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# Form **990**

**Return of Organization Exempt From Income Tax** 

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.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2015

> Open to Public Inspection

	tment of th Il Revenue	ie Treasury Service	Information about Form 990 and its instructions is at www	-	· ·	Open to Public Inspection
				and ending		, 20
	eck if appl		C Name of organization ASSOCIATED GLASS AND POTTERY	and Enaill		entification number
	dress char				25-112372	
н		-	Doing business as  Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone nu	
н	me change					
H	ial return		520 WESTCHESTER DRIVE		(724) 836-	-2000
ш	al return/		City or town, state or province, country, and ZIP or foreign postal code		G Gross	002 040
	minated	Ļ	PA 15601	· · · · · ·	receipts \$	992,048
Н	ended retu			-	group return for subs	H H
	plication pe		``	•	bordinates included	
	x-exemp		501(c)(3) X 501(c)(6) ◀(insert no.) 4947(a)(1) or 527		attach a list. (see ir	
	ebsite: 🕨				cemption number	
	rm of organ	E	Corporation Trust Association Other ► L Year of f	formation	1923   <b>M</b> Sta	te of legal domicile PA
Pa		Summa	<del></del>			
	1 Br	refly desc	cribe the organization's mission or most significant activities			
ģ						
Governance						
Ĭ						
ove	2 Cl	neck this	box ▶ If the organization discontinued its operations or disposed of more	re than 25%	% of its net assets	· -
Ğ	3 N	umber of	voting members of the governing body (Part VI, line 1a)		з	9
% ZUIIII Activities &			independent voting members of the governing body (Part VI, line 1b)		4	
≥ ∠⊎®	1		er of individuals employed in calendar year 2015 (Part V, line 2a)		<del></del>	
eti e			er of volunteers (estimate if necessary)		<del> </del>	9
N A	1		ated business revenue from Part VIII, column (C), line 12		<del>⊢</del> —+	
<b>6</b> 20	Ĭ		ed business taxable income from Form 990-T, The 34		7b	0
<u>z —</u>	1 140	o. om orde	District the second modern of the second sec	-	ior Year	Current Year
	8 Cd	ntributio	ns and grants (Part VIII, line 1h)	3	1,425	1,350
_ ee	I _		10)	201	2,123	1,330
4EU Revenue	9 Pr	voetmast	income (Part VIII, column (A), lines 3, 4, and 76 MAY 12 2018	1971	298,541	30,381
<b>2</b> 8	10 In	vesunent	Pure (Port VIII, column (A) lines 5, 4, and 701	1 <del>01</del>	2,00,041	30,361
乭	יט וון	iner rever	nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 106, and 11e)	19 <del>51</del>	299,966	21 721
SCANNED Rever	4		ue add lines 8 through 11 (must equal Fart VII) dollars (A) line 12)		233,300	31,731
Ĭ	1		similar amounts paid (Part IX, column (A), lines 1-3)			
-	Į.	-	id to or for members (Part IX, column (A), line 4)	<b>9</b>		
ès			her compensation, employee benefits (Part IX, column (A), lines 5-10)	·		<del></del>
enses			al fundraising fees (Part IX, column (A), line 11e)			
Expe	1		aising expenses (Part IX, column (D), line 25)		. Y N. T , (25% v)	
ш	1		nses (Part IX, column (A), lines 11a-11d, 11f-24e)		39,866	51,417
	18 To	tal exper	ses. Add lines 13-17 (must equal Part IX, column (A), line 25)	·	39,866	51,417
	19 Re	evenue le	ss expenses. Subtract line 18 from line 12 · · · · · · · · · · · · · · · · · ·		260,100	-19,686
\$	,		<del></del>	Beginnir	ng of Current Year	End of Year
Assets Fund	<b>20</b> To	tal assets	s (Part X, line 16)	. L	1,038,160	1,018,474
		tal liabilit	nes (Part X, line 26)			
<u> </u>	22 Ne	et assets	or fund balances. Subtract line 21 from line 20		1,038,160	1,018,474
Par	t II	Signati	ure Block			
Under	penalties o	of perjury, I	declare that I have examined this return, including accompanying schedules and stateme	ents, and to t	he best of my knowl	edge and belief, it is true.
correc	t, and comp	plete. Decl	aration of preparer (other than officer) is based on all information of which preparer has a	any knowled	ge.	,,
		Q	ohn C Hollo			5/3/2016
Sign	· []	Signa	ature of officer			Date
Here			IN POTTS TREASU	RER		
	] ]		or print name and title			
			ype preparer's name Preparer's pigpature Date,		Chook	PTIN
Paid	İ	1	CHELLMAN Fith William 5/3	12016	Check ∐ if self-employed	P00029616
Prep			name ► HRB TAX GROUP INC		rm's EIN ▶ 431	
-	Only		address ► 414 E PITTSBURGH ST STE 104		hone no.	0/1040
	<b>y</b>		ENSBURG PA 15601			<del>.</del>
May	a IDS di			-	<u> 248374676</u>	
	•	•	s return with the preparer shown above? (see instructions)	••••		Yes X No
ror P	aperwork	n neuuci	tion Act Notice, see the separate instructions.			Form <b>990</b> (2015)

