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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

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

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

Open to Public Inspection

OMB No 1545-1150

2009

Department of the Treasury Internal Revenue Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements 06/01/09 , and ending 05/31/10 For the 2009 calendar year, or tax year beginning Check if applicable Please Name of organization Employer identification number use IRS Address change label or American Ceramic Circle, Inc. 23-7154620 Name change print or Telephone number Initial return Number and street (or P O box, if mail is not delivered to street address) Room/suite type. See 757-870-5903 224 West Queens Drive Termination Specific Amended return City or town, state or country, and ZIP + 4 Group Exemption Instruc-Williamsburg VA 23185 Number Application pending tions. Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach X Cash Accounting method a completed Schedule A (Form 990 or 990-EZ) Other (specify) N/A X if the organization is not Website: ▶ Check > required to attach Schedule B (Form 990, 990-EZ, or 990-PF) Tax-exempt status (check only one) — X 501(c) (3) **◄** (insert no) | 4947(a)(1) or 527 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 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 ▶ \$ Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I) Part I 22,389 1 Contributions, gifts, grants, and similar amounts received 1 2 Program service revenue including government fees and contracts 2 42,524 See Statement 1 3 Membership dues and assessments 3 SCANNED 2,630 4 4 Investment income 5a 5a Gross amount from sale of assets other than inventory Less cost or other basis and sales expenses 5b Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here Gross revenue (not including \$ of contributions 43,139 reported on line 1) 6a 40,380 6b Less: direct expenses other than fundraising expenses 2,759 Net income or (loss) from special events and activities (Subtract line 6b from line 6a) C 5,297 Gross sales of inventory, less returns and allowances 7a 7a 767 Less cost of goods sold 3,530 Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) C 8 Other revenue (describe) R) 73,832 2, 3, 4, 5c, 6c, 7c, and 8 9 Total revenue. Add line 9 Stmt 2 17,680 10 Grants and similar amounts paid(lattach schedule) 10 11 Benefits paid to or for members 11 12,185 Salaries, other compensation, and employee benefits 12 12 Expenses Professional fees and other payments to independent contractors 5,150 13 13 14 Occupancy, rent, utilities, and maintenance 14 22,162 15 15 Printing, publications, postage, and shipping 9,223 Other expenses (describe See Statement 3 16 16 66,400 17 Total expenses. Add lines 10 through 16 17 7,432 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 124,945 end-of-year figure reported on prior year's return) 19 20 20 Other changes in net assets or fund balances (attach explanation) 132,377 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 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 (A) Beginning of year (B) End of year (See the instructions for Part II) 113,043 133,088 22 Cash, savings, and investments 23 Land and buildings 23 12,637 Other assets (describe See Statement 4 24 125,680 133,088 25 Total assets 25 See Statement 5 735 26 Total liabilities (describe 124 945 27 132 27 Net assets or fund balances (line 27 of column (B) must agree with line 21)

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

Form 990-EZ (2009)

	n Ceramic Circle, Ir		3-7154620				Page 2
Part III Statement of Prog	ram Service Accomplishment	s (See the instruct	ions for Part III	l.)		Ex	penses
What is the organization's primary exemp	(Re	quired	for section				
Ceramic history, education a	501	(c)(3) a	and 501(c)(4)				
Describe what was achieved in carrying	out the organization's exempt purposes	In a clear and concise			org	anızatıc	ons and section
manner, describe the services provided, the number of persons benefited, or other relevant information for							trusts, optional
each program title					for	others))
28 Promote scholarship, educ	ation and research on ceramic						
history and other aid to					1		
_							
(Grants \$ 17,680) If this amount includes foreign grants	s, check here	>		28a		17,680
29 Publish journals and pape							
related subjects.	-						
•							
(Grants \$) If this amount includes foreign grants	s, check here	•	П	29a		48,720
30	<u></u>	,	······································	·			
(Grants \$) If this amount includes foreign grants	chack hara	_	\Box	30a		
31 Other program services (attach sche		s, check here		<u> </u>	304		-
, •	•	abadi bara	_	П	24.5		
(Grants \$) If this amount includes foreign grants	s, check here			31a		66,400
32 Total program service expenses (a Part IV List of Officers, Direct		4		<u> </u>	32	f F	
List of Officers, Direct	ors, Trustees, and Key Employees. Lis	(b) Title and average	(c) Compensation		Struction Contribut		(e) Expense
(a) Na	me and address	hours per week	` (If not paid,	empk	yee benefi	fit plans &	account and
		devoted to position	enter -0)	defe	rred compe	ensation	other allowances
Donna M. Corbin	Philadelphia	President					
P. O. Box 7646	PA 19101	4.00	0	<u> </u>		0	0
Barbara Perry	Charlotte	V. President					
2730 Randolph Road	NC 28207	2.00	0	ļ		0	0
Bruce McRitchie	Williamsburg	Treasurer		Į.			
224 West Queens Drive	VA 23185	5.00	0	<u> </u>		. 0	0
Beth Carver Wees	New York	Secretary	İ	ŀ			
1000 Fifth Avenue	พұ 10028	3.00	0			0	0
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Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of

