

Short Form

Return of Organization Exempt From Income Tax

2015

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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-EZ and its instructions is at www.irs.gov/form990.**A For the 2015 calendar year, or tax year beginning**

11-01, 2015, and ending

10-31, 2016

B Check if applicable

Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization

GLASS MOLDERS POTTERY PLASTICS & AW

D Employer identification number

39-6060367

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

Room/suite

E Telephone number

PO BOX 159

City or town, state or province, country, and ZIP or foreign postal code

Neenah, WI 54957-0159

F Group Exemption

Number ►

G Accounting Method Cash Accrual Other (specify) ►**H Check ► if the organization is not****I Website:** ►J Tax-exempt status (check only one) - 501(c)(3) 501(c)(5) (insert no) 4947(a)(1) or 527**K Form of organization** Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets

(Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ

► \$

111,935

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	108,394
	4 Investment income	4	330
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		2017082017
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
Expenses	c Less direct expenses from gaming and fundraising events	6c	
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d
	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 in Schedule O)		8 3,211
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9 111,935
	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	500
	12 Salaries, other compensation, and employee benefits	12	69,167
Net Assets	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	6,720
	15 Printing, publications, postage, and shipping	15	9,786
	16 Other expenses (describe in Schedule O)	16	42,352
	17 Total expenses. Add lines 10 through 16	17	128,525
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(16,590)
	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	117,680
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21	101,090

For Paperwork Reduction Act Notice, see the separate instructions.

EEA

Form 990-EZ (2015)

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Part II **Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	112,915	22	96,325
23	Land and buildings	0	23	0
24	Other assets (describe in Schedule O)	4,765	24	4,765
25	Total assets	117,680	25	101,090
26	Total liabilities (describe in Schedule O)	0	26	0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	117,680	27	101,090

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part

What is the organization's primary exempt purpose? **REPRESENTING UNION MEMBERS**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others.)

28 THE UNION ENGAGES IN CUSTOMARY AND USUAL ACTIVITIES OF A TAX EXEMPT LABOR UNION, PROVIDING A VARIETY OF REPRESENTATION BENEFITS AND SERVICES TO ITS ENTIRE MEMBERSHIP.		
(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a
29		
(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	29a
30		
(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O) . . .		
(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a) . . . ►		32

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)

Check if the organization used Schedule Q to respond to any question in this Part IV.

Check if the organization used Schedule C to respond to any question in this Part IV				
(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
ERIC DAVIS PRES	0.00	6,526	0	1,250
DON SCHMITZ V PRES	0.00	7,500	0	992
JASON SCHMITZ FIN SEC	0.00	8,506	0	1,664
STEVE KOFNETKA REC SEC	0.00	7,475	0	619
DAVE ROBINSON PAST PRES	0.00	3,755	0	323
JOE JONES PAST REC SEC	0.00	2,335	0	0
DAMON DAWES PAST REC SEC	0.00	2,236	0	153

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O Yes No
33 X

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) Yes No
34 X

35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Yes No
35a X
35b
35c X

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N Yes No
36 X

37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a Yes No
b Did the organization file Form 1120-POL for this year? Yes No
37b X

38 a 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 tax year covered by this return?
b If "Yes," complete Schedule L, Part II and enter the total amount involved Yes No
38b
39 Section 501(c)(7) organizations Enter:
a Initiation fees and capital contributions included on line 9 Yes No
39a
b Gross receipts, included on line 9, for public use of club facilities Yes No
39b

40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I Yes No
40b
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 Yes No
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization Yes No
e 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 Yes No
40e X

41 List the states with which a copy of this return is filed ► _____

42 a The organization's books are in care of ► JASON SCHMITZ Telephone no ► 920-486-7037
Located at ► PO BOX 159, Neenah, WI ZIP + 4 ► 54957-0159 Yes No
42b X

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)? If "Yes," enter the name of the foreign country ► _____
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) Yes No
42c X

c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country ► _____

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 Yes No

44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Yes No
44a X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Yes No
44b X
c Did the organization receive any payments for indoor tanning services during the year? Yes No
44c X
d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Yes No
44d
45a X
45b X

45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) Yes No

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 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

	Yes	No
47		
48		
49a		
49b		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

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 title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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 business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ►

52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A ► Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here	<i>Jason Schmitz</i>		5-4-17
	Signature of officer		Date
	JASON SCHMITZ, FIN SEC		
	Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	Firm's name ►	Check <input type="checkbox"/> if self-employed	
	Firm's address ►	Firm's EIN ►	
			Phone no

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

Yes No

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**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**

Name of the organization

GLASS MOLDERS POTTERY PLASTICS & AW

Employer identification number

39-6060367

01. Description of other revenue (Part I, line 8)

Description	Amount
REFUNDS	2,561
INTERNATIONAL DUES	625
WITHDRAWAL CARDS	25

02. Description of other expenses (Part I, line 16)

Description	Amount
LOCAL UNION EVENTS	379
MEETING EXPENSE	9,742
EDUCATIONAL CONFERENCE	2,601
CONVENTION EXPENSE	15,737
DUES TO AFFILIATES	11,438
REFUNDS	350
CHARITY	950
INT'L DUES, W/D CARDS	1,155

03. Description of other assets (Part II, line 24)

Category	Beginning of Year	End of Year
OFFICE EQUIPMENT	4,765	4,765