Form	990 (2015) ASSOCIATED GLASS AND POTTE 25-1123726	Page 2
Par	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	П
1	Briefly describe the organization's mission:	
	TO PROMOTE GOODWILL FOR THE GLASS AND POTTERY MANUFACTURERS AND	
	PROVIDE FUNDING AND SUPPORT FOR COOPERATIVE PROJECTS WITH	
	EDUCATIONAL INSTITUTIONS	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ? Yes	⊠ No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	_
	services?	⊠ No
	If "Yes," describe these changes on Schedule O.	
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 \$	)
		<del> </del>
4b	(Code) (Expenses \$	)
		·····
40	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$	
-,0	(code	
	<u> </u>	
	Other program services (Describe in Schedule O.)	
- <b>T</b> U	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses	

Part IV 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		Χ
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	<b>\</b>		
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments,			
	or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Х	
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Χ
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,			
	permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX,	77. · ·	باردن مردد کارد	7527.9
	or X as applicable	17 , 27 6. San San San San San San San San San San		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule			
	D, Part VI	11a		Х
b	Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	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	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 1.70(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	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 investments			
	valued at \$100,00 or more? If "Yes," complete Schedule F, Parts I and IV	14b	L	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	İ		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance		i	
	to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Χ_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,			
	lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			37
	If "Yes," complete Schedule G, Part III	19		X

Form 990 (2015) · ASSOCIATED GLASS AND POTTE 25-1123726

Part IV Checklist of Required Schedules (continued)