"Yes," Form 990 must be completed instead of Form 990-EZ

Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If

Form **990-EZ** (2009)

X

X

Form 990-EZ

Form 9	990-EZ (2009) American Ceramic Circle, Inc	•	23-71	54620			Page 4
Part	501(c)(3) organizations and section 4947(a)(1) none		•		•	ection	
	and complete the tables for lines 50 and 51.					I	,
	Did the organization engage in direct or indirect political campaign activities on	behalf of or in	opposition to			Yes	
	candidates for public office? If "Yes," complete Schedule C, Part I					46	X
	Did the organization engage in lobbying activities? If "Yes," complete Schedule					47	X
48 I	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E						X
49a [Did the organization make any transfers to an exempt non-chantable related o	rganization?				49a	X
b i	If "Yes," was the related organization a section 527 organization?					49b	
50 (Complete this table for the organization's five highest compensated employees	(other than off	icers, director	rs, trustees a	nd key		
	employees) who each received more than \$100,000 of compensation from the						
	(a) Name and address of each employee paid more than \$100,000	(b) Title and a hours per we devoted to po	ek		(d) Contributions to employee benefit plans & deferred compensation	(e) Expe account a other allow	and
None							
	Total number of other employees paid over \$100,000	•	<u> </u>				
	Complete this table for the organization's five highest compensated independe \$100,000 of compensation from the organization. If there is none, enter "None		vho each reco	eived more th	nan		
	(a) Name and address of each independent contractor paid more than \$100,000		(b) Type o	f service	(c) C	ompensation	
None	ie						
d 1	. Total number of other independent contractors each receiving over \$100,000						
Sign Here	Under penalties of penury, I declare that I have examined this return, including and belief, it is true, correct, and complete. Declaration of preparer (other than Signature of officer Stuce (VickiTcki's Treasures)		n all informatio				
	Branarada	Date)	Check if	Preparer's Ident	ıfyıng Number (S	ee instr)
Paid	Preparer's signature Donald V. Steger Jr.	110	/05/10	self-	P0023!	5252	
	anaria Donata V. Beeger Dr.			employed >		4-1877	1324
Use (., CEA,				- 10/	<u> </u>
JJ6 (2006			Phone	_006-4	:001
Marrie	address, and ZIP + 4 Staunton, VA 24402-2 the IRS discuss this return with the preparer shown above? See instructions	2000		 		-886-6	
iviay (f	ine into discuss this return with the preparer shown above? See instructions					Yes	No (2000)

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.

