLLEAGUES AT A NATIONAL CONFERENCE FOR CERAMIC ART EDUCATORS.

**Application for Extension of Time To File an  
Exempt Organization Return**

OMB No 1545-1709

Department of the Treasury  
Internal Revenue Service

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.****Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).**

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete

Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits

|  |   |   |
|--|---|---|
| <b>Type or print</b><br><br>File by the due date for filing your return. See instructions. | Name of Exempt Organization<br><br><b>THE STUDIO POTTER</b>   | Employer identification number<br><br><b>23-7213616</b> |
|  | Number, street, and room or suite no. If a P.O. box, see instructions<br><b>P.O. BOX 352</b>                          |   |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions<br><b>MANCHESTER NH 03105</b> |   |

Check type of return to be filed (file a separate application for each return)

- |   |   |                                    |
|---|---|------------------------------------|
| <input type="checkbox"/> Form 990               | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL            | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF            | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

- The books are in the care of ►

Telephone No. ►

FAX No. ►

- 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 will cover

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **11/15/10**, to file the exempt organization return for the organization named above. The extension is for the organization's return for
- ☐ calendar year or
- ☒ tax year beginning **04/01/09**, and ending **03/31/10**

- 2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

|   |    |    |
|---|----|----|
| 3a 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.   | 3a | \$ |
| b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.  | 3b | \$ |
| c <b>Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ |

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)