	•		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		Χ
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	<u></u>	Χ
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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		X
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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? $\cdots N/A$	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
đ	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? $\dots N/A$	24d		ļ
25a				
	benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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		_X_
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 "Yes," complete			
	Schedule L, Part II	26		X
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		1	
	any of these persons? If "Yes," complete Schedule L, Part III	27		X
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)	,	<u>'</u> ^	<u></u>
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,			١,,
_	Part IV	28b		X
Ç	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an			١,,
	officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u> </u>	Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	20		<sub>V</sub>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		X
J,	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<b>⊢</b> "	$\vdash$	- <u>^</u>
-	Schedule N, Part II	32	1	Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
	sections 301.7701–2 and 301.7701–3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,		<b></b>	
	or IV, and Part V, line 1 · · · · · · · · · · · · · · · · · ·	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	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 $\dots \dots $	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		Χ
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Χ	L
	4E 0004 DWE 000 Form Software Converted 1000 2010 HDD Toy Crown Inc.	<b>-</b>	<b>MMA</b> .	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			Щ.				
			Yes	No				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1744		٠ پر				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b		is the secondary	~ embou				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			ĺ				
	gaming (gambling) winnings to prize winners?	1c		X				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	· *	٨. 🏖	∿.				
	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? N./.A.	2b		L				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	37.	, , , , , , , , , , , , , , , , , , ,					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х				
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)?	4a		Х				
b	If "Yes," enter the name of the foreign country.	\$65 ×	. *					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	3.3		**				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X				
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? N/A	5c						
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		Х				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		-					
	gifts were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).	*	7.					
а	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?							
b	77							
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was							
	required to file Form 8282?	7c		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year	у.						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098–C?	7h		X				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	* g; *;						
	sponsoring organization have excess business holdings at any time during the year?	8		X				
9	Sponsoring organizations maintaining donor advised funds.	3»	760 600- <b>3</b> 000					
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X				
10	Section 501(c)(7) organizations. Enter	. , .	4	4				
а	Initiation fees and capital contributions included on Part VIII, line 12 · · · · · 10a	, ,	, *8.	[ ,				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	'i		,				
11	Section 501(c)(12) organizations. Enter	27, 7	22					
а	Gross income from members or shareholders		<u>\$</u> 4 ,	1365×4 .				
b	Gross income from other sources (Do not net amounts due or paid to other sources		.>^*	\S \cdot				
	against amounts due or received from them.)	Ž	در المسلمة	4.5				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		X				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	western s	1,48,00					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	\$\$\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Y	2 · Marie				
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		Х				
	Note. See the instructions for additional information the organization must report on Schedule O.	M.	∰* '.	. 3				
b	Enter the amount of reserves the organization is required to maintain by the states in which	300		di				
	the organization is licensed to issue qualified health plans	., * ,,		× ~;				
C	Enter the amount of reserves on hand		`,					
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		L				

Part:				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See inst			
	Check if Schedule O contains a response or note to any line in this Part VI			<u>Ш</u>
Section	on A. Governing Body and Management			Т
		\ <del></del>	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a		7 ×	
	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.		7.	
b	Enter the number of voting members included in line 1a, above, who are independent 1b		- party	· . · .~
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1	*	\$\frac{2}{2}
	officer, director, trustee, or key employee?	2		Х
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	İ	Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	-	X
6	Did the organization have members or stockholders?	6	Х	<del>                                     </del>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			1
ru	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders,	F		+
U	or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	233	14 AC	
0	by the following		8	
_	The governing body? · · · · · · · · · · · · · · · · · · ·	8a	Х	-
a	Each committee with authority to act on behalf of the governing body?	8b	<u> </u>	X
b	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	- 60	<del>                                     </del>	<del>  ^</del>
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Cooti		<u> </u>		<u> </u>
Secu	on B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	No
100	Did the organization have local chapters, branches, or affiliates?	10a	103	X
10a		IUa	├	┝
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	106		
44	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? N./A	10b	<del> </del>	+-
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40-	- 300p	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	├	-
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	1		
	describe in Schedule O how this was done	12c	<u> </u>	<del> </del>
13	Did the organization have a written whistleblower policy?	13	<u> </u>	X
14	Did the organization have a written document retention and destruction policy?	14	a 19274 . DA	X
15	Did the process for determining compensation of the following persons include a review and approval by			1
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	Salari.		
<b>a</b>	The organization's CEO, Executive Director, or top management official	15a	<u> </u>	X
b	Other officers or key employees of the organization	15b	Swa. 23"	X
	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		The state of the s	
	with a taxable entity during the year?	16a	. <b>81 9</b> 0000	X
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	2.X2	320	
<del></del>	the organization's exempt status with respect to such arrangements?	16b	<u> </u>	<u> </u>
	on C. Disclosure			
17	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 501(c)(3)s of the control of th	nly)		
	available for public inspection. Indicate how you made these available. Check all that apply.			
	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 interest			
20	policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A.	Officers, Directors,	Trustees, Key	/ Employees.	and Highest Co	empensated 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.