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

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

American Ceramic Circle, Inc

Employer identification number 23-7154620

Pa The o 1 2 3 4		Reas	on for Public Charity	04 4 (All ' 4'									
1 2 3	rgar		on for rubile charity.	<u> Status (All organizations</u>	must c	omplete	this p	art.) S	ee ins	struction	ons		
2		nization is not	a private foundation because	it is (For lines 1 through 11, che	eck only o	ne box)							
3		A church, cor	vention of churches, or asso	ciation of churches described in	section 1	70(b)(1)(A)(i).						
_	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)												
4		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
-	\exists	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,											
5	City, and state An organization operated for the henefit of a college or university owned or operated by a governmental unit described in												
,	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in												
_	_	section 170(b)(1)(A)(iv). (Complete Part II.)											
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7		-	•	ubstantial part of its support fron	n a govern	mental ur	nit or fror	n the ge	neral pu	iplic			
	_	described in	section 170(b)(1)(A)(vi). (Co	mplete Part II.)									
8		A community	trust described in section 17	70(b)(1)(A)(vi). (Complete Part II)								
9	X	An organizati	on that normally receives: (1)	more than 33 1/3 % of its suppo	ort from co	ntribution	s, memb	ership f	ees, and	gross t			
		receipts from	activities related to its exemp	ot functions—subject to certain e	xceptions	, and (2) r	no more	than 33	1/3 % o	f its			
		support from	gross investment income and	d unrelated business taxable inco	ome (less	section 5°	11 tax) fr	om busi	nesses				
		acquired by t	he organization after June 30	, 1975 See section 509(a)(2). (Complete	Part III)							
10		An organizati	on organized and operated e	xclusively to test for public safety	/ See sec	tion 509(a)(4).						
11	\Box	An organizati	on organized and operated e	xclusively for the benefit of, to pe	erform the	functions	of, or to	carry or	ut the				
	_	purposes of o	ne or more publicly supporte	d organizations described in sec	tion 509(a)(1) or se	ction 50	9(a)(2)	See sec	tion			
		509(a)(3). Ch	eck the box that describes th	e type of supporting organization	and com	plete lines	s 11e thr	ough 11	h.				
		a Type	l b Type II	c Type III-Functions	ally integra	ated	d	Tvo	e III-Ot	her			
e			<u> </u>	inization is not controlled directly	, ,		or more	_					
	_			and other than one or more public						ction			
		•	_		,								
			ection 509(a)(2)										
f			section 509(a)(2) ation received a written deter	mination from the IRS that it is a	Type I Ty	nell or 1	Type III s	upportir	10				
f		If the organiz	ation received a written deter	mination from the IRS that it is a	Type I, Ty	/pe II, or 1	Гуре III s	supportir	g				
		If the organization,	ation received a written deten check this box				Гуре III s	supportir	g				
f g		If the organization, organization, Since August	ation received a written deter check this box 17, 2006, has the organization	mination from the IRS that it is a on accepted any gift or contributi			Гуре III s	supportir	g				
		If the organization, organization, Since August following per	ation received a written deter check this box 17, 2006, has the organizations?	on accepted any gift or contributi	on from a	ny of the		supportir	9			<u>. </u>	
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Sche	edule A (Form 990 or 990-EZ) 2009 Ame					3-715 <u>46</u> 20	Page 2
Pa	art II Support Schedule for O	rganizations D	escribed in Se	ctions 170(b)(1)(A)(iv) and 1	70(b)(1)(A)(vi)	
	(Complete only if you ch	ecked the box	<u>on line 5, 7, or</u>	8 of Part I.)			
	tion A. Public Support		·				
Ca	lendar 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	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
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		.				
$\overline{}$	tion B. Total Support	,		····	_		
Ca	lendar year (or fiscal year beginning in)►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carned 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		<u> </u>				
12	Gross receipts from related activities, etc. (see instructions)				12	
13	First five years. If the Form 990 is for the	organization's first,	second, third, fourt	h, or fifth tax year a	s a section 501(c)	(3)	
	organization, check this box and stop here		 				<u>▶</u>
Sec	tion C. Computation of Public Su	 	-				
14	Public support percentage for 2009 (line 6,	column (f) divided	by line 11, column	(f))		14	%_
15	Public support percentage from 2008 Sche	dule A, Part II, line	14			. 15	%%
16a	33 1/3 % support test—2009. If the organ	zation did not chec	k the box on line 13	3, and line 14 is 33	1/3 % or more, che	eck this box	
	and stop here. The organization qualifies a	as a publicly suppor	ted organization				▶ [_
b	33 1/3 % support test—2008. If the organ	zation did not chec	k a box on line 13 o	or 16a, and line 15 i	s 33 1/3 % or more	e, check this	
	box and stop here. The organization qualif	ies as a publicly su	pported organization	on			▶ ∐
17a	10%-facts-and-circumstances test-200	If the organizatio	n did not check a b	ox on line 13, 16a,	or 16b, and line 14	is 10% or	
	more, and if the organization meets the "fac-	cts-and-circumstani	ces" test, check this	s box and stop her	e. Explain in Part I	V how the	_
	organization meets the "facts-and-circumst	ances" test. The or	ganızatıon qualıfies	as a publicly suppo	orted organization		▶ □
b	10%-facts-and-circumstances test—200	8. If the organization	n did not check a b	ox on line 13, 16a,	16b, or 17a, and in	ne 15 is 10% or	
	more, and if the organization meets the "fac	cts-and-circumstand	ces" test, check this	s box and stop her	e. Explain in Part l	V how the	
	organization meets the "facts-and-circumst	ances" test. The or	ganızatıon qualıfies	as a publicly suppo	orted organization		>
18	Private foundation. If the organization did	not check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see ii	nstructions	▶ ∐