ı	X	Check this box if neither the organiz	ation nor any related or	rganization compensated an	v current officer, dir	ector, or trustee.
	~ ~	Chicon this box in holdren the organiz	callott flot arry rotated of	gainzanen cempencarea an	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

(A)  Name and Title	( <b>B</b> ) Average hours per week		(do not box, un officer		ition more th rson is irector/	an one both an trustee)	ı	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
1. ROBERT GONZE	4.00	<b>X</b>		×						
PRESIDENT 2. JOHN POTTS TREASURER	2.00	x		x						
3. VICTOR WICKS	1.00	x								
4. DEAN STROH	1.00	x								
5. GEORGE FENTON	1.00	x								
6. JOHN THOMPSON	1.00	x								
7. STEPHEN MCCANN	1.00	x								
8. KENNETH DALZEL	1.00	x								
9. WILLIAM SMITH	1.00	x								

Form **990** (2015)

Part	VII	Section A. Officers	, Directors	s, Trust	ees, K	Cey En	nploye	es, and	Highe	est Compensated E	mployees (continu	ied)
						(C	ion					(F)
		<b>A)</b>	(B)		(do no	t check	more th	nan one both an		(D)	(E)	Estimated
	Name a	and title	Average hours per		officer	and a d	irector.	(trustee)		Reportable compensation	Reportable compensation	amount of other
			week (list any hours	Individual trustee or director	Institutional trustee	Officer	Key	emp emp	Former	from	from related	compensation
			for related	ridua	i i	g	Key employee	nest	l er	the	organizations	from the
			organiza- tions	or tra	nali		loye	e com		organization	(W-2/1099-MISC	organization
			below dotted	stee	rust	ļ	0	pen		(W-2/1099-MISC)		and related
			line)		ee			Highest compensated employee				organizations
												ı
			<u> </u>					<u></u>	Ļ			
1b	Sub-tota	al	oote to De		 Poetio	 n A						
c d		Id lines 1b and 1c)										
2										received more than	\$100,000 of report	able compensation
		organization 🕨									· · · · · · · · · · · · · · · · · · ·	······
3	Did the o	rganization list anv	former of	ficer, dir	ector.	or trus	tee. ke	ev emplo	vee. o	r highest compensat	ed employee	Yes No
		a? If "Yes," complet						•	•			
4	For any i	ndıvıdual listed on l	ine 1a, is th	he sum	of repo	ortable	comp	ensation	and o	other compensation t	rom the	eri. <b>26</b> 69
	_			-						e Schedule J for suc		
5										ated organization or erson		5 X
Sectio		pendent Contracto		11 165,	COTTI	iele Si	CHECIU	16 0 101 5	ucii pi	erson		5 X
1										that received more t		
	compens	sation from the orga		eport co	mpen	sation	for the	calenda	ar year	r ending with or with	n the organization'	
		Namo and	(A) d business	addrocs	,					(B) Description of se	on/icos	(C)
		INGINE AIR	Dusiness	aduress	)					Description of st	ervices	Compensation
	Total	nhar of melananda	1 00 01-001-	m (rest	die - 4		luncite	d to the -	a liete	d abaya) wha sas	64 15 Sã	MUNICIPAL COMPANIENCE
2		nber of independen of compensation fr				jut not	ıımıte	J IO IÑOS	e iistei	d above) who receiv	eo more than	recorder