Schedule A (Form 990 or 990-EZ) 2009

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

(Complete onl	y if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support						
	llendar 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")	48,765	55,516	60,725	69,610	22,389	257,005
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	50,746	29,050	32,550	38,775	90,960	242,081
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	99,511	84,566	93,275	108,385	113,349	499,086
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
þ	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that		ľ		i		
	exceed the greater of \$5,000 or 1% of the						
С	amount on line 13 for the year Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
·	line 6)						499,086
Sec	tion B. Total Support	T			······································	<u></u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Ca	lendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	99,511	84,566	93,275	108,385	113,349	499,086
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,060	6,353	2,936	4,384	2,630	20,363
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	4,060	6,353	2,936	4,384	2,630	20,363
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					0	
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,			İ		T	
	and 12)	103,571	90,919	96,211	112,769	115,979	519,449
14	First five years. If the Form 990 is for the o	rganization's first, so	econd, third, fourth,	or fifth tax year as	a section 501(c)(3))	
500	organization, check this box and stop here tion C. Computation of Public Sur	nnort Porconto					▶
15	Public support percentage for 2009 (line 8,					146	
16	Public support percentage for 2009 (line 6, 6		•)		15	96.08%
	tion D. Computation of Investmen						96.12%
17	Investment income percentage for 2009 (lin			umn (fl)		17	4 %
18	Investment income percentage for 2009 (IIII	• •	•	u (1 <i>) </i>		18	4 %
19a	33 1/3 % support tests—2009. If the organ			and line 15 is moi	re than 33 1/3 %, a		
b	17 is not more than 33 1/3 %, check this box 33 1/3 % support tests—2008. If the organ	x and stop here. Th	ne organization qual	ifies as a publicly s	upported organizat	ion	► X
	line 18 is not more than 33 1/3 %, check this						▶ □
20	Private foundation. If the organization did						▶ □

Schedule A (Form 990 or 990-EZ) 2009 American Ceramic Circle, Inc.

23-7154620

Page 4

art 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.

150 19/05/2010	9 09 PM								
Form 99	90	For calendar year 2009,	•		nts Schedule	, and ending	05	/31/10	2009
ame	•	Foi Caleridai yeai 2009,	or tax year beginning	<u></u>	00/01/03	_, and ending	03		ntification Number
America	an Cer	amic Circle,	Inc.					23-7154	620
Gross receipts Less contrib Gross revenu Less direct Net income (k	outions e expenses	(A) 43,139 0 43,139 40,380 2,759	(B)	0 0 0 0	(C)	0 0 0 0 0 0	thers	0 0 0 0	Total 43,139 0 43,139 40,380 2,759
Description	(A) (B) (C) Others	ACC Sympos:	ium						
		4							

2150 American Ceramic Circle, Inc.

23-7154620

Federal Statements

FYE: 5/31/2010

Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

Description			Amount
Membership	Dues	\$_	42,524
Total		\$	42,524

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Federal Statements

2150 American Ceramic Circle, Inc. 23-7154620 FYE: 5/31/2010

	Relationship Clast to Organization Act	Date of De Gift	8/14/09	Total		
	Class of Activity	tion of erty		I	II.	
Individuals		Cash Contribution	17.680		17,680	
<u>S</u>		Noncash Contribution				
		Book Value				
		Book Value Explanation				
•		FMV Explanation				

2150 American Ceramic Circle, Inc.

23-7154620

Federal Statements

10/5/2010 9:09 PM

FYE: 5/31/2010

Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount			
Expenses	\$			
Website Costs	1,426			
Office Supplies and Expense	1,944			
Employee Travel Reimb.	1,175			
Board Meeting Expense	1,507			
Insurance	303			
Bank Charges	35			
Credit Card Fees/Discount	1,715			
Taxes, Other	35			
Telephone and Communicati	1,083			
Total	\$ 9,223			

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

Description	Beginning of Year	End of Year
Inventories for Sale or Use	\$ 12,637	\$
	12,637	

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

Description	Beginning of Year		End of Year	
Payroll Taxes Payable	\$ 735	\$	711	
	 735		711	