Par	t VI					Abra Da 4 MIII			П
****		Check if Schedule O	contains a re	sponse	e or note to any line	(A)	(B)	(C)	·· <u> </u>
1	`		·"	à Ì, Ì	, To	Total revenue	Related or	Unrelated	Revenue
Š.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, <sub>21</sub> , 200	aker i	The second of		exempt function	business revenue	excluded from tax under sections 512-514
<u> </u>	10	Federated campaigns		1a		> * * * * * * * * * * * * * * * * * * *	revenue	***	512-514
£ 5		Membership dues		1b	1,350		· mile		The transfer of the
ΩĒ		Fundraising events		1c			Sapara San	- 1 CO CO CO CO CO CO CO CO CO CO CO CO CO	Constitute 1983
r A		Related organizations		1d		1,			
aig.		Government grants (contril		1e			**************************************		
Ei2		All other contributions, gifts	· · · · · · · · · · · · · · · ·	-			San Assert	1.144	>/9h .* 4
Per	•	similar amounts not include		1f			in vertical	inga i	5
<u> </u>	a								
Contributions, Gifts, Grants and Other Similar Amounts		Total. Add lines 1a-1f		-		1,350		" " " " " " " " " " " " " " " " " " "	
		Total Tito Ta Ti			Business Code	- ***	· · · · · · · · · · · · · · · · · · ·	1 8 96 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	/s //
an a	2a								where we did existent to the province
vice	b								-
Ser ue	c								
im /	d								
Program Service Revenue	e								
Pro	f	All other program service r	evenue						
	g						m		,
	3	Investment income (includ	ing dividends,	ințeres	st, and				
		other similar amounts)				30,381			
	4	Income from investment of	f tax-exempt b	ond p	roceeds				
	5	Royalties			▶				
			(ı) Real		(II) Personal	30 k		**************************************	
	6a	Gross rents							** **
	b	Less rental expenses				ii ani wa	J. 250	1,100,000	
	С	Rental income or (loss)					a sales in the sal		
ĺ	d	Net rental income or (loss)			▶				
		0	(ı) Securit	ies '	(II) Other	San was			** C. S. C. C. C.
	/a	Gross amount from sales of assets other than				a gas , engin	ar some	1 1 1 1 1 1 1 1	. 5
		inventory	1,06	7,164		* ,	3 3 3	, , , , , , , , , , , , , , , , , , ,	
	b	Less cost or other basis	1			in the state of th	***		
		and sales expenses · · · ·		0,317					
	С	Gain or (loss)	10	6,847				·	2****
	d	Net gain or (loss)							
	8a		ising events					ala material de la companya della companya de la companya de la companya della companya della companya de la companya de la companya della co	, ,
ne Le		(not including \$		· ·				* Same of	
/en		of contributions reported o	•			partie california (region	15 happy 100 pt 100	200000000000000000000000000000000000000	, , ,,,, ,
Re	_	See Part IV, line 18					******	* **, *	,
Other Revenue		Less direct expenses			L	# _ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	and the same of th		
₹		Net income or (loss) from t			· · · · · · · · · · · · · · · · · · ·	· ( in » *** / · · ·			
	Уa	Gross income from gaming					Y 1 × 7		<b>1</b> ***
	_	Part IV, line 19 · · · · · Less direct expenses · · ·					i karan	North Control	*
	b	Net income or (loss) from g				<u> </u>			
		Gross sales of inventory, le	_	65		3000 1 0 000 1 1000 1	" " " " " " " " " " " " " " " " " " "	(c), A <sup>ma</sup>	
	IVa	returns and allowances		•					[ · · · · · · · · · · · · · · · · · · ·
	h	Less cost of goods sold		1					- *5
		Net income or (loss) from s				60 mm 23 mm 25 mm 2 mm		-	
	_ <u> </u>	Miscellaneous Rev			Business Code				4 4 5 4 5
	11a	11100011010000 1101		'	24511033 0046				<u> </u>
	b								<del> </del>
	c								
	d	All other revenue							
	е	Total. Add lines 11a-11d					**** * ' 1	e santisti	(1.05) · · · · · · · · · · · · · · · · · · ·
	12	Total revenue. See instruc	ctions			31,731		700m (W4 ):	

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX ..... (B) Program service (C) (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b, Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ... Grants and other assistance to domestic 2 individuals. See Part IV, line 22 ..... 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ..... Benefits paid to or for members ..... Compensation of current officers, directors, trustees, and key employees ..... . ........ Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) ..... 7 Other salaries and wages ..... Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . . 9 Other employee benefits Payroll taxes ...... 10 Fees for services (non-employees) 11 а b Legal 400 Accounting C d Lobbying Professional fundraising services See Part IV, line 17 ... Investment management fees . . . . . . . . . . . f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion ..... 13 Office expenses ..... 14 Information technology ...... 15 16 17 Travel . . . . . . . . . . Payments of travel or entertainment expenses for any 18 federal, state, or local public officials ...... 33,296 19 Conferences, conventions, and meetings ..... 20 Interest . 21 Payments to affiliates ...... Depreciation, depletion, and amortization . . . . . . . . 22 23 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.) 2,322 DIRECTORS MEETING COSTS 1,000 OFFICERS' EXPENSES b 14,179 PROJECTS SPENDING C 100 TREASURER BOND d 120 е All other expenses 51,417 25 Total functional expenses. Add lines 1 through 24e 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)

		Check if Schedule O contains a response or note to any line in this Part X	(A) Beginning of year		(B) End of year
	1	Cash non-interest-bearing	8,531	1	16,146
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,		8,1,	Service Control
		trustees, key employees, and highest compensated employees.		10 200	
		Complete Part II of Schedule L	A CONTROL OF THE CONT	5	- Marcard Ar-Zione (Photostochistotto) - marcard - marcard - marcard
	6	Loans and other receivables from other disqualified persons (as defined under section		: 196	THE WAR SHOWN
		4958 (f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and		.20	l' ,
		sponsoring organizations of section 501 (c)(9) voluntary employees' beneficiary	water visit is the and destroy a section.		
ş		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
Ř	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	1	Land, buildings, and equipment, cost or other	Section 200 may 2 miles 120	•	1 AND 5 47.
		basis. Complete Part VI of Schedule D		.,, +	
	l b	Less accumulated depreciation 10b	de man de Sinda de la company	10c	
	11	Investments publicly traded securities	1,029,629		1,002,328
	12	Investments other securities. See Part IV, line 11		12	.,,
	13	Investments program-related. See Part IV, line 11		13	
	14	Intangible assets .		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,038,160		1,018,474
	17	Accounts payable and accrued expenses	2,000,200	17	2,020,111
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	<del></del>
Ø	22	Loans and other payables to current and former officers, directors,			the law have
Liabilities		trustees, key employees, highest compensated employees, and		V. 39732	
Bbil	ĺ	disqualified persons. Complete Part II of Schedule L		22	
ڌ	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third		24	
	25	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
	20	Organizations that follow SFAS 117 (ASC 958), check here ▶ and	St. 40 to 1864 June 1864	20	ASK VARIATION AND A
g		complete lines 27 through 29, and lines 33 and 34.	and the second		
ဦ	27	Unrestricted net assets	Minimum and and a fine of the contract of the	27	Little And Start Start Land
ala	28	Temporarily restricted net assets	· · · · · · · · · · · · · · · · · · ·	28	
D D	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☒ and	·*	7,5%	* , *
ō		complete lines 30 through 34.	the Committee of the		Sign Sign
ets	30	Capital stock or trust principal, or current funds	A	30	<del> </del>
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	-
et A	32	Retained earnings, endowment, accumulated income, or other funds	1,038,160	32	1,018,474
ž	33	Total net assets or fund balances	1,038,160		1,018,474
	34	Total liabilities and net assets/fund balances	1,038,160		1,018,474
	J-4	Total habilities and het assets/fully balances	1 1,000,100	34	1 1,010,4/4

Page	1	2
· uqu	•	_

_			
Form	990	(201	151

ASSOCIATED GLASS AND POTTE 25-1123726

Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			731
2	Total expenses (must equal Part IX, column (A), line 25)	2			417
3	Revenue less expenses. Subtract line 2 from line 1	3		-19,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,	038,	160
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			
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	1,	018,	, 474
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII	<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," explain in		å. 1·	× .	,
	Schedule O			trans et am	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		7		
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis		. ~	<i>A</i> 2	l J
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				,
	separate basis, consolidated basis, or both.			,	٠
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	N./.A.	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in		٠		
	Schedule O.		<b>X</b> ;	. :	`
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				[
	the Single Audit Act and OMB Circular A-133?		3a		Х
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.	N./ A	3b		
	required about or addition to the control of the co		,		

#### SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

### Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2015

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below Do not complete Part I-B.
- Section 527 organizations Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then
  Section 501(c)(4), (5), or (6) organizations (

•	Section 501(c)(4), (5), or (6) (	organizations complete rait in.				
Nam	ne of organization			Employer	identification number	
AS	SOCIATED GLASS	AND POTTERY MAN	UFACTURERS	25-112	23726	
Pa	art I-A Complete if	the organization is exem	pt under section	501(c) or is a section	527 organization.	
1		e organization's direct and indirec				
2	Political expenditures .				▶ \$	
3	Volunteer hours					
Pa	art I-B Complete if	the organization is exem	pt under section	501(c)(3).		
1	Enter the amount of any ex	cise tax incurred by the organizat	tion under section 4955		▶ \$	
2	Enter the amount of any ex	cise tax incurred by organization	managers under sectio	n 4955	▶ \$	
3	If the organization incurred	a section 4955 tax, did it file Form	n 4720 for this year?		Yes No	
4a						
b	If "Yes," describe in Part IV	<b>,</b> .				
Pá	art I-C Complete if	the organization is exem	pt under section	501(c), except section	501(c)(3).	
1	Enter the amount directly e	expended by the filing organization	n for section 527 exemp	ot function		
	activities				▶ \$	
2	Enter the amount of the filing	ng organization's funds contribute	d to other organizations	s for section		
	527 exempt function activit	ies			▶ \$	
3	Total exempt function expe	enditures. Add lines 1 and 2. Ente	r here and on Form 112	20-POL.		
	line 17b				<b>&gt;</b> \$	
4	Did the filing organization f	ile Form 1120-POL for this year?			Yes No	
5	organization made paymer the amount of political conf	es and employer identification nun hts. For each organization listed, e tributions received that were pron und or a political action committe	enter the amount paid fr aptly and directly delive	om the filing organization's fun red to a separate political orga	ds. Also enter nization, such	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	organization's contributions received and ds. If none, promptly and directly	
(1)						
(2)						
(3)						
(4)						
(5)						
(6)	<del></del>					
(0)		1	I .	i	1	

Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768

	(election under section 501(h)).						
For e	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(ē	)		(b)		
of th	e lobbying activity.	Yes	No		<b>\</b> mou	nt	
1	During the year, did the filing organization attempt to influence foreign, national, state or local	, ,		^~. <u>k</u> /·	, res		*
•	legislation, including any attempt to influence public opinion on a legislative matter or	1			santa i	40.00	£ '***
	referendum, through the use of	barra a	10			yaŭ.	
а	Volunteers?		LLL NEW LOOK			, J.	ું મહત્વું આ કાર્યો
h	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				er y ar Li *	5	Section 1
-	Media advertisements?	<b></b>			*****	r Tellanson -	
d	Mailings to members, legislators, or the public?	<b> </b>					
e	Publications, or published or broadcast statements?	<u> </u>					
f	Grants to other organizations for lobbying purposes?						
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			-			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
i	Other activities?						
i	Total. Add lines 1c through 1i	· / / / / / / / / / / / / / / / / / / /	* 4.35				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			7,	- 1 A A A A A A A A A A A A A A A A A A	company ;	<i>3</i> 0° \
b	If "Yes," enter the amount of any tax incurred under section 4912		, X			4/4/1	
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	1					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	- A-1 A-1	******		. 730	( Single	
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), sec	tion 5	01(c				
	501(c)(6).		•				
						Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			[	1		Χ
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			[	2		X
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?				3		Х
Pa	rt III-B Complete if the organization is exempt under section 501(c)(4), sec						
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answer	ed "l	No,"	OR (b)	Part	i III—	Α,
	line 3, is answered "Yes."						
1	Dues, assessments and similar amounts from members		1 >* '*;	<u> </u>		1,	, 350
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	ıl	4 (20 cm )				
	expenses for which the section 527(f) tax was paid).		أرتشدا	,			
а	Current year		28	<b>↓</b>	_		
b	Carryover from last year		2b	<b>↓</b>			
C	Total	• • • •	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3	<u> </u>			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess		1 Sept. 1				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and polit	ical	42:1				
	expenditure next year?	• • • •	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	• • • •	5				
	rt IV Supplemental Information						
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5, Part II-A (affiliated group	list); Pa	art II-A	i, lines 1 a	ind 2	(see	
ınstr	uctions); and Part II-B, line 1. Also, complete this part for any additional information.						
					_		
	· · · · · · · · · · · · · · · · · · ·						

#### 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.

► 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.

OMB No. 1545-0047
2015
Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

ASSOCIATED GLASS AND POTTERY MANUFACTURERS

25-1123726

PART VI - SECTION A-6 THE ORGANIZATION HAS CORPORATE MEMBERS WHO EACH DESIGNATE - AN INDIVIDUAL FROM THEIR CORPORATION AS THEIR REPRESENTATIVE

SECTION A-7A AND A-8A THE MEMBERS ELECT 9 DIRECTORS ANNUALLY TO BE THE GOVERNING BODY OF - THE ASSOCIATION

SECTION B-11-B THE ASSOCIATION'S TREASURER IS RESPONSIBLE TO THE BOARD OF DIRECTORS TO - INSURE THAT THE ASSOCIATION'S ANNUAL RETURN IS PREPARED AND FILED. ALL ISSUES RELATED TO THE TAX RETURN ARE REVIEWED BY THE TREASURER WITH THE BOARD OF DIRECTORS. A TAX PRO IS RETAINED TO PREPARE 990

SECTION C-19 ALL DOCUMENTS OF THE ASSOCIATION ARE AVAILABLE TO THE PUBLIC UPON REQUEST. - COPIES OF REQUESTED DOCUMENTS WILL BE MAILED TO THE ADDRESS PROVIDED BY REQUESTER.

INCOME - MEMBERS DUES \$1,350.00, CD INTEREST CHECKING ACCT \$683, INVESTMENT ACCOUNT 5224 - \$11,953.16 AND CHECKING \$4,193.19 = \$16,146.35 CASH, INVESTMENT ACCOUNT \$9,665.53 - INTEREST/DIVIDENDS \$3,886. TOTAL INCOME \$31,730.88

EXPENSES - ANNUAL MEMBERS MEETING COSTS - \$33,296, DIRECTORS MEETING COST-\$2,322, - OFFICERS EXPENSES \$1,000, PROJECTS SPENDING - \$14,179, TREASURER BOND - \$100, TAX RETURN PREPARATION \$400, BROKERAGE FEES (\$60 PER ACCOUNT, 2 ACCOUNTS)

TOTAL EXPENSES \$51,417 -

ASSETS - LPL FINANCIAL CHECKING ACCOUNT 7493-4387 \$4,193.19 MANAGEMENT ACCOUNT 5224 - 9942 - \$1,014,281.22 TOTAL ASSETS \$1,018,474.41

KEY TRANSACTIONS DURING 2015- - 4/10/2015 SOLD ALL THE PORTFOLIO, \$1,067,164 AND RETAINED AS CASH TRANSFERRED TO CHECKING ACCT AND \$1,000,000 FOR PURCHASE OF CD'S AND \$45,000 FOR CHECKS TO PAY EXPENSES FOR 2015

4/17/2015 BOUGHT 1,000,000 OF CD'S ON THREE DATES IN APRIL. TRANSACTIONS IN CHECKING ACCT - 4387-4/17 \$500,000, 4/21 \$250,000, 4/22 \$250,000

07/22/2015 REDEEMED \$500,000 CD'S, 07/29/2015 REDEEMED \$500,000 CD'S - \$1,000,000 FROM CD'S TRANSFERRED BACK TO THE STOCK ACCOUNT - 9942 CD'S PRODUCED \$683.21 INTEREST FOR THE 3 MONTHS

07/29/2015 PURCHASED 3 STOCKS IN STOCK ACCT-9942 \$525,439 - 08/03/2015 PURCHASED 3 STOCKS IN STOCK ACCT-9942 \$